Northern California Society for Clinical Gastroenterology

NEWSLETTER

ISSUE NO. 4| January 2021

The NCSCG Board and Meeting Planning Committee are proud to announce the 6th Annual NCSCG Liver Symposium, now offered as a live, interactive webinar series on January 7, 14, 21 and 28, 2021 from 6PM-8PM PT.

Registration is complimentary for paid members.

If you aren't already a NCSCG member or haven't renewed your membership for 2020, you can join or renew while registering for the event.

As a NCSCG member you will receive:
Discounted/ free registrations for other 2021 events.
Renew/join today and receive membership for 2020 and the entirety of 2021.

REGISTRATION FEES

NCSCG MEMBERS	***NON MEMBERS****
FREE	MD, DO, PHD $60
	AHP $40
	Fellow $0

Additional Industry Representative $275

Credit Designation:
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the New Mexico Medical Society (NMMS) through the joint providership of the Rehoboth McKinley Christian Health Care Services (RMCHCS) and the Northern California Society for Clinical Gastroenterology. RMCHCS designates this live activity for a maximum of **8** AMA PRA Category 1 Credit(s) ™.

MOC Designation:
Successful completion of this CME activity enables the participant to earn up to **8** MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program.

Webinar 1 Viral Hepatitis: January 7, 2021 (slides and video available as a resource to registrants)

HBV Reactivation
Mindie Nguyen, MD, Stanford Medical Center, CA

Non-Chronic Hepatidites Vaccination
Naoki Tsai, MD, Pali Momi Medical Center, HI

HCV in Special Populations
Lisa Catalli, NP, MSN, University of California San Francisco, CA

Webinar 2 Hepatology in the age of COVID-19: January 14, 2021 6PM-8PM PT

Practicing Hepatology During a Pandemic
Julius Wilder, MD, PhD, Duke University, NC

Impact of COVID on Liver Disease
Renumathy Dhanasekaran, MD, Stanford Medical Center, CA

Management of COVID Patients on Immunosuppression
Oren Fix, MD, MSc, Swedish Medical Center, WA

Webinar 3 Liver Lesions: January 21, 2021 6PM-8PM PT

Systemic Therapy for HCC Update
Tyler Johnson, MD, Stanford Healthcare, CA

HCC and Transplant
Neil Mehta, MD, University of California San Francisco, CA

Benign Liver Lesions
Jennifer Guy, MD, Sutter Health, CA

Webinar 4 Portal Hypertension and Cirrhosis: January 28, 2021 6PM-8PM PT

Management of Portal Hypertension in Patients with and without Acute Variceal Hemorrhage
Daniel Sze, DM, PhD, Stanford University Medical Center, CA

Ascites and Complications
Todd Frederick, MD, California Pacific Medical Center, CA

Nutrition and Malnutrition/Frailty in Cirrhosis
Jennifer Lai, MD, MBA, University of California San Francisco, CA

REGISTER NOW

Job Advertisement
The Permanente Medical Group, Inc. (Kaiser Permanente Northern California)

PEDIATRIC GASTROENTEROLOGIST PHYSICIAN
Oakland, California

The Permanente Medical Group, Inc. (TPMG) is currently seeking a 6th BC/BE Pediatric Gastroenterologist to join our growing pediatric specialty group in Oakland, California. The position is an 8/10th part-time position. Responsibilities for this clinical position include consultations in the inpatient and outpatient pediatric setting, flexible endoscopies, liver biopsies, and diagnosing and caring for children with a variety of GI, liver, pancreatic and motility disorders. The candidate should have completed fellowship in good standing in Pediatric Gastroenterology at an RRC-approved fellowship program, and BE/BC in Pediatric Gastroenterology. The candidate should have excellent communication and teaching skills.

We are an established Pediatric Gastroenterology program based at our Oakland Medical Center, which includes 5 physicians, as well as case managers, registered dietitians, social workers and support staff. We are a fully integrated program, with electronic medical records, and an innovative and patient care focused environment. Our physician group cares for approximately 500,000 Pediatric patients in the Central Bay Area. The inpatient setting at our Oakland Medical Center includes a 24-bed Neonatal Intensive Care Unit, 35-bed Pediatric ward and a 12-bed Pediatric Intensive Care Unit staffed 24/7 by Pediatric Hospitalists and Pediatric Critical Care/Intensivists. We work collaboratively with our Pediatric, Surgical and Subspecialty colleagues. We have an independent Pediatric Residency Training program. We also work closely with our fellow Pediatric Gastroenterologists at Kaiser Santa Clara and Roseville/Sacramento Medical Centers.

The San Francisco Bay Area is an outstanding and beautiful place to live, with easy access to the San Francisco Bay, Pacific Ocean, Coastal and Sierra Nevada mountains, Napa and Sonoma Valleys, Monterey Bay, and more. The pleasant weather allows for multiple outdoor recreational activities year around. In addition, there are excellent cultural opportunities, professional sports and schools.

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If you are interested, please contact: **Judy Padilla, Regional Recruiter, Physician Recruitment Services, at: Judy.G.Padilla@kp.org or 510-625-5915**. We are an EOE/AA/M/F/D/V Employer. VEVRAA Federal Contractor. We are an EOE/AA/M/F/D/V Employer. VEVRAA Federal Contractor

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NCSCG MEMBERSHIP SPOTLIGHT

Neil Stollman, MD, AGAF, FACP, FACG

Associate Clinical Professor of Medicine-UCSF

Chief of the Division of Gastroenterology- Alta Bates Summit Medical Center, Oakland

Where are you originally from or any personal background you want to share:

I was born and raised in the NY area (born in Queens, raised in Jersey, med school and residency in NYC). Fun fact: dad got transferred to London when I was 13 so I spent four years (13-17) in London. Had an afro, skateboarded, played on the basketball team (pretty much simply because I had a ball and knew the rules!); I could probably give you a super embarrassing pic of me in way too small basketball shorts and way too big an afro!.

Clinical and/or research interests:

General GI practitioner, but research interests in diverticular disease and C diff / FMT.

Your involvement with NCSCG (e.g. how long, what activities, etc.):

I've been a member for many years and used to go to the non-medical dinner lectures (often at Boulevard, if memory serves). Only recently as I've been asked to serve on the Board have I been involved administratively. I originally joined the NCSCG for the courses / lectures.

What most excites you about GI/hepatology in 2020/2021:

Hepatology? What's hepatology? 😊 Seriously, the biome is what excites me every day, the untapped potential.

Interesting Facts:

See afro/basketball/skateboarding above? Dog lover, backpacker, good at plumbing (duh!) but terrified of electricity and won't even change out a light switch (people DIE!) . Always wanted to be a rock star and tried piano, saxophone, drums but simply not good at it. GI was back up plan!

Nikhil Agarwal, MD

Gastroenterologist

Palo Alto Medical Foundation

Where are you originally from or any personal background you want to share:

I grew up in San Jose, and moved back to the Bay Area after completing fellowship at UCLA.

Clinical and/or research interests:

My clinical interests are in GI motility, SIBO and functional bowel disorders.

Your involvement with NCSCG (e.g. how long, what activities, etc.):

I have been a member of the board for approximately one year. I joined for the excellent courses and lectures and as well as to interact more with the local GI community.

What most excites you about GI/hepatology in 2020/2021:

I am excited about the role of the microbiome in GI as well as systemic disorders.

Interesting fact you want to share about yourself:

I enjoy my spare time with my family as well as exploring the Bay Area's trails and beautiful sights.

APPROACH TO GASTRIC INTESTINAL METAPLASIA BY ROBERT HUANG, MD, MS

Gastric cancer afflicts 27,000 Americans each year[2], and carries a dismal prognosis (with 5-year observed survival of under 30%).[1] Gastroenterologists can play a critical role in improving gastric cancer outcomes through *Helicobacter pylori* (Hp) detection, targeted endoscopic screening of high-risk populations, and surveillance of precancerous lesions such as intestinal metaplasia (IM).

Hp is the single greatest risk factor for gastric cancer, and is believed responsible for 75-95% of all gastric cancer cases worldwide.[3, 4] Well-accepted indications for Hp testing include peptic ulcer disease, low-grade gastric mucosa-associated lymphoid tissue lymphoma, or a history of endoscopic resection of early gastric cancer.[5] Workup for uninvestigated dyspepsia in patients <60 without alarm features, unexplained iron deficiency anemia, and prior to chronic treatment with non-steroidal anti-inflammatory drugs and aspirin may be reasonable indications for Hp testing.[5, 6] In general, non-invasive testing (both breath testing and stool antigen-based testing) have high sensitivity when compared to histology (the current gold standard). When evaluating dyspepsia with endoscopy, even in the absence of visible lesions mucosal biopsies from the antrum and the body using the 5-biopsy Sydney System should be obtained to improve the sensitivity of Hp detection.[7]

Individuals at heightened risk for gastric cancer may reasonably be offered endoscopic screening. Such individuals include first-generation immigrants from high-risk regions (e.g. Japan, China, Russia, and South America) aged 40 years or older, and individuals in which there is a family history of gastric cancer in a first-degree relative.[8] Regarding surveillance of patients with IM there are conflicting recommendations. The American Society of Gastrointestinal Endoscopy has recommended surveillance of patients with IM when there is increased risk for gastric cancer due to ethnic/racial background, positive family history, or extensive anatomic distribution of disease.[8, 9] In contrast, the American Gastroenterological Association has recommended against the *routine* use of endoscopic surveillance in patients with IM, but acknowledges that patients at increased risk (those with incomplete or extensive intestinal metaplasia, those with positive family history, racial/ethnic minorities, and immigrants from high-incidence regions) may reasonably elect for surveillance.[10] Our view is gastroenterologists should practice shared decision making with their patients regarding IM surveillance, and consider personalizing this decision based upon individual risk factors and preferences.

In summary, gastroenterologists can play a critical role in both the primary and secondary prevention of gastric cancer in the United States. Recognizing the existence of high-risk groups and personalizing decision making is critical to this goal.

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Robert Huang, MD, MS is an Instructor in Medicine at Stanford University. His research interests include gastric cancer epidemiology, biomarker development, and prevention trials. His clinical practice includes gastric cancer screening, precancerous lesion surveillance, and advanced mucosal resection techniques.

Health Disparities During the COVID-19 PANDEMIC
Nizar A. Mukhtar, MD
December 7, 2020

It is now apparent that SARS-COV-2 (severe acute respiratory syndrome coronavirus 2) and its associated illness coronavirus disease 2019 (COVID-19) represents the most devastating public health emergency of our generation and perhaps in the history of the United States. Unleashed on a society already in the throes of monumental struggles across the full spectrum of topics—including systemic racism, gender inequality, immigration reform, skyrocketing higher education and health care costs, increasing homelessness and food insecurity, global warming and divisive, bipartisan politics—the COVID-19 pandemic has only exposed the vulnerabilities of our population as a whole. As we have closely observed the unrelenting rise in cases and deaths across the United States that persists almost a year since the first case was identified in Washington at the beginning of 2020, an unequivocal and alarming trend has emerged that is felt to be the byproduct of systemic racism and economic inequities: COVID-19 is disproportionately impacting racial and ethnic minority groups, particularly Blacks, Latinx, Native Americans, and Pacific Islanders.

According to national data from the COVID Racial Data Tracker, a collaboration between the COVID Tracking Project at *The Atlantic* and the Boston University Center for Antiracist Research, Black people are dying at 2 times the rate of white people (116 vs 59 deaths per 100,000 people, respectively). A disproportionate number of lives lost to COVID-19 relative to their share of the population has also been observed among American Indian or Alaska Natives (89 deaths per 100,000 people), Hispanics or Latinos (79 deaths per 100,000 people), and Native Hawaiian and Pacific Islanders (63 deaths per 100,000 people). Based on analyses of available federal, state, and local data, the Disparities Policy Project at the Kaiser Family Foundation identified similar trends, adding that the disparities in COVID-19 related deaths persist across age groups, with people of color experiencing more deaths among younger people relative to Whites. Moreover, age-adjusted hospitalization rates due to COVID-19 for Black, Hispanic, and Native Americans were roughly five times higher than that of Whites; nursing homes where a higher share of residents are people of color are more likely to report a COVID-19 case; and Black and Hispanic pregnant women and children experience a disproportionate share of infection and hospitalization. Despite this, limited data suggest significant limitations in access to testing for these most at-risk populations, with more testing sites and tests performed in neighborhoods with a higher share of White residents.

Thus far, the higher burden of disease among people of color has been attributed to both higher rates of comorbid illnesses, including diabetes, cardiovascular disease, and obesity—conditions with links to chronic stress brought on by racial discrimination—as well as a greater tendency to work in the service sector and live in high population density regions that make physical distancing challenging. As mitigation strategies evolve, the public health sector must now answer an unprecedented call to understand the complex interplay of racial, social, economic, geographic and health care system factors that shape patient outcomes during the COVID-19 pandemic. To this end, the Boston Globe and Harvard Public Health Disparities Geocoding Project published an analysis of 20,000 deaths during the early weeks of the pandemic in Massachusetts showing that mortality rates were highest in cities, towns, and zip codes with not only a higher number of people of color, but also larger concentrations of poverty, economic segregation, and crowded housing. Additional granular data of this quality examining racial data alongside multiple axes of socioeconomic inequality is needed to inform public health initiatives at the local and national level, particularly as we near the availability of COVID-19 vaccines that will need to be distributed in a way that prioritizes health equity, reduces propagation of health disparities, and most effectively impedes the pandemic.

From a gastroenterology and hepatology lens, the COVID-19 pandemic is expected to worsen already existing health disparities observed across racial and ethnic groups. Although Blacks experience higher rates of mortality from colon cancer and are diagnosed at earlier ages, they are less likely to receive screening and treatment. Similarly, minority populations are disproportionately burdened by chronic liver disease, including chronic viral hepatitis, alcohol-related and non-alcoholic fatty liver disease, and experience higher mortality from hepatocellular carcinoma (HCC), yet are less likely to receive screening and treatment for these conditions. Indeed, Hispanics and Blacks are diagnosed with more advanced stages of HCC and have the lowest 5-year survival rates even among subsets of patients with localized HCC or HCC within the Milan criteria for liver transplantation, and Blacks are less likely to be referred for or listed for liver transplantation. We are already seeing that as patients confront the economic sequelae of the COVID-19 pandemic, including loss of employer-sponsored health coverage, access to specialty care and preventive gastroenterology services such as colon cancer and hepatocellular carcinoma screening for these at-risk populations is diminishing. Accordingly, we anticipate that the social inequities faced by our most marginalized populations will give way to even greater racial/ethnic disparities in disease severity and patient outcomes with respect to gastrointestinal and liver diseases as the COVID-19 pandemic continues.

In the face of this existential threat occurring amid widespread calls for social reform, there is an unprecedented enthusiasm for and tremendous motivation to understand the social determinants of health underlying the health disparities facing racial and ethnic minority populations during the COVID-19 pandemic. Fortunately, the medical and scientific community has advanced light years beyond the era of simply attributing health disparities to inherent biologic weakness among people of color. In addition to avoiding this antiquated thinking as we delve deeper into understanding health disparities during COVID-19, we must be cautious to avoid racialized characterization of behavior as is common with conditions such as obesity; stigmatization of neighborhoods or geographic areas with high population density or diverse racial composition; and creating or reinforcing the notion that COVID-19 is a racial problem affecting only minority populations, all of which would be deleterious in our effort to improve patient outcomes during this pandemic.

It is clear that a concerted and conscientious effort from all parties—including community leaders, city, state and federal officials, health care providers, pharmaceutical companies, public health and policy experts—will be needed to answer the call for health equity and reduce the overwhelming health and economic burden facing these communities during the COVID-19 pandemic. As gastroenterologists, we must strive to overcome our conscious and unconscious biases to ensure our patients can attain the highest level of health possible irrespective of race, ethnicity, sex, gender, age, geographic location or socioeconomic background. In addition, we must help our health care systems to develop innovative strategies to overcome the many barriers to high quality care our most vulnerable populations were already facing leading into the COVID-19 pandemic that are only expected to worsen. I am confident that as a community, we will be able to meet this challenge.

Nizar A. Mukhtar, MD is Director of Hepatology at Kaiser Permanente San Francisco Medical Center and Associate Program Director of the Kaiser Permanente Northern California Gastroenterology Fellowship Program. His clinical and research interests are centered on transplant hepatology, chronic liver disease management, hepatocellular carcinoma screening and treatment, and liver disease-related health disparities. He enjoys running, playing tennis, watching movies, traveling and spending time with his family.

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FELLOWS CORNER

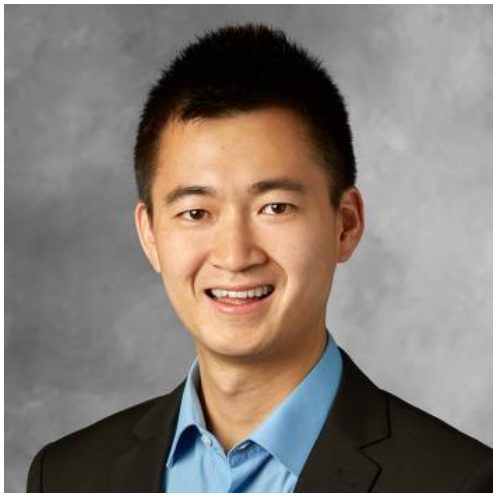
Piyanka Chandra, MD
Third Year Fellow at California Pacific Medical Center

I was born and raised in Silicon Valley. I enjoyed spending time in Los Angeles for medical school and residency but am very happy to be back home in the Bay Area and plan to continue working here after fellowship.

My clinical interests are mostly in the practice of general gastroenterology though I find immune-mediated diseases especially fascinating and look forward to seeing how our understanding of these disorders evolves with more research. I am also excited to see how technology such as new endoscopic tools and artificial intelligence can help us enhance patient care.

I joined the NCSCG during my first year of fellowship because I enjoy attending conferences and wanted to meet other members of the local gastroenterology community. I was delighted to join the NCSCG Education and Trainee Committee this year to help organize educational webinars and lectures so we can still stay connected, even if only through virtual meetings.

As gastroenterology is such a visual field, it is perhaps not surprising that photography and painting are two of my favorite hobbies. I appreciate any time I get for creative outlets and have managed to find a bit more time to spend on artistic endeavors this year during the pandemic.



Mike Tzuhen Wei, MD
Second Year Fellow at Stanford Health Care

I was born in Taipei, Taiwan and moved to the States for college. I lived for a few years in New Zealand as a child. I am proud to say I'm a citizen of all three countries. I am currently in my second year fellowship at Stanford. I plan on applying for an advanced fellowship in the coming months.

My clinical interests are in colorectal cancer prevention, liver cirrhosis and viral hepatitis, as well as the use of new devices in GI/Hepatology to help us improve patient care. More recently, I have been developing an interest in bariatric endoscopy and hope to continue to grow this passion over the coming years.

What I am most curious about in GI/Hepatology in 2021: Beyond the development in clinical research in GI/Hepatology and how it impacts our practices, in the face of COVID-19, I am curious about how the pandemic will shape how we care for our patients, virtually or in person, for the years to come.

I joined NCSCG this year, following in the footsteps of our previous Stanford representative (Vickie Aivaliotis), as a way to connect to other gastroenterolgoists and hepatologists in Northern California. I am excited about the dedication NCSCG has in mentorship and education of fellows in Northern California and am excited to partake in the Webinar series this year.

FELLOWS CORNER

Timothy Wang, MD
Second Year Fellow at UCSF Fresno

I am originally from San Bernadino, CA and have spent most of my life in California. I briefly left to attend Medical College of Wisconsin for medical school but came right back to do my residency at UC Davis.

My clinical/research interests are health disparities (particularly affecting the Asian-American community), hepatology, medical education.

I just started getting involved with NCSCG through the Education and Training Committee for the past few months. I joined NCSCG to stay engaged and meet other fellows and mentors at a time where in-person interaction is limited. I think it is also a great opportunity to network with potential future colleagues.

I am excited about AI in GI and MedTwitter as a forum for discussion and learning.

I love rock climbing. If I could take time off, I would like to live in a van and drive around the country to climb.

Liat Guten, MD
Second Year Fellow at Kaiser Permanente Northern California

I'm originally from Maryland, where I grew up and completed all of my undergraduate/graduate education. I moved to San Francisco in 2016 to begin my fellowship in internal medicine at UCSF, and completely fell in love with the bay area. I was thrilled to be one of two inaugural fellows for the Kaiser Permanente Northern California GI fellowship program, also based in San Francisco.

My clinical interests include Inflammatory Bowel Disease, Functional GI disorders, nutrition, and the role of nutrition in the management of various GI conditions. My current research project is focused on using the electronic medical record to identify IBD patients at risk for malnutrition and I hope to do more research in the area of nutrition and IBD during my fellowship and future career.

I joined NCSCG in the summer of 2020 as the first Kaiser fellow representative. I felt that it would be a great way to meet and network with other gastroenterologists in the area and be involved with local education of gastroenterologists and trainees. We are fortunate to have so many leaders in the field of GI locally in the bay area, so it is great to be a part of an organization that enables trainees to take advantage of these resources.

GI is such an exciting field to be a part of for so many reasons. Among many things, I am particularly excited about the movement towards recognizing the important roles that nutrition and lifestyle play in the pathogenesis and management of so many of the conditions that we encounter on a daily basis in the GI clinic.

In my spare time, I love spending time with family and friends, and taking advantage of all that the bay area has to offer. I enjoy hiking, biking, spending time at the beach or by the water and visiting Tahoe or wine country

NCSCG 2020-2021 WEBINAR SERIES
ADVANCING CAREER DEVELOPMENT IN GI & HEPATOLOGY CLINICAL CARE

Dear Colleague,

The NCSCG Board and Education and Trainee Committee are pleased to announce the CME Accredited NCSCG Education and Trainee Committee 2020-2021 Webinar Series.

JANUARY 12, 2021
6PM-7PM PT
VIRTUAL EVENT

About the NCSCG Webinar Series

The NCSCG Education and Trainee Committee Webinar Series aims to provide an education and career development focused resource for our GI community. Our series has been developed with gastroenterology and hepatology fellows from training programs in Northern California and incorporates sessions specifically focused on important aspects of career development and the job search process. In addition, our series will also include high yield and hot topics in clinical gastroenterology and hepatology. We offer these sessions as a free resource to anyone interested in participating.

To replicate a meal we would have together, the NCSCG would like to offer all NCSCG fellows who attend the webinars a meal up to the value of $30 to be eaten at the time of the webinar.

To receive your free meal during the webinar follow these easy steps:

1. Register for the event

2. Ensure that you are an NCSCG fellow. You may register as a member or renew your membership by clicking here

3. Attend the webinar (attendance is monitored)

4. Order your meal for the time of the webinar up to the value of $30 and save the receipt!

5. Please turn on your webcam so that we can connect as we dine, converse, collaborate and learn together during this program

6. Fill in an expense reimbursement form sent after each webinar and submit this, along with your receipt to Dani Smith: dsmith@pacemedcom.com

7. Receive a check for the value of your meal, up to $30, mailed to you shortly after the event.

TO REGISTER FOR THE ENTIRE SERIES AND FOR MORE INFORMATION, VISIT:

www/norcalgastro.org/ncscgwebinarseries
https://www.norcalgastro.org/ncscgwebinarseries
REGISTRATION FEES
Complimentary

JANUARY 2021
January 12, 2021 6PM-7PM PT
Exploring Career Options in Industry, Public Health, and Health Policy
Panel members:

Amit Chitnis, MD, MPH - Alameda County Department of Public Health
Reese Isaacson, MD, MBA - L.E.K Consulting
Michael Rothenberg, MD, PhD - Genentech
Jeremy Sokolove, MD - GlaxoSmithKline
Rais Vohra, MD - Fresno County Department of Public Health
Chohee Yun, MD - Gilead Sciences

Upcoming Tentative Agenda:

FEBRUARY 2021
February 2, 2021 6PM-7PM PT
Complex IBD Cases/IBD and Pregnancy/New Therapeutics in IBD
Uma Mahadevan, MD, Gastroenterologist, University of California San Francisco

MARCH 2021
Date TBD 6PM-7PM PT
Burnout and Wellness in Medicine
Lief Hass, MD, Physician Wellness Director, Alta Bates Medical Center

APRIL 2021
Date TBD 6PM-7PM PT
Complex Cases/Hot Topics in Motility Disorders
Linda Nguyen, MD, Gastroenterologist, Standford Medical Center

MAY 2021
May 11, 2021 6PM-7PM PT
Updates and Approach to Diagnosis and Management of Pancreatic Lesions
Walter Park, MD, Stanford University Medical Center

JUNE 2021
Date TBD 6PM-7PM PT
Vascular Diseases of the Liver
Speaker TBD

NCSCG Newsletter, Jan 2021

Embracing technology: bridging therapeutic touch in 2021.

Entering 2021 gave me pause to review the last year. I had occasion to look back at modes and methods of care delivery that allowed me to reach patients, and continue to provide compassionate and competent care. I recall, in 2001, being absolutely horrified that my NP program, at UCSF, was proposing distance learning; we almost caused a riot within the school of nursing. Imagine my surprise, when, in 2010, I met an ID physician who was doing telemedicine and marketing. Now we are using telemedicine platforms as easily as my nephew uses his PS5.

In reviewing APP experience with telemedicine, I could find articles dating back to 1999. Though the platform has been available for many years, many of us compartmentalize tech as a way to diagnose and treat patients, but not necessarily as a way to interface with our patients and replace or use as adjunct for therapeutic touch in our relationships. The gap is an opportunity to show elasticity and creativity in our APP practice. Initially seen as a way to bridge the gap for underserved pateitns or those who live quite far, telemedicine has now also been used to provide care to those looking for a way to avoid coming into our offices for care to minimize their potential risk of COVID-19. I would challenge us to continue to embrace, and aid in innovation of, technology in ways that allow patients to feel listened to, cared for, and safe. Happy 2021.

Maria Josephina Gomez, FNP received her MSN degree from UCSF in 2001 and has enjoyed working in the fields of Homeless Healthcare, wound care and Plastic Surgery, Primary Care, and Gastroenterology. She currently calls UCSF her career home.

NCSCG APP Game

On Behalf of the NCSCG, Congratulations on tying first place on the NCSCG GI Symposium APP GAME goes to Dr. Eric Chan and Dr. Swetha Tummala!

On Behalf of the NCSCG, Congratulations on tying second place on the NCSCG GI Symposium APP GAME goes to APP Sandip Sall, Dr. Victoria Yung and APP Monica Nandwani!

We hope that you enjoy your virtual gift cards!

NCSCG Abstract and Case Vignette Submissions:

The three poster winners are:

- **First Place** we have a tie: Ann Robinson, MD from CPMC with their poster: Despite Similar MELD Scores at Time of Liver Transplant Waitlist Registration, Patients with Medicare and Medicaid had Significantly Greater Risk of Waitlist Death Compared to Those with Private Insurance
  AND
- Sirisha Grandhe from University of California Davis Medical Center with their poster: Efficacy of Ustekinumab in Ileum-Dominant versus Colonic Crohn's Disease
- **Second Place** we have: Smrithi Sukumar from University of California, San Francisco with their poster: Association Of Obesity With Poor Outcomes In Alf.

Northern California Society for Clinical Gastroenterology

About the NCSCG

The Northern California Society for Clinical Gastroenterology ("NCSCG") is a 501(c)(3) non-profit organization devoted to the pursuit of clinical excellence in Gastroenterology and Hepatology, primarily through continuing medical education. By providing a forum for the exchange of ideas, the NCSCG aims to encourage professional growth, stimulate intellectual curiosity, and further patient outcomes by expanding access to up-to-date information of interest to practitioners.

Membership

The NCSCG is comprised of gastroenterologists and hepatologists from private practices and academic institutions throughout Northern California. Members of NCSCG are offered complimentary registration to our spring and winter educational dinner meetings and discounted registration fees at the GI and Liver symposia. Complimentary membership is offered for fellows.

Contact Us

For questions, comments or suggestions about this newsletter or becoming an NCSCG member please email ncscg@pacemedcom.com

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