



# Chief's CORNER



**ANIL K. RUSTGI, MD**

T. Grier Miller Professor of Medicine and Genetics  
Chief, Division of Gastroenterology

*I am delighted to update you on the following exciting developments at the division of gastroenterology at Penn Medicine:*

**RAJENDER REDDY, MD**, director of hepatology, medical director of liver transplantation and director of the Penn Center for Viral Hepatitis, is a co-investigator and co-author of landmark papers in the *New England Journal of Medicine* that appeared this year on new therapies—Telaprevir<sup>1</sup> and Boceprevir,<sup>2</sup> therapies that are now available to patients with hepatitis C at Penn. Dr. Reddy is a recipient of the Louis Duhring award for excellence as a clinical specialist, Penn's top honor for subspecialty medicine.

**GARY WU, MD**, and **JAMES LEWIS, MD**, of the division of gastroenterology, in collaboration with **FREDERIC D. BUSHMAN, PhD**, of the department of microbiology at Penn collectively found that long-term dietary patterns influence gut bacterial composition and could affect patients with Crohn's disease. Their findings were published in the September 1, 2011, edition of *Science*.<sup>3</sup>

**REBECCA G. WELLS, MD**, and **MICHAEL A. PACK, MD**, will be funded by the NIH for work related to the potential discovery of the etiology for biliary disease, a childhood disorder affecting the bile ducts within the liver.

### References

<sup>1</sup>Zeuzem S, Andreone P, Pol S, et al. *N Engl J Med*. 2011;364:2405-2416; Jacobson IM, McHutchison JG, Dusheiko G, et al. *N Engl J Med*. 2011;364:2405-2416.

<sup>2</sup>Poordad F, McCone J Jr, Bacon BR, et al. *N Engl J Med*. 2011;364:1195-2106.

<sup>3</sup>Wu GD, Chen J, Hoffmann C, et al. *Science*. 2011; Sep 1. [Epub ahead of print]; Minot S, Sinha R, Chen J, et al. *Genome Res*. 2011; Aug 31. [Epub ahead of print].

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# GASTROENTEROLOGY NEWSLETTER

## PROFILES IN GASTROENTEROLOGY

*A New Generation Joins the Faculty at Penn Gastroenterology*

Welcome to the Fall edition of the Penn Gastroenterology newsletter. This issue contains two reports that together reflect the breadth of the GI program at Penn. The first offers brief profiles of recent additions to the division faculty—and evidence of the increasing presence of women in gastroenterology. At Penn Gastroenterology, almost 30 percent of the faculty are women; of recent additions, more than half are women. The second report features advances in enteral feeding, an often unappreciated, but vital factor of patient outcomes in which gastroenterologists play a central and critical role.

**Anil K. Rustgi, MD**, Chief, Division of Gastroenterology

*The GI division regularly attracts recent graduates from the nation's best fellowship programs (including those at the Perelman School of Medicine at the University of Pennsylvania) to positions in clinical and academic medicine at Penn. The following profiles represent a selection of the most recent additions to the faculty. All see patients at the Perelman Center for Advanced Medicine.*



**VINAY CHANDRASEKHARA, MD**, completed a fellowship at the University of Pennsylvania in advanced therapeutic endoscopy after finishing a clinical fellowship in gastroenterology and hepatology at Johns Hopkins University School of Medicine. Dr. Chandrasekhara's clinical interests include gastrointestinal oncology, gastrointestinal stromal tumors, pancreatic cancer and neuroendocrine tumors. He is board certified in internal medicine and gastroenterology and is a member of the American Gastroenterological Association (AGA), the American Society for Gastrointestinal Endoscopy (ASGE) and the American College of Gastroenterology (ACG).



**ROTONYA McCANTS CARR, MD**, graduated from Cornell University Medical College, completed her internal medicine residency at Massachusetts General Hospital and completed a fellowship in gastroenterology and hepatology at the Hospital of the University of Pennsylvania, where she was a recipient of the division of gastroenterology's Frank Brooks Research Award. Dr. Carr serves on the Basic Research Committee of the American Association for the Study of Liver Diseases. At Penn, she is currently involved in translational and basic science research focusing on the role of lipid droplet proteins in non-alcoholic and alcoholic fatty liver disease and the causes of insulin resistance in fatty liver disease.

### LOCATIONS

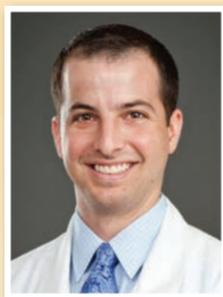
The Ruth and Raymond  
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for Advanced Medicine  
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Philadelphia, PA 19104  
215.349.8222

Penn Presbyterian Medical Center  
38th and Market Streets  
Philadelphia, PA 19104  
215.662.8900

Penn Medicine Radnor\*  
250 King of Prussia Road  
Radnor, PA 19087  
610.902.1500

\*A facility of the Hospital of the University of Pennsylvania

*Profiles in Gastroenterology: Recent Additions to the Faculty*



**DAVID S. GOLDBERG, MD, MSCE**, is a graduate of Mount Sinai School of Medicine. He completed an internal medicine residency at New York Presbyterian – Columbia University Medical Center and a fellowship in gastroenterology at the Hospital of the University of Pennsylvania. A recipient of the division of gastroenterology's Frank Brooks Research Award,

Dr. Goldberg specializes in hepatology and the medical management of liver transplantation. His research focuses on wait-list outcomes and organ allocation for patients listed for liver transplantation and current trends in living donor liver transplantation for primary sclerosing cholangitis. In addition to these subjects, he has published on celiac disease, hepatology and esophageal surgery.

with a wide array of diseases and conditions related to obesity, nutrition and small bowel disorders. Dr. Pickett-Blakely has published a variety of articles on subjects including physician patterns of obesity diagnosis and counseling, irritable bowel syndrome, inflammatory bowel disease and advanced endoscopy in small bowel disease.



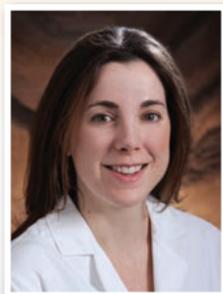
**FARZANA RASHID, MD**, is a graduate of the University of Sheffield Medical School in the United Kingdom. She completed a combined internal medicine/pediatrics internship and residency at the MetroHealth Medical Center in Cleveland before completing a clinical fellowship in gastroenterology at the University of Missouri-Columbia. She is a member

of the American Gastroenterological Association, the American College of Gastroenterology and the American Society for Gastrointestinal Endoscopy. She has published on subjects including inflammatory bowel disease and celiac disease. Dr. Rashid sees adult and adolescent patients with general gastrointestinal disorders and inflammatory bowel disease.



**ANDREW RHIM, MD**, received his medical degree from the Perelman School of Medicine at the University of Pennsylvania. Subsequently, he completed an internship and internal medicine residency and a fellowship in gastroenterology at the Hospital of the University of Pennsylvania, where he was the Sir William Osler Fellow in Medicine. Dr. Rhim specializes

in cancer risk evaluation, surveillance and the medical management of gastrointestinal malignancies. His research interests include defining the biology of pancreatic tumor formation and progression, as well as the development of new modalities for the early diagnosis of pancreatic cancer and other gastrointestinal malignancies. A recipient of the division of gastroenterology's Frank Brooks Research Award, Dr. Rhim has received an NIH K08 career development grant in pancreatic cancer, as well as a grant from the National Pancreas Foundation.



**CAROLINE KERNER, MD, MSCE**, graduated from Wake Forest University School of Medicine. She completed an internal medicine residency at the University of California, San Francisco, where she was concurrently a resident in the program in Residency Investigation Methods and Epidemiology. Dr. Kerner completed a fellowship in gastroenterology and

hepatology at the Hospital of the University of Pennsylvania. In May 2011, she presented the findings of her research in inflammatory bowel disease, ulcerative colitis and anti-TNF therapy at Digestive Disease Week. Dr. Kerner specializes in the treatment of inflammatory bowel disease.



**OCTAVIA E. PICKETT-BLAKELY, MD, MHS**, is a graduate of the University of Maryland School of Medicine and completed her internal medicine residency and a research fellowship at Robert Wood Johnson University Hospital. She then completed a clinical fellowship in gastroenterology at Johns Hopkins, and a master of health science in

clinical investigation at the Johns Hopkins Bloomberg School of Public Health. Dr. Pickett-Blakely is a member of the American Gastroenterological Association and American Society of Gastrointestinal Endoscopy. She sees GI patients

## ADVANCES IN ENTERAL FEEDING AT PENN MEDICINE



Octavia Pickett-Blakely, MD, MHS, and Gregory Ginsberg, MD, of the division of Gastroenterology are incorporating a variety of new techniques and devices to improve enteral feeding procedures at Penn.

Gastroenterologists at Penn Medicine are partnering with a variety of specialists throughout the health system to introduce new enteral feeding tube (ETF) techniques and devices for patients with conditions that prevent normal swallowing and feeding. The indications for ETF include impaired swallowing as a result of brain injury or trauma, gastrointestinal obstruction, pancreatitis, motility disorders and cystic fibrosis and other hypercatabolic states, including burn injuries and Crohn's disease.

In these critically ill patients, enteral feeding has been shown to complement nutrition by modulating the metabolic reaction to stress and enhancing the immunological function of the bowel. Moreover, ETF is superior to total parenteral nutrition (TPN) in cost and adverse events (catheter and blood infections and venous thromboses).

“Enteral nutrition is an important facet of health care in patients with digestive and related disorders at Penn,” explains Gregory Ginsberg, MD, director of endoscopy at Penn and current president of the American Society for Gastrointestinal Endoscopy. “Enteral feeding employs the functional gut and as such preserves aspects of gut flora and function. This facilitates retention of the immunological function of the gut and is associated with decreased risk for bacterial translocation and lowered infection risk.”

Endoscopic means of enteral access to facilitate nutritional support can assume many forms. Short-term nutritional support is typically accomplished via nasoenteric feeding tubes (NETs). Longer-term feeding arrangements generally

involve percutaneous endoscopic gastrostomy (PEG) tubes or direct-percutaneous endoscopic jejunal (DPEJ) tubes, a specialty of gastroenterologists at Penn Medicine.

Used when the proximal-most portion of the digestive tract must be bypassed and feeding must be delivered beyond the ligament of Treitz, the DPEJ technique is technically challenging, Dr. Ginsberg says.

“We’ve worked to develop tools and techniques to best ensure success in selected patients. In preclinical work, for example, we incorporate magnetic attraction forces to help localize and transiently fix the small intestine to the anterior abdominal wall to facilitate the placement of DPEJ tubes.”

Appropriate indications for the DPEJ procedure include post-operative anatomy, pancreatitis and entero-respiratory reflux.



Dr. Ginsberg demonstrates a low-profile percutaneous endoscopic gastrostomy (PEG) button tube designed for G-tube replacement.

### Low-profile PEG Button Tubes Improve Enteral Feedings for Young Patients

Penn gastroenterologists have recently introduced low-profile percutaneous endoscopic gastrostomy (PEG) button tubes designed for single-step application in young patients and those with pre-existing tubes.

“The concern with conventional PEG tubes is that they can come loose as a result of forces placed on the exterior tubing,” says Octavia Pickett-Blakely, MD, MHS. “The button design places the bolster at the abdominal wall, which decreases the risk of pull-out and irritation at the wound site in young, active patients.”

In studies of pediatric patients, those with low-profile PEG tubes were likely to have fewer tube dislodgments and briefer hospital stays than patients with standard PEG tubes.