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8th International Conference on

Clinical Gastroenterology & Hepatology

October 03-05, 2016 Toronto, Canada

Keynote Forum

(Day 1)

Indran Indrakrishnan, J Gastrointest Dig Syst 2016, 6:6(Suppl)
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Indran Indrakrishnan

GDC Endoscopy Center, USA

Identification and correction of decreasing cancer screening colonoscopy rate during the economic recession

Colon cancer is a silent killer and is the second common cause of cancer deaths in the country. This very same colon cancer is one of the most easily curable cancers if detected early and it is preventable by removal of precancerous polyps by the screening colonoscopy. This colon cancer screening colonoscopy is highly recommended by multiple governmental agencies and professional societies for people at or over 50 years and others who are at higher risk even before they reach 50. The rate of this life saving screening colonoscopy has decreased re-entry mainly due to no shows and cancellations at our center. This is presumably due to various impacts from economic recession which include but not limited to loss of jobs, high deductible/high copayments from the insurance companies. When faced with economic insecurity, asymptomatic individuals may be unable to afford screening colonoscopy, or may perceive it to be less important than competing demands for their more limited resources. Reduced screening rates during the recession may ultimately increase health care costs and result in cancer related deaths. This is consistent with literature in other fields of medicine. For instance, during difficult economic times women are more likely to be diagnosed with advanced rather than local breast cancer. The purpose of this study is to identify the incidence and causes of no shows and cancellations for the screening colonoscopies at our center. Once done, then apply corrective measures if any and thereby reduce the no shows and cancellations, and increase the screening colonoscopy rate. This is important for good quality patient care. First, we analyzed the data of the previous years before the economic recession and compared with the present one. Total number of screening colonoscopies scheduled: 443; total cancellation: 35 (7.9%); commercial insurance screening colonoscopies (CISC) scheduled: 312; CISC cancellation: 25 (8%); total cancellation/no shows rate decreased from 13.8% in the initial measurement to 7.9% in the re-measurement group. CISC cancellation rate was 19.9% in the initial measurement and 8% in the re-measurement group. This is a statistically significant decrease with a P value <0.001. The re-measurement values are not identical to the performance goal but are closer. The above data was derived from the patients' encounters where they cancelled the procedures with the endoscopy center. There may be a very large number of patients who declined the screening colonoscopies at the entry level at the primary care physicians' offices due to the unawareness of the screening benefits. We recommend that the primary care physician's offices to specifically emphasize and advice to the patients that their cancer screening colonoscopies are completely covered under preventive care regardless high deductible and co-pays and advise accordingly at the time of referrals especially when the insurance coverage is complete. The high deductible/high co pay insurance has become rampant under the present economy with employers and insurance companies finding the ways to cut their cost. Advising the patients proactively about the insurance implications in preventive healthcare tests is a commendable practice in continuing to provide a good preventive healthcare to the community. This recommendation is applicable to other preventive screening tests such as Mammograms, PAP smears, PSA and bone density tests.

Biography

Indran Indrakrishnan is a Clinical Professor of Medicine at the Emory University School of Medicine and the Medical Director of GDC Endoscopy Center LLC & Gwinnett Digestive Clinic PC in Atlanta GA. He was the Former President and currently on the Board of Directors of Georgia Gastroenterological and Endoscopic Society. He has served and has been serving on numerous committees including American College of Gastroenterology, American College of Physicians, Medical Association of Georgia and AAAHc International. He has organized and spoken at many CME conferences across the country and has won many distinguished awards from national and international scientific organizations. He has published several Clinical and Basic Science research articles and is in the Editorial Boards of peer review journals. He has a special interest in the Management and Public Education of Colorectal Cancer and is on the Board of Directors of Fight Colorectal Cancer, a national nonprofit patient advocacy organization.

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Andrew Vaillant, J Gastrointest Dig Syst 2016, 6:6(Suppl)
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Andrew Vaillant

Replicor Inc., Canada

Nucleic acid polymers: Broad spectrum antiviral agents and their development as the backbone of new antiviral therapies for the treatment of chronic HBV and HBV/HDV infection

Nucleic Acid Polymers (NAPs) are an emerging antiviral technology with broad spectrum activity in a variety of enveloped viruses. Through a novel, sequence independent application of oligonucleotide technology, NAPs are able to interfere with entry and post entry mechanisms in many of the viral infections afflicting humans. The pharmacologic features of NAPs, the mechanistic basis for their broad spectrum antiviral activity and their unique antiviral properties in HBV and HDV infection will be discussed as well as their antiviral effects and ability to synergize with immunotherapy to achieve functional control of infection in completed and ongoing clinical trials in patients with chronic HBV infection and HBV/HDV co-infection.

Biography

Andrew Vaillant is the Inventor of Replicor's NAP technology and has more than 15 years of experience in viral biology, antiviral drug development and nucleic acid chemistry. He has authored numerous publications and patents on the development and use of NAPs as agents to treat infectious diseases. He previously held positions at two Montreal-area biotechnology companies. He was a Post-doctoral fellow at the Montreal Neurological Institute and holds a PhD in Cell Biology from the University of Ottawa.

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A Aziz Aadam, J Gastrointest Dig Syst 2016, 6:6(Suppl)
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A Aziz Aadam

Northwestern University, USA

EMR to ESD: East meets west, implementation of an ESD program at an academic medical center

Endoscopic submucosal dissection (ESD) is a new endoscopic technique for the treatment of early stage neoplasia in the digestive tract. ESD allows en bloc resection in comparison to endoscopic mucosal resection (EMR) which is often performed in piecemeal fashion. Understanding of the appropriate indications for ESD is paramount prior to starting an ESD program. En bloc resection is associated with a lower recurrence rates compared to piecemeal EMR. During the presentation the endoscopic technique for ESD will be discussed in detail. Additionally, the prerequisite training and equipment are necessary for successful ESD outcomes. Lastly, the optimal methods of patient and provider education will be discussed program will be reviewed. A multi-disciplinary approach is critical to ensure the best possible patient.

Biography

A Aziz Aadam is a Therapeutic Endoscopist with specialized expertise in Gastrointestinal Oncology as well as Complex Pancreas and Biliary Disorders. He completed his fellowship in Gastroenterology from the Medical College of Wisconsin in Milwaukee, WI and completed an additional year of Interventional Endoscopy training at Northwestern University in Chicago. He is currently the Director of Developmental Endoscopy and is leading the initiative in Endoscopic Submucosal Dissection (ESD) at Northwestern University in Chicago, IL.

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Nathalie Rivard, J Gastrointest Dig Syst 2016, 6:6(Suppl)
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Nathalie Rivard

University of Sherbrooke, Canada

The complex role of SHP-2 tyrosine phosphatase in the development of colorectal cancer

Colorectal cancer (CRC) is the third most common cancer in the world. A major risk factor to develop CRC is the presence of chronic inflammation in the colon. But how chronic inflammation contributes to the development of CRC is not so clear. In seeking to answer this question, we have focused on the signaling molecule SHP-2, a tyrosine phosphatase modulating cellular signals induced by both growth factors and pro-inflammatory cytokines. Polymorphisms in the *PTPN11* locus encoding SHP-2 have been reported to be markers of colitis susceptibility. Conversely, gain-of-function mutations in *PTPN11* have recently been associated with sporadic CRC. To investigate the role of SHP-2 in intestinal homeostasis, we have generated mice with an intestinal epithelial cell (IEC)-specific deletion of its expression. We demonstrated that IEC disruption of SHP-2 causes severe chronic inflammation in the colon. This inflammatory phenotype is associated with a dramatic increase in proliferation and activation of Wnt/β-catenin, NFkB and STAT3 signaling in colonic epithelium. With age, these mice develop malignant lesions in the colon suggesting that SHP-2 can act as a tumor suppressor in this tissue. Furthermore, SHP-2 epithelial deficiency severely increased colon tumor load in $Apc^{min/+}$ mice. Aside from these observations, we found increased expression and activating mutations of SHP-2 in sporadic human colorectal tumors and SHP-2 silencing markedly attenuated KRAS-induced transformation of IECs in culture. Hence, this suggests that SHP-2 can act as an oncogene in the colonic epithelium. Opposing roles for SHP-2 in promoting and suppressing tumorigenesis in the large intestine are therefore proposed.

Biography

Nathalie Rivard has received her PhD from Université de Sherbrooke in 1994 and has completed her Post-doctorate at the Centre de Biochimie-CNRS, Université de Nice, in France in 1997. She has worked as a Faculty Member in the Department of Anatomy and Cell Biology at the Faculté de Médecine et des Sciences de la santé de l'Université de Sherbrooke. Her research focuses on the analysis of signaling pathways that control proliferation, differentiation, tumorigenesis and inflammatory response of intestinal epithelial cells. She has published more than 80 papers in reputed journals. She is the recipient of 2013 Canadian Association of Gastroenterology Research Excellence Award and holds a position of Canada Research Chair.

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