

Does Parenteral Nutrition Cycling Reduce Cholestasis in Pre-term Infants?

It is known that prolonged parenteral nutrition (PN) use causes parenteral nutrition-associated cholestasis (PNAC) in premature infants. Prior studies have evaluated the effectiveness of cycling PN in children to see if the incidence of PNAC can be reduced. However, there are no studies evaluating the effect of cycling PN for preterm infants.

This prospective, randomized, controlled trial occurred in a neonatal ICU in which infants less than 1250 grams were enrolled and randomized in the first 5 days of life. Infants were randomized to receive either cycled PN (amino acid solution over 20 hours, intralipids over 18 hours, and dextrose over 24 hours) or continuous PN. Cholestasis from PNAC was defined as a direct bilirubin level greater than 2 mg/dL.

A total of 70 patients (34 receiving cycled PN and 36 receiving continuous PN) completed the study. Gestational age, birth weight, Apgar scoring, CRIB II (Clinical Risk Index for Babies II) scoring, incidence of antenatal steroid use, and incidence of chorioamnionitis were not different between the two groups. Duration of PN, number of *nil per os* (NPO) days, and number of days before starting trophic feeds were similar in both groups. However, the incidence of PNAC was similar in both groups (32% of cycled PN infants and 31% of continuous PN infants) with cholestasis typically

occurring after the second postnatal week mark in both groups. Infants with and without PNAC subsequently were compared, and infants with a significantly lower gestational age, birth weight, Apgar scores, as well as higher CRIB II scores were more likely to develop PNAC. The presence of bronchopulmonary dysplasia, total number of days on parenteral nutrition, and total days with NPO status were significantly greater in the PNAC group. The PNAC group also had a significantly greater number of days before trophic feeds were started and a greater total number of days before achieving full enteral feeds.

This study suggests that cycled PN does not reduce PNAC in preterm infants, and other clinical factors, such as a lower gestational age and delay before enteral feeds are initiated are associated with PNAC although further characterization of risk factors for PNAC remain to be determined.

(Salvador A, Janeczko M, Porat R, Sekhon R, Moewes A, Schutzman D. "Randomized controlled trial of early parenteral nutrition cycling to prevent cholestasis in very low birth weight infants." *The Journal of Pediatrics*. 2012; 161: 229-233).

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The new HUMIRA®(adalimumab) Talking Training Pen provides an important bridge from the doctor's office to the patient's home and a new advancement for patient education



About the HUMIRA Talking Pen

The healthcare industry has only just begun to scratch the surface of the potential for adapting current consumer technologies to improve the patient experience. We have cars and even homes that talk to us, and technologies such as these are beginning to surface in healthcare. Abbott is taking the lead in patient experience, introducing the audio-enhanced HUMIRA®(adalimumab) Talking Training Pen, which trains patients on administering the medication. The Pen uses a multi-sensory approach, engaging sight, touch and hearing, to more effectively educate patients about HUMIRA.

The HUMIRA Talking Training Pen is designed to train patients experientially by engaging multiple senses (hearing, sight, touch) with the goal of helping patients use the HUMIRA Talking Training Pen properly and confidently. It also provides an in-office tool for healthcare professionals teaching patients about their medication.

The HUMIRA Talking Training pen is part of a new product training kit which provides simple, easy-to-understand information about HUMIRA and how to administer it. The pen serves as a training device that does not include a needle or medication, that allows patients to practice without administering the medication before they are ready. Patients simply press play to start the device and begin hearing the

instructions in either English or Spanish.

The HUMIRA Talking Training Pen offers an educational bridge between the training the patient receives in the doctor's office and the experience of administering their medication at home, helping to increase a patient's confidence and provide supplemental support. For more information, visit our website: <http://www.humira.com/myhumira/injection-training-kit.aspx> Or contact: Phyliss Milligan (847) 937-6477 Phyliss.milligan@abbott.com

GIQuIC Colonoscopy Quality Registry Surpasses 100,000 Cases

Milestone Underscores Value of Clinical Benchmarking Tool for Gastroenterology Practices

BETHESDA, MD. The GI Quality Improvement Consortium, Ltd. (GIQuIC), a joint initiative of the American College of Gastroenterology and the American Society for Gastrointestinal Endoscopy, announced today that more than 100,000 colonoscopy cases have been submitted to a national registry of endoscopic procedures.

GIQuIC registry participants have contributed real-time procedure related data from over 100,000 colonoscopies, not claims data, and the growth rate for the registry has increased to almost 2,000 new cases per week in recent months, with an accompanying surge in the growth of the number of practices involved in this quality improvement effort.

GIQuIC is a national registry that fosters the ability of endoscopists and endoscopy facilities to benchmark themselves, and provides impetus for quality improvement. Some 84 data fields for colonoscopy are collected and ten quality measures are benchmarked, including rate of cecal intubation, adenoma detection rate, prep assessment, and appropriate indications for procedure, among others. Currently, hundreds of physicians from endoscopy centers nationwide have registered to participate in this ground-breaking initiative.

The collection of real-time data from more than 100,000 colonoscopies is an important milestone for those gastroenterologists who were early adopters of GIQuIC and whose forward thinking helped reach this threshold. "Every additional user makes the registry more valuable for everyone else who uses it," commented Irving Pike, M.D., FACP, FASGE, President of the GIQuIC Board. "As the data accumulates, the potential value of GIQuIC, not only as a national benchmarking

tool, but also as a research database, grows,” he added.

“Reaching 100,000 cases in such a short time has exceeded our expectations. We expect this number will steadily increase as there is more emphasis from payers and the Centers for Medicare & Medicaid Services for physicians to document compliance with quality measures,” said Glenn M. Eisen, MD, MPH, FASGE, Director and Secretary of the GIQuIC Board. “Right now, participation in quality improvement programs is voluntary, but it will be required by law in the next two years. GIQuIC is leading the way among reporting systems and helping physicians meet quality compliance requirements.”

“GIQuIC has made it simple and easy to track our procedural volume and quality. This has allowed the physicians to monitor their performance to ensure it is meeting quality standards,” commented Michael S. Morelli, MD, CPE, FACG, a GIQuIC user. “Prior to GIQuIC, the doctors had no idea how well they were performing colonoscopy procedures. GIQuIC has changed that,” he added.

The ease of use and the value of the data generated by GIQuIC, both for benchmarking with accreditation agencies as well as demonstrating quality performance to insurance providers, has been a key benefit for

registry participants. According to Laura Allen, RN and clinical director of an endoscopy center, “GIQuIC is a handy reference for the physicians in our practice to readily review their performance and how they compare to others in the practice, as well as to benchmark against national statistics. This is a wonderful way for the physicians to demonstrate to the community and to themselves that they are doing an outstanding job and performing procedures in a quality manner.” The economic benefits of the GIQuIC registry include the value to endoscopy centers of the data on quality performance to secure better reimbursement contacts and to be recognized as a group of highly preferred providers, according to Ms. Allen.

Additionally, recent feedback from other GIQuIC participants suggest savings to GI practices by using the GIQuIC registry as a mechanism to collect data that would otherwise use staff time. In one case, a 6-person GI practice in Virginia reported savings equivalent to the cost of a full-time employee by using the GIQuIC registry as a mechanism to collect data that would otherwise use staff time.

About GIQuIC

The GI Quality Improvement Consortium, Ltd. (“GIQuIC”) is an educational and scientific 501(c) (3) organization established by gastroenterologists, physicians specializing in digestive disorders. GIQuIC is a joint initiative of the American College of Gastroenterology (ACG) and the American Society for Gastrointestinal Endoscopy (ASGE). Gastroenterologists treat patients for disorders and conditions of the digestive tract. GIQuIC has developed and utilizes various measurements of the endoscopic techniques of practicing gastroenterologists, a process referred to as benchmarking. This national benchmarking project began by measuring common endoscopic procedures employed by gastroenterologists. Endoscopy is a minimally invasive medical procedure that is used to assess the digestive system organs by inserting a tube orally into a patient’s stomach or rectally into the patient’s colon. The physician founders of the GIQuIC believe that the scientific measurement of the quality of endoscopic procedures will improve the quality of the medical care being given to patients throughout the United States and abroad, and ultimately will improve the quality of public health. For more information about the GIQuIC registry, visit www.giquic.org

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Answers to this month’s crossword puzzle:

A	D	A	L	I	M	U	M	A	B		U	R	I	C	
C		I		N		V		I		S		I		Y	
I	N	D	U	C	E			P	L	A	C	E	B	O	S
N				U				D		I		O		T	
A	R	M		R	A	C	E		G	N	O	S	I	S	
R		A		S		E		B		T		O			
	A	D	D		A	L	L	E	L	I	S	M		C	
A	G	E	N	T		S		N		G		E	M	H	
C	E		A	U	X	I	L	I	A	R	Y			A	
I		A		B		U		G		A		K		U	
D	E	N		E	O	S	I	N	O	P	H	I	L	S	
O		S		R			S			H		N		S	
S	H	W	A	C	H	M	A	N		Y		A	L	I	
I		E		L		P		O			A	S		E	
S	U	R	G	E	O	N		N	U	C	L	E	A	R	

Interactive Crossword and Answers can also be found on our website:

www.practicalgastro.com

MEDICAL BULLETIN BOARD

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About the American College of Gastroenterology

Founded in 1932, the American College of Gastroenterology (ACG) is an organization with an international membership of more than 12,000 individuals from 80 countries. The College is committed to serving the clinically oriented digestive disease specialist through its emphasis on scholarly practice, teaching and research. The mission of the College is to serve the evolving needs of physicians in the delivery of high quality, scientifically sound, humanistic, ethical, and cost-effective health care to gastroenterology patients. For more information, visit www.gi.org

About the American Society for Gastrointestinal Endoscopy

Since its founding in 1941, the American Society for Gastrointestinal Endoscopy (ASGE) has been dedicated to advancing patient care and digestive health by promoting excellence and innovation in gastrointestinal endoscopy. ASGE, with more than 12,000 members worldwide, promotes the highest standards for endoscopic training and practice, fosters endoscopic research, recognizes distinguished contributions to endoscopy, and is the foremost resource for endoscopic education. For more information, visit www.asge.org and www.screen4coloncancer.org

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MEETINGS CALENDAR

December 13-15, 2012

2012 Advances in Inflammatory Bowel Diseases, Crohn's & Colitis Foundation's Clinical & Research Conference

The Westin Diplomat, 3555 South Ocean Drive, Hollywood, FL. The premier IBD meeting of the year. Two workshops, The Future of IBD and The Basics of IBD, will be held at the conference. This "can't miss" event will inform healthcare professionals and researchers of advances and breakthroughs in the field in an effort to stimulate better care and research for patients. The outstanding faculty is comprised of expert specialists who will lead the sessions and interact with the conference attendees. For more information visit: <http://www.advancesinibd.com/2012/index.asp>

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Digestive Disease Week

Orange County Convention Center, Orlando, FL. Digestive Disease Week® (DDW) is the largest and most prestigious meeting in the world for the GI professional. Every year it attracts approximately 15,000 physicians, researchers and academics from around the world. DDW is jointly sponsored by four societies:

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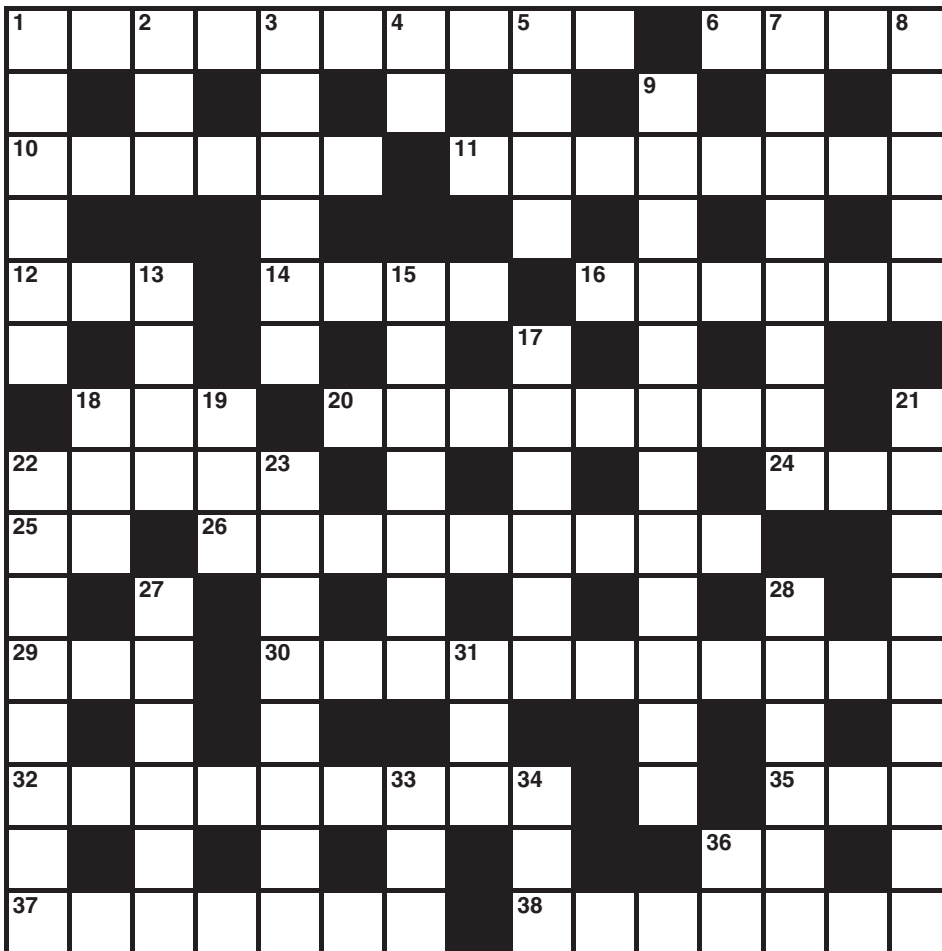
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PRACTICAL GASTROENTEROLOGY CROSSWORD PUZZLE

by Myles Mellor



DOWN

- 1 Relating to one of the sacs in a compound gland
- 2 Band-___
- 3 Receives
- 4 Type of light, abbr.
- 5 Angioimmunoblastic lymphoma, for short
- 7 An organelle in the cytoplasm of a living cell
- 8 Abnormal developments
- 9 Form of diagnostic test used in nuclear medicine
- 13 Created
- 15 Inventor of a thermometer
- 17 Not dangerous to health
- 18 Patient's form entry
- 19 Long linear polymer found in the nucleus of a cell and formed from nucleotides

ACROSS

- | | | |
|--|--|--|
| <ol style="list-style-type: none"> 1 Third TNF inhibitor to be approved in the U.S. 6 ___ acid 10 Cause to occur 11 They are used in trials 12 Ulnar site 14 It's on patient questionnaires 16 Dia_____ 18 Supplement 20 The state held in common by a series of genes 22 Active cause | <ol style="list-style-type: none"> 24 Extramedullary hematopoiesis, for short 25 Cerium symbol 26 Providing support 29 Diethylnitrosamine, for short 30 Immune system components 32 The S in SDS 35 ___mentary 36 To the same degree 37 Specialist in operations 38 John Lawrence was known as the father of this form of medicine | <ol style="list-style-type: none"> 21 _____'s sign: severe pain in the epigastric region, a premonitory symptom of eclampsia 22 pH imbalance in the body 23 Nodule 27 Cure, in a way 28 The K in JNK 31 "This ___ test" (2 words) 33 Myeloproliferative neoplasm, for short 34 ___ invasive surgery 36 Light metal symbol |
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(Answers on page 52)