President’s Report

President, NASPGHAN: Jenifer Lightdale, MD, MPHF, NASPGHAN-F

Dear Friends and Colleagues:

Welcome to the 2022 Holiday Season of NASPGHAN! As I write this, I am reflecting on this past Golden Anniversary year, during which we’ve collectively been celebrating 50 years of NASPGHAN, and a half-century history of pediatric gastroenterology. Any 50th anniversary marks a tremendous milestone that deserves to be feted, and NASPGHAN did not disappoint at the wonderful Annual Meeting in Orlando. During scientific sessions, poster halls, meet-the-professor breakfasts, and hands-on learning, as well as multiple unabashed parties that culminated in the unforgettably glorious NASPGHAN Gala, our most senior members and “second and third generation leaders” blended with trainees and junior colleagues to commemorate our singular professional family, as well as just how far we’ve come as a field of medicine.

Did you know that by turning 50, NASPGHAN has officially accomplished one of the most difficult feats for which any society can strive? It has survived myriad challenges, (including systemic health care changes, institutional closures and mergers, new training accreditation standards, and even global pandemics!) to remarkably make the leap from its founder-run origins to being today’s modern, scalable enterprise. In fact, one of the greatest challenges that any organization of any size faces over time is learning to successfully pass its baton to the subsequent generations that are going to allow it to reach 100. I trust all of us took time in Orlando to toast what we’ve done together to ensure the new generation of extraordinary pediatric gastroenterologists that are taking us forward.

Now, as we prepare NASPGHAN for 2023, we are also noting the indisputable reality that our society has not only become bigger, but also far more diverse and encompassing of a much broader geographical and cultural footprint, than that which shaped its earliest days. This concept did not disappoint at the wonderful Annual Meeting in Orlando. During now, as we prepare NASPGHAN for 2023, we are also noting the indisputable reality that our society has not only become bigger, but also far more diverse and encompassing of a much broader geographical and cultural footprint, than that which shaped its earliest days. This concept was discussed in earnest at the fantastic Junior Faculty Conference in Chicago earlier this December and is providing a road map for us to embark on strategic planning this coming spring. Now, more than ever, diversity, equity and inclusiveness are not just nice to have, but also factual imperatives if NASPGHAN is to have growth, stability, innovation, and success in its future. Thank you to all of you who are intentionally working to make sure that NASPGHAN is a welcome home to all who practice pediatric GI.

Thank you also to those of you who are helping us cross the digital divide! Like all organizations turning 50 these days, NASPGHAN’s lifespan is split between the 20th and 21st centuries, with its second half exponentially more digital than the first. It is in that spirit that an amazing multi-generational effort allowed this fall’s unveiling of the Jim Heubi Memorial Timeline on the NASPGHAN website. Please join me in thanking all who helped to create this lasting living legacy that bespeaks NASPGHAN’s great future, and be sure to take time over your winter break to check it out.

Finally, as NASPGHAN President, I am writing to invite you all to join me in practicing active gratitude by contributing to the NASPGHAN Foundation this year. #weareallNASPGHAN! Yet it is really our NASPGHAN Foundation that makes it possible for us to produce and enjoy NASPGHAN’s numerous professional opportunities, patient education materials and young investigator research support. Please join me in giving back this December through the Foundation website, simply when you re-up your society dues or by cell — just text 4GIPEDS to 215-608-5488. No sum is too small, as it is truly the sum of our parts that is great.

So, keep singing happy birthday, NASPGHAN! I’m wishing you all a warm and ever-golden holiday season, as well as all health and happiness in the new year.

Respectfully,

Jenifer R. Lightdale, MD, MPH, NASPGHAN - F
President, NASPGHAN

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With the start of my tenure as President-Elect of NASPGHAN, I am thrilled (and ever humbled) for this amazing opportunity to be working together with (and learning more about) the vast wealth of talent, knowledge and dedication present in all of our NASPGHAN members - present and future. I remain committed to optimizing current, and identifying future opportunities and innovations that are still to be realized, for collaborative operationalization and implementation. NASPGHAN is about the people we serve, and the people who serve.

It is amazing how time zips on by, and it is now (already) 6-plus weeks since our time together at the first in-person NASPGHAN meeting in 2-plus years. I truly hope the time we shared for those able to attend was as gratifying, inspiring, and, at times emotional, for you all, as it was for me. For those friends and colleagues who were not able to attend — I hope you and your loved ones remain safe and well until we see each other again.

Okay, how can I recap without making this column too long!! Energetic registrants kicked off the meeting at The Single Topic Symposium, The Next 50 Years: Technology and the Future of Pediatric Gastroenterology, was directed by Dr. Peter Lu, MD, Nationwide Children's Hospital, Columbus Ohio. Subsequently, 1,004 registrants attended the always informative and cutting edge Postgraduate course, led by Drs. Maria Oliva-Hemker and Toba Weinstein, with excellent attendance at the complementary CPNP Nutrition Symposium, APGNN and LASPGHAN meetings. The subsequent Annual Meeting engaged 1,951 attendees representing the spectrum of job activity profiles, including vibrant representation by our trainees (medical students to subspeciality trainees) and talented multi-disciplinary health care professional colleagues - important representatives of NASPGHAN’s future.

It was inspirational to reflect now on how complete this year’s meeting was, considering that the virtual 2021 meeting had wrapped up just one month before planning started for this Orlando in-person meeting. All the expected (and unexpected) offerings were superlative, due to the commitment, devotion and time put in by each and every speaker, moderator, presenter, teacher and panel discussant for the annual plenary sessions, 6 concurrent sessions, 12 meet-the-breakfast sessions, and “hands-on” procedural opportunities and, of course, GI Jeopardy. And wasn’t it pretty heart-warming to see again so many of our past NASPGHAN presidents (and think of how many visionaries) receive their medals (kind of like being knighted!) as presented from our current dynamic “Jen-Ben” duo. On a very personal note, there were almost no words to describe seeing (and only the hugest of hugs for) Jim Heubi’s wife Margo and his 2 daughters Lizzie and Chrissy, who flew all the way to Orlando to be present with us during the opening Plenary. Jim — your light will ever shine within NASPGHAN.

With regards to one of my personal favorite NASPGHAN moments, this year’s Awards Ceremony was a reminder to not take good things for granted. Experiencing the gift of feeling (again) the gratitude, admiration and respect that comes with hearing the stories about NASPGHAN’s top 4 awards (congrats again, Athos, Carlo, Ron, and Norberto) as well as for the many additional special recognition awardees. NASPGHAN’s future is indeed bright, as evidenced by the amazing work done by the awardees of all the NASPGHAN Foundation Research, Special Recognition, and Abstract Awards in 2022. Congratulations again to you all!!!

And finally, this fond walk down memory lane could not end without a couple of words (only) on the Saturday evening Red Carpet gala — well, good thing a photo is worth a thousand words — and so there are umpteen hundreds of thousands worth of details in just some of the photos captured of that evening on the website. A huge thanks and kudos to Laura Smith and Jen Lightdale for an amazing 2022 Annual Meeting and all its accompanying component parts; Margaret Stallings, Kim Rose and the NASPGHAN office for their meticulous attention to detail and foresights to offset so many issues before they become issues, and the Gala Girlz (Chris and Mel), and all the leaders spearheading all the facets that make NASPGHAN meetings THE meeting we all look forward to attending — THANK YOU!!!

Okay, looking ahead — my first real task is to plan the Annual Meeting of 2023, which will be in San Diego, October 5-7, 2023 — please mark your calendars if you have not already done so!! I do want to share that all Committee Chairs have already been invited to brainstorm with their committee members and affiliated SIG Chairs and members towards identifying and proposing ideas and cutting edge topics for 2023! NASPGHAN Council members, Committee Chairs, and Officers will be getting together at the end of January 2023 to start planning the Annual Meeting with Laura Smith and Margaret Stallings and the NASPGHAN office, as we look forward to putting together the best meeting possible.

Please don’t hesitate to reach out to me directly my email address is (vicky.ng@sickkids.ca) any time if you are not sure which Committee Chair or SIG Chair to liaise with, or to just run something by me — much welcomed!!! Your suggestions, concerns, aspirations, and innovations regarding the activities and future of NASPGHAN are always welcomed. I pledge to do my best to represent you in NASPGHAN and keep the pride going for all of us who are lucky enough to be members.

Wishing you the Happiest of Holidays and the best in the New Year.

Warmly and Sincerely,

Vicky Lee Ng, MD
President-elect, NASPGHAN
Seasons’ Greetings NASPGHAN Members! Happy Winter to you all! We hope that you are keeping healthy, relaxing, and enjoying the holidays with your family and friends.

2022 has been a year of celebration with NASPGHAN’s 50th anniversary and a wonderful annual IN-PERSON meeting held in Orlando, FL. It was truly amazing to reunite with so many friends and colleagues!

MEMBERSHIP

NASPGHAN’s main strength relies on members like you who are committed to support our organization. Our Society keeps growing! The current membership of NASPGHAN is 2688 (100 emeritus, 9 members who are also members of ESPGHAN, 465 fellows, 26 psychologists, 49 editorial board, 1963 full members, and 78 International). There are 53 Fellow of NASPGHAN members, 496 members in the Association of Pediatric Gastroenterology and Nutrition Nurses (APGNN) and 223 Council for Pediatric Nutrition Professionals (CPNP) who are actively involved in collaborative activities with NASPGHAN.

FINANCES

The primary revenue sources for NASPGHAN are memberships dues, journal royalties, Annual Meeting, investments, and industry support. Prior to 2016, NASPGHAN’s investment strategy was a conservative “Cash and Bonds” strategy. In 2016, we moved to a more aggressive one, (Growth with Income) to take advantage of market strength. In 2021, NASPGHAN and the Foundation did well with a fund balance of ~$11.6 million and $4.4 million respectively. Unfortunately, the market has recently been volatile, and we fully expect these fund balances to decrease in 2022. We continue working with the financial firm Glenmede Trust Co. to maintain investment portfolios that allows us to continue growing.

As we look to the next 50 years of NASPGHAN, we want to update you on our financial planning and necessary investments in 2023 to ensure a rich and long-lasting future for our society. With the growth of our Society and the significant number of programs and initiatives offered to our members, we have increased the number of staff working in our National Office over the last few years. To continue supporting our current initiatives and expanding program development for our members, it is imperative that we allocate appropriate resources to our infrastructure and staff. This year, we will provide a comprehensive benefits package to all our staff including full coverage of health insurance and employer matched contributions for retirement. We also intend to further hire personnel to staff our main office appropriately to serve our members.

Some have asked why NASPGHAN and NASPGHAN Foundation have saved so much capital in our investment portfolios. The frank answer is we are building capital to achieve a principal balance that can generate the interest income needed to cover the annual expenses of NASPGHAN and the Foundation (analogous to an endowment). Currently, our combined base operating expenses (staff salaries, office space rental, electric bills, etc.) total ~$1 million annually, which does NOT include the costs associated with the valuable projects and grants we fund annually. We have calculated that our goal principal needed across both NASPGHAN and NASPGHAN Foundation to cover our base operating expenses is $50 million, but we are not near that value. We thus must work together to ensure that both NASPGHAN and NASPGHAN Foundation remain financially solid and can continue operating.

NASPGHAN Executive Leadership is organizing a strategic planning meeting to establish goals and priorities regarding our future. Members will have the opportunity to provide input and guide us regarding the best way to use our resources.

Finally, as we celebrate this season of giving, we encourage you to continue supporting NASPGHAN and the NASPGHAN Foundation. This support will positively impact NASPGHAN and the Foundation in our mission to advance the practice of pediatric gastroenterology, hepatology, and nutrition through education, advocacy and research.

Wishing you a happy holidays and a wonderful 2023 full of blessings!
Dear Colleagues and Friends:

Happy Holidays! Given the challenges over the past couple of years during the waves of COVID infections, it was invigorating to meet in Orlando for the 50th anniversary of NASPGHAN, our beloved society, along with the 22nd anniversary of the NASPGHAN Foundation. Despite the frustrations, stress and uncertainties since the arrival of 2020, we have persevered as professionals to improve the health of children. Through the collective efforts and contributions of so many of you, our organization remains strong — “SMALL BUT MIGHTY” — which has allowed continued support of the education and research missions of NASPGHAN.

We had a competitive year of grant applications and were proud to present them at this year’s meeting. This year’s recipients are listed below:

- **NASPGHAN Foundation/AstraZeneca Award for Disorders of the Upper Gastrointestinal Tract**
  Amanda Mair MD — Children’s Hospital of Philadelphia

- **NASPGHAN Foundation Mid-Level Career Development Award**
  Michele Maddux PhD — Children’s Mercy Hospital

- **NASPGHAN Foundation/QOL Research Award for the Study of Disorders Associated with Carbohydrate Digestion/Malabsorption in Children**
  Anna Hunter MD — Oregon Health and Science University

- **NASPGHAN Foundation/Reckitt/Mead Johnson Nutrition Research Young Investigator Development Award**
  Jason (Yanjia) Zhang MD PhD — Boston Children’s Hospital

- **NASPGHAN Foundation/George Ferry Young Investigator Development Award**
  Alyssa Kriegermeier MD — Ann and Robert Lurie Children’s Hospital

- **NASPGHAN Foundation/Alcresta Research Award for the Study of Pancreatic Disease in Children**
  Zachary Sellers MD PhD — Stanford University

- **NASPGHAN Foundation/Crohn’s & Colitis Foundation/IBD Young Investigator Award**
  Lauren Colen MD — Boston Children’s Hospital

- **NASPGHAN Foundation/Olympus America Advanced Fellowship in Pediatric Endoscopy**
  Diana Lerner MD — Medical College of Wisconsin

- **NASPGHAN Foundation/Abbott Nutrition Advanced Fellowship Training in Pediatric Nutrition**
  Sarah Abu-Alresb MD — Children’s Hospital of Philadelphia

- **NASPGHAN Foundation/APGNN Susan Moyer Nursing Research Award**
  Mary Galotto RN BSN CPN — Boston Children’s Hospital

- **NASPGHAN Foundation/QOL CPNP Nutrition Research Grants**
  Sharon Weston MSRD LDN — Boston Children’s Hospital
  Nicole Misner MSRD — University of South Florida

- **NASPGHAN Foundation Innovations in Clinical Care Grant**
  Sarah Lowry MD — Johns Hopkins University
  Jacyln Siegel DO — Baylor College of Medicine

**Special Recognition Awards**

- **Gerard Odell Prize for Excellence in Liver Research**
  James Stevens MD — Emory University

- **Amin Tjota Prize for Excellence in Pancreatic Research**
  Cheng-Yu Tsai PhD — Stanford University

- **The Grand Watkins Prize**
  Matthew Buendia MD — Vanderbilt University

- **NASPGHAN Foundation Teri Li Young Educator Award**
  Brian McFerron MD — Riley Hospital for Children

The funding of Foundation grants remains a double-edged sword with congratulations to the recipients and recognition there are many worthy proposals that did not receive funding. We are indebted to the NASPGHAN Research Committee for the review of applications. The Foundation continues to pursue new sources of research support for our members and affiliated societies (dietitians, nurses, clinical research and basic science research) as part of the continued commitment to the need for innovation to advance the care of patients, educate the next generation of providers and maintain the NASPGHAN Foundation as a leading voice in the field.

**EDUCATIONAL CAMPAIGNS & CONFERENCES**

Thanks to the collective efforts of membership and support of our Partners, NASPGHAN Foundation projects for 2022 include:

- **Faculty Conferences and URiM (Underrepresented in Medicine):**
  - **Junior Faculty Conference**
    December 2022 and supported by Fresenius Kabi.
    Co-Chaired by Christine Lee, MD and Rita Sanghavi, MD

- **Teaching and Tomorrow—URIM**
  Initially launched virtually for 2021 with 16 students and 16 faculty/4 fellow mentors. 13 applicants were accepted for NASPGHAN 2022. Supported by educational grants from Functional Formularies, Nutricia and Takeda and members of the NASPGHAN Training Committee and Diversity SIG.

- **Summer Student URIM**
  4 students were selected by the training committee and completed projects. Supported by an educational grant from Takeda Pharmaceuticals and NASPGHAN membership.
The mission statement of the NASPGHAN Foundation is “To Fund and support the Professional, Patient Education and Research Missions of NASPGHAN”. The theme of this year’s Annual Meeting truly exemplifies the philosophy of the NASPGHAN Foundation. We are one with NASPGHAN. I personally wish to thank NASPGHAN members who have personally donated to the Foundation and provided support in many arenas. If you’ve not donated yet—please include NASPGHAN and the Foundation in your annual charitable giving. Giving to the Foundation remains easy and mobile just TEXT—4GIPEDS to 215-608-5488.

I am very honored to serve NASPGHAN and the NASPGHAN Foundation and wish to acknowledge our Foundation Board members and leadership, including Menno Verhave (Past-President), Barry Wershil (Past-President), Jeannie Huang (Secretary-Treasurer), NASPGHAN leadership and committee chairs and, of course, Margaret Stallings and the dedicated staff in the NASPGHAN office. We will be soliciting nominations from NASPGHAN soon for election to the NASPGHAN Foundation board—please consider serving.

Best wishes for a safe and joyous 2023!

Sincerely,

Ann Scheimann MD, MBA
President, NASPGHAN Foundation
Baltimore, MD

Webinars:
- Removing Dieting from Diet Therapies in Pediatric GI: A CPNP webinar
  Supported by an educational grant from Abbott and CPNP leadership.
- The What, How, and ifs of Optimizing Early Childhood Growth and Long-Term Outcomes
  2-part webinar and podcast series 8/24/2022 and 12/7/2022.
  Supported by Reckitt/Mead Johnson and the Nutrition Committee.
- Children with Cholestatic Liver Disease: 4 part webinar series
  First webinar 8/17/2022; 3 webinars to follow re: nutrition, pruritus and transplantation.
  Supported by Alibrio, Miraxon and Travere and the Hepatology Committee.
- Medical Management of Chronic Pancreatitis in Children: Maximizing Treatment and Improving Outcomes
  Supported by Alibrio and the Pancreas Committee.

Ongoing Educational Projects:
- NASPGHAN Nutrition University (N2U)
  Supported by an educational grant from Nutricia with the ongoing support of the Nutrition Committee.
- Hepatitis C Slide Set and Grand Rounds
  Supported by an educational grant from Gilead Sciences, Inc. and support of the Hepatology Committee and NASPGHAN membership.

Parent and Family Education:
- GI Kids materials
  Thanks to the efforts of the Public Education Committee.
- Doc4Me
  Thanks to Jeannie Huang, Foundation Treasurer.

SUPPORT YOUR FOUNDATION
Remember that you can donate to the NASPGHAN Foundation from your phone. TEXT 4GIPEDS to 215-608-5488

Click here If you would prefer to donate quickly and securely online!

NEW NASPGHAN Foundation/EvoEndo Medical Research Award Available in 2023

The new NASPGHAN Foundation/EvoEndo Medical Research Award for the Study of Unsedated Upper Gastrointestinal Tract Endoscopy in Children will provide $75,000 annually for two years (a total of $150,000) for studies focused on unsedated upper gastrointestinal tract endoscopy in children. Relevant areas of interest related to unsedated upper gastrointestinal tract endoscopy include, but are not limited to technology adoption, safety, cost/economic assessments, feasibility, efficacy, quality improvement, and novel indications. Any pediatric gastrointestinal process may be the target of the study. This grant mechanism is not intended for proposals regarding the use of only wireless technologies. More details are available on the NASPGHAN website. The grant application site will open in the spring of 2023.
NASPGHN Welcomes 2022 First-Year Fellows
(As of October 20, 2022)

Alaa Abdelghani
Muhammad Abu Abthan
Ahmad Abu Sulb
Vaishali Adhikha Harne
Hebah Al Abi
Khulud Al-Sayed
Amala Alenchery
Cherise Ali
Fatema Ali
Nawal AlMansour
Rahmath Althaf
Lizeth Leticia Amezcuza Palomera
Bradley Anding
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Kelsey Chapman
Kelsey Chatman
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Caroline Chinchilla Putzeys
Shelley Choudhury
Telly Chung
Tess Coker
 Sofia Colon Guzman
Katie Conover
Karen Guadalupe Cordova-García
Eryka Cruz Bautista
Geoffrey Davis
Nicole Davidson
Evida Dennis-Heyward
Natasha Dilwali
José Gerardo Domínguez Ponce
Norbert Donias
Karla Gabriela Duarte Torres
Andrew Ebanks
Alex Norberto Elizarrarás
Katayoun Eslami
Ana Beatriz Fadhel Alvarez
Doaa Fahmy
Rebecca Farr
Ashley Fonseca
Lance Frank
Amber Gafur
Eric M. Gershon
Gila Ginzburg
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Rafael González
Lucía Gordillo Rodríguez
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María Cristina Gutiérrez Herrera
Jack Hachem
Tala Haddad
Carme Halaby
Laura Hamant
Michael Hook
Vipreet Janjua
Casey Johnson
Kimera Joseph
Michael Joseph
Wesley Judy
Gurleen Kahlon
Charles Kang
Sindhu Kasturi
Patil Kavarian
Juliana Kennedy
Noah Kline
Swetha Kotamraju
Chenthon Krishnakumar
Sydney Kuzioan
Nikita Lalchandani Day
Erica Lardieri
Stefanie Arantxa Leal
Wei-Wei Lee
Natalia Lepore
Dean Libet
Izabel Longoria Camargo
Lisset Del Carmen Lopez Segovia
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Robert Merkouris
Deena Merzel
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Taylor Montminy
Claudia Moreira Rivero
Patrick Morency
Kayla Morneault-Gill
Ricardo Muñoz Saavedra
Judy-April O. Murayi
Victoria Novelo Alcocer
Delia O'Shea
Mneyemecabasi Omude
Mónica Orozco González
Jose Rafael Palma Baquedano
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Natalia Plot
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Christine Quake
Tebyan Rabbani
Erica Rabinovich
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Elizabeth Torres Claudio
Andrea Tou
Khang Tran
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Théa Von Graffenried
Tohshifumi Yodoshi
Carolina Alexandra Zambrano Perez
Daniel Zhaoest
NASPGHAN as an organization supports the development of its members from Teaching and Tomorrow to the first, second- and third-year fellows’ conferences. Recognizing the need to continue this professional development beyond fellowship, the NASPGHAN leadership under President Dr. Ben Gold, envisioned a conference for Junior faculty. Dr. Rina Sanghavi from UT Southwestern Medical Center and Dr. Christine Lee from Boston Children’s chaired the conference and put in hours of planning and organizing the conference along with Laura Smith and Margaret Stallings from the NASPGHAN executive office.

From Dec 1-3, 2022, NASPGHAN held the Junior Faculty Development. Sponsored by Fresenius Kabi and the NASPGHAN Foundation, this conference focused on professional development and mentoring for Junior faculty 2-7 years out of fellowship. A total of 52 junior faculty were selected from a large number of applicants. Along with 10 senior faculty speakers, participants spent 3 days in Chicago. Attendees had structured lectures, small group discussions as well as 1 on 1 sessions with the senior faculty. Topics included negotiation for clinical and research projects; becoming diversity, equity, inclusion and compensation equity champions for your institution; developing as a 360-degree leader and early career challenges and setbacks, and how senior faculty overcame them. At the end of the conference, the attendees and speakers left richer in their experiences and collaboration. Fresenius Kabi has committed to sponsoring a similar conference in 2023. Stay tuned for application details.

Thank you to faculty members Drs. Glenn Furuta, Ben Gold, Roberto Gugig, Jenifer Lightdale, Elizabeth Mileti, Dedrick Moulton, Vicky Ng, Timothy Sentongo and Barry Wershil.
### NASPGHAN Foundation Donors (As of November 30, 2022)

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- Nafaa Alyasi, MD
- Jac-Koo (Jack) An, MD
- Joel M. Andres, MD
- Swati Antala, MD
- Farhat Ashai-Khan, MD
- Karla Au Yeung, MD
- Yaron Avitzur, MD
- Sonia Arora Ballal, MD
- Kevin Bax, MD
- Eric Benchimol, MD, NASPGHAN-F
- Elana B. Bern, MD, MPH

#### BENEFACTOR ($500-$999)
- Hengqi (Betty) Zheng, MD
- Nader N. Youssef, MD
- Desale Yacob, MD
- Harland S. Winter, MD, NASPGHAN-F
- Michael J. Wilsey, Jr., MD, FAAP, NASPGHAN-F
- Dana I. Williams, MD
- Barry K. Wershil, MD
- Pamela L. Valentino, MD
- Jason Silverman, MD, MSc, FRCPC
- Patrick Montrical-Tsai, MD
- Mark Naddaf, MD
- Prathiba Nanjundiah, MD
- Cade Nylund, MD, MS
- Molly O’Gorman-Picot, MD
- Susan Peck, CRNP
- Philip E. Putnam, MD
- Charrina Ramirez, MD
- J Marc Rhoads, MD
- Patricia R. Robuck, PhD, MPH
- Philip Rosenthal, MD, FAAP, NASPGHAN-F
- Robert J. Rodbaum, MD
- Michael J. Rutter, MD
- Adrienne Scheich, MD
- Mitchel D. Shuh, MD
- Scott B. Snapper, MD, PhD
- Lawrence E. Sorkin, MD
- Carolyn Sullivan Burklow, MD
- Francisco Sylvester, MD
- V. Marc Tsou, MD
- Charles Vanderpool, MD
- Christine E. Waasdoop Hurtado, MD
- Frederick Watanabe, MD
- Claire M. Wilson, MD
- Anne A. Wolf, MD

#### PARTNER ($200-$499)
- Estella M. Alonso, MD
- Amal Aqul, MD
- Christina B. Bales, MD
- Lee Bass
- Kristin Stanley Bramlage, MD
- Nick Cjakob, MD
- Joseph Bonothoe Croffie, MD

#### CHAMPION ($1,000 AND UP)
- APGNN
- John A. Barnard, MD, NASPGHAN-F
- Dennis D. Black, MD
- Laurie N. Fishman, MD, NASPGHAN-F
- Benjamin D. Gold, MD, FAAP, NASPGHAN-F
- Ric and Janet K. Harrisberger, MD
- Susan J. Henning, PhD
- B UK Li, MD, NASPGHAN-F
- Jennifer R. Lightdale, MD, MPH, NASPGHAN-F
- Qin Liu, MD
- Mercedes Martinez, MD
- Karen F. Murray, MD, NASPGHAN-F
- Sheshadri S. Saced, MD, NASPGHAN-F
- Philip M. Sherman, MD, FRCPC, FAAP, NASPGHAN-F
- Aliye Uc, MD
- Menno Verhave, MD
- Melatiuwu Yuwono, MD

#### PARTNER ($200-$499)
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- Amal Aqul, MD
- Christina B. Bales, MD
- Lee Bass
- Kristin Stanley Bramlage, MD
- Nick Cjakob, MD
- Joseph Bonothoe Croffie, MD

#### ASSOCIATE ($100-$199)
- Jeremy Adler, MD, MSc
- Millie Boettcher, MSN, CRNP, CNSN
- Athos Bouvaros, MD, MPH, NASPGHAN-F
- Jeffrey B. Brown, MD
- Daniel Castillo, MD
- Bruno Chumptitazi, MD
- Ana Catalina Arce Clachar, MD
- Harold A. Conrad, MD
- Maria Dubinsky, MD
- Deborah Duro, MD, MS
- Victor L. Fox, MD
- Cheryl Gariety, MD

#### FRIEND ($35-$99)
- Phyllis F. Agran, MD, MPH
- Cynthia Akagbe, MD
- Khoulou Julenda Al-Said, MD, FAAP, FRCPC
- Nafaa Alyasi, MD
- Jac-Koo (Jack) An, MD
- Joel M. Andres, MD
- Swati Antala, MD
- Farhat Ashai-Khan, MD
- Karla Au Yeung, MD
- Yaron Avitzur, MD
- Sonia Arora Ballal, MD
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- Eric Benchimol, MD, NASPGHAN-F
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- Mark Naddaf, MD
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- Scott B. Snapper, MD, PhD
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- Carolyn Sullivan Burklow, MD
- Francisco Sylvester, MD
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- Yaron Avitzur, MD
- Sonia Arora Ballal, MD
- Kevin Bax, MD
- Eric Benchimol, MD, NASPGHAN-F
- Elana B. Bern, MD, MPH
Bowel Sounds 3rd Season Is a Wrap

Jason Silverman, MD, MSc, FRCPC, Bowel Sounds Team

The Bowel Sounds team has had a busy year, wrapping up the podcast’s third season and beginning its fourth! PedsGIChat was also launched in 2022 and each Twitter chat features a topic tied to a recent episode of the podcast. Bowel Sounds continued with its JPGN collaboration, releasing an episode on the management of central venous lines in children with intestinal failure. More JPGN-related episodes will be coming in the next year. Bowel Sounds also collaborated with the hosts of the ImPACt Podcast, the podcast for the Patient Advocacy Council or PAC of Improve Care Now, and focused on what our patients with IBD wish their doctor knew. Bowel Sounds also handled the interviews of past NASPGHAN Presidents for inclusion on the timeline unveiled for the 50th anniversary of NASPGHAN. The timeline continues to be available for reviewing on the NASPGHAN website. Of course, one of the highlights of the year was attending the Annual Meeting in person and allowing the Bowel Sounds team to meet so many of its listeners in person, and hearing from them how much they value the podcast for their own learning and career advice needs.

Bowel Sounds will be finishing 2022 strongly, with two episodes in December. In the first, released December 5, Drs. Jennifer Lee and Peter Lu spoke to Dr. Mark Corkins about the impact of early diet and environmental factors on childhood and long-term health. It is full of practical advice, evidence and the occasional “Corkinism”. On December 19, an episode featured Dr. Edwin Liu, speaking to Drs. Temara Hajjat and Jennifer Lee about new advances in celiac disease. All episodes are available in NASPGHAN’s LearnOnLine portal.

2023 Membership Fees Can Now Be Paid Online

You can now view and pay your 2023 NASPGHAN, CPNP, and APGNN membership dues online. Please note that the Dues and Foundation Contributions page was recently updated. Before proceeding to your cart, review your payment page to ensure you have selected all the items you want included in your 2023 payment.

To access your account and pay your dues, please:

- Go to the Member Center
- Log in with your user name and password
- Click on RENEW NOW on the left-hand side of the page.

If you have any trouble logging onto the NASPGHAN website or have any questions, please contact Gina Brown, at (gbrown@naspghan.org) or Kim Rose at (krose@naspghan.org) or by telephone at 215-641-9800.

Before you arrive at the payment page, you will be taken to the My Demographics page that will ask for some demographic and professional information. Completion of the information is optional. However, gender, age, race, ethnicity and professional data collection offers opportunities for NASPGHAN to focus on our members’ diverse values, beliefs, and behaviors and to tailor the structuring of NASPGHAN’s programs to meet members’ needs. At the bottom of the demographic page, you will be able to proceed to the payment page.

Again, please note that the payment page was recently updated. Before proceeding to the cart, review your payment page to ensure you have selected all the items you want included in your 2023 payment.

If you pay online, you will receive an automatically generated receipt NASPGHAN Purchase and NASPGHAN Purchase Confirmation. In addition, remember that you will not receive JPGN after January 2023, if you have not paid your 2023 NASPGHAN membership fees or paid for a 2023 JPGN subscription.

When you pay your dues online, please considering some time to review your information on the About Me tab and make sure NASPGHAN has correct information for you. The NASPGHAN National Office soon will be preparing the annual update for the Membership Directory. Also, consider clicking through the personal demographic information and update your information and upload a personal picture.
Dear NASPGHAN Members,

I hope this update finds you well as 2022 comes to an end. It was an incredible experience to be back in person after two years of virtual conferences and to see many of you face to face. The ability to interact and network with peers is invaluable, and I personally left feeling invigorated and full of ideas for the upcoming year. I want to extend my gratitude to NASPGHAN leadership who helped make the conference a success, with a special thanks to Laura Smith, Margaret Stallings, Kim Rose, and Gina Brown.

APGNN had a successful year with award recipients, officer elections, a new website, membership incentives, and the launch of the GI Nursing Certificate Program last December. APGNN would like to recognize our award recipients for 2022:

- **Susan Moyer NASPGHAN Foundation Grant**
  Mary Gallotto, RN, BSN—Boston Children’s Hospital
  *Improving IBD Care Through Parent Mentoring*

- **Poster of Distinction Award**
  Annette McCoy, BSN, RN—Children’s Hospital Colorado
  *Nurse Administered FibroScan Successfully Implemented During Ambulatory Clinic Visit*

- **Excellence in Education Award**
  Courtney Ort, BSN, RN—Children’s Hospital Colorado
  *Dedicated Nursing Support in a Fellowship Program*

- **Excellence in Mentoring Award**
  Dr. Sandra Kim—UPMC Children’s Hospital Pittsburgh
  *Nominated by Whitney Gray, CRNP*

The APGNN Board of Directors transitioned at the Annual Meeting, saying farewell to Sharon Perry (UH Rainbow Babies & Children’s Hospital) and Teresa Carroll (PGNA). We welcomed two new officers to the board (Macy Carobene and Rose Pauley), and Whitney Gray was re-elected as Media Chair. Rhys David and Donna Garner will remain on the board but have been elected to new positions (Program Chair and Secretary/Treasurer, respectively). The APGNN Board of Directors is as follows:

- **President**: Elizabeth Burch, MSN, RN, CPNP-PC, APRN III—Boston Children’s Hospital
- **President Elect**: Kerry Reed, RN, MS, CPNP—Children’s Hospital Colorado
- **Secretary/Treasurer**: Donna Garner, RN, MS, CPNP—Texas Children’s Hospital
- **Clinical Inquiry**: Sara Fidanza, MS, RN, CNS-BC, CPNP-PC—Children’s Hospital Colorado
- **Clinical Practice Chair**: Rosemary Pauley, APRN—Boys Town National Research Hospital
- **Media Chair**: Whitney Gray, MSN, RN, FNP-C, CRNP—UPMC Children’s Hospital Pittsburgh
- **Membership Chair**: Macy Carobene, MS, RN, CPNP-PC—Montefiore Medical Center
- **Patient & Professional Education Chair**: Jordan A. Trotter-Busing, MSN, CPNP—Vanderbilt Children’s Hospital
- **Program Chair**: Rhys David, MSN, RN, CPNP—Rady Children’s Hospital San Diego

APGNN launched the Pediatric Gastroenterology Nursing Assessment-Based Certificate Program this year, which is an evidence-based CE program focusing on the fundamentals of Pediatric GI. This is a fantastic resource for new-to-GI nurses and Advanced Practice Providers and serves as a comprehensive onboarding program meeting national standards. The 13 modules can be purchased individually based on areas of interest, and those who complete the entire program receive a “Certificate of Pediatric Gastroenterology, Hepatology, and Nutrition Nursing”. While this was developed for APGNN members in mind, the program (full or individual) can be taken by anyone including GI psychologists, social workers, and dietitians. APGNN subject matter experts developed content, with our physician colleagues reviewing all content prior to publication. To maximize accessibility, we have created discount codes for APGNN, NASPGHAN, and CPNP members, which are available in the NASPGHAN Member Center. We are also offering organizational discounts to divisions wishing to support nursing education.

We have had over 130 enrollments in the full certificate program. A pretest is administered to gauge baseline learning, followed by a post-test for each module. The average pretest score was 63% with a range of 23-96%, reflecting a wide spectrum of baseline knowledge. To pass the program, participants must receive an 80% or higher on the post-test for each individual module. Posttest evaluations are also administered with the following results to date: 56% of participants rated the module Excellent, 32% rated Very Good, 11% rated Good, and 1% rated Fair. **Those interested can get additional information here.**

We are pleased with this feedback and will continue to review and implement changes as necessary. Please do not hesitate to contact me directly should you have any questions about APGNN and what we offer. We always welcome and enjoy collaboration with NASPGHAN members. On behalf of APGNN, we wish everyone a happy and healthy start to 2023!

Warm Regards,

Elizabeth Burch, MSN, RN, CPNP-PC, APRN III
APGNN President
Hello, NASPGHAN!

We loved seeing everyone again at the Annual Meeting! A huge thank you to the CPNP Planning Committee and all of our speakers for their time and dedication to making a fantastic program. Also, thank you to NASPGHAN’s Laura Smith for making such a massive and complex event run seamlessly. An evening on the red carpet, complete with cotton candy on glow sticks, was the chef’s kiss to the weekend. The fun never stops, and we’re already looking for topics for 2023!

We are thrilled to announce awards for the NASPGHAN Foundation/CPNP Nutrition Research Grants again this year. Congratulations to Sharon Weston, MS, RD, CSP, LDN from Boston Children’s Hospital for her project “Utilization of a Hospital-Based Food Pantry and Associated Nutrition Education and Cooking Program for patients with Celiac Disease” and Nikki Misner, MS, RDN from University of South Florida for her project “A Single Center Initiative to Identify Prevalence of and Diagnoses Associated with Food Insecurity Amongst Pediatric Gastroenterology Patients”. See related information on page 37. We are planning to offer research grants again in 2023. Applications and deadlines will be announced in the spring. Mentorship is also available for anyone interested in starting a project.

Planning for N2U in 2023 is also underway, with increased collaboration from CPNP and NASPGHAN to bring a fresh and updated program. Attendees can look forward to a weekend of nutrition-focused learning, networking, and, of course, a fun time! The application timeline will be announced soon.

We received several heartwarming nominations for the 2022 Dietitian of Excellence Award. We were touched to see how many CPNP dietitians are valued and respected by their teams, and the incredibly kind words that they submitted. Stacey Beer, MPH, RD, CCTD, LD from Texas Children’s Hospital was the deserving recipient this year. A sincere congratulations to her!

In September, CPNP hosted its first Webinar Wednesday with the topic, ”Removing Dieting from Diet Therapies in Pediatric GI,” with an overwhelmingly positive response. Thank you to our moderators, speakers, and Kathleen Regan and Margaret Stallings for their hard work in getting this program funded and making it a huge success. The link to watch the recording is available through NASPGHAN’s LearnOnLine platform.

After several successful years of Nutrition Pearls, we decided to shift our focus for 2023 to some new ideas. One of our goals for this year is to increase member engagement and add value to CPNP membership. We will keep everyone on the edge of their seats awaiting the announcement of our new programming, until we have a clearer picture of the rollout. I can assure you that there is something really special in the works!

I look forward to a happy new year and ongoing collaboration within our NASPGHAN family.

Sincerely,

Abigail Lundin, MS, RD
CPNP President

Apply for NASPGHAN Fellow (NASPGHAN-F) Status

Eligible NASPGHAN members can now apply for the Fellow of NASPGHAN status (NASPGHAN-F).

Attainment of the prestigious Fellow of NASPGHAN status is for those NASPGHAN members who have made significant contributions to the field of pediatric gastroenterology, hepatology or nutrition. Members with a strong career track record for success as clinicians, physician scientists (MD/DO, MD/DO/PhD) or researchers (PhD/MSC) in the field of pediatric gastroenterology, hepatology and nutrition are encouraged to apply. Fellow status can be attained by meeting all criteria for either Clinical Practice or Research expertise. The NASPGHAN Executive Council will review all applications, focusing on the quality and breadth of clinical, research and educational contributions and service to the field of pediatric gastroenterology, hepatology and nutrition. Eligibility requirements are available online and details are available here.
After a successful 2021-2022 academic year of in-person fellows conferences, NASPGHAN started the next academic year with the NASPGHAN Reckitt Mead Johnson 3rd year Fellows Conference in Nashville, Tennessee September 8-10, 2022. Conference co-chairs Christine Lee and Danny Mallon welcomed 10 faculty and 84 fellows from 27 U.S. states and 1 from Canada.

With fellows conference COVID precautions in place, the fellows and faculty arrived to a welcome cocktail hour/dinner excited to greet old friends, meet new ones and to hear welcome words by Christine Lee, Danny Mallon and Lauri Symonds of Reckitt Mead Johnson. The first full day of the conference opened with career development tips from Jean Molleston; hiring perspectives of a chair of pediatrics from Mitch Cohen, and then practical tips on inquiring about jobs and interviews from Maria Oliva-Hemker. Enthusiastic faculty then participated in two panel discussions on alternatives to traditional academia (Kristina Leinwand, Alan Leichtner) and tips for interviewing. After lunch, fellows were able to choose small groups to discuss interview tips/stories before an afternoon of one-on-one meetings with faculty or just exploring Nashville. After dinner, Kristina Leinwand and Norberto Rodriguez-Baez shared practical advice on financial considerations when considering their next position.

Day two started with course co-director Danny Mallon offering work-life considerations for a non-trainee life/future. Sue Rhee gave a timely talk on job negotiation before a faculty panel shared their opinions on how best to negotiate a job/career. The fellows then broke up into small group discussions to hear from faculty “What I wish I should’ve known with my negotiation”. The fellows then heard about practical tips on the first 100 days after transition to junior faculty by Jeannie Huang and earning regional/national recognition and “branding” from Alan Leichtner. The didactic portion of the conference ended with fellows choosing small group discussions and faculty sharing powerful stories of resilience in the midst of challenging events in their professional and personal lives.

After another afternoon of one-on-one faculty meetings and relaxation, the fellows and faculty enjoyed watching groups of fellows present creative reflections of the conference. While some groups put their thoughts into song and dance, others created a colonoscopy-skit and a series of memes! All participants were thankful for the opportunity to meet together in-person and left the 3rd year conference invigorated and inspired for the next academic year.

A special thanks goes to Lauri Symonds and Reckitt Mead Johnson for their continued generous commitment to this wonderful conference. A big heartfelt thank you goes to NASPGHAN’s beloved Margaret Stallings and Laura Smith for organizing these fellows conferences. Lastly, we are most grateful to our amazing 2022 faculty without whom this meeting could not have happened: Drs. Norberto Rodriguez-Baez, Jean Molleston, Mitch Cohen, Sue Rhee, Maria Oliva-Hemker, Alan Leichtner, Jeannie Huang, Kristina Leinwand, Danny Mallon and Christine Lee.
Committee and Special Interest Group Reports

FELLOWS COMMITTEE

Co-Chairs: Lily Cao, MD
Paula Prieto Jimenez, MD

The Fellows Committee is currently sub-divided into four groups including, Education, Fellows Feud, Recruitment and Toolbox.

The Education group, which is currently sponsored by a Mead Johnson Nutrition donation, has the aim of reducing learning disparities between residency programs. It targets residents by creating standardized slides able to teach high-yield GI topics in a uniform manner. The group is currently in the process of creating a pre and post assessment survey and defining pilot programs. Abbott supports this endeavor, called DIGEST.

The fellows feud group continues with its daily prep GI questions and currently is discussing if rewards can be incorporated to the daily program to improve participation. Also under consideration is a “factor of the week” and histology reviews.

The recruitment group developed an amazing video for Teaching and Tomorrow attendants launched in the most recent NASPGHAN meeting in Orlando, FL. Following the successful launch of the video, the group is now focusing on recruiting diverse individuals interested in research, education, clinical practice and advocacy in GI and nutrition to promote career-long engagement in the NASPGHAN community. The group also is working in creating a partnership with the Association of Pediatric Program Directors and establishing a social media presence aimed at showcasing “Life as a GI Fellow.”

Finally, yet very importantly, the renovated Toolbox website continues expanding and implementing new topic and resources accessible from any computer.

CLINICAL CARE AND QUALITY COMMITTEE

Chair: Jonathan Moses, MD
Vice-Chair: Joseph Picoraro, MD

Hello NASPGHAN friends! Hope everyone had a wonderful time at the Annual Meeting this past October in Orlando, FL. What a joy to see everyone in person again and interact like old times. As we continue to support the NASPGHAN community for clinical care and quality, we would like to acknowledge all the societal paper proposals coming across our desk, which reflect the hard work of the NASPGHAN committees and their members. We reviewed 4-5 applications in 2022 on timely and important topics in pediatric gastroenterology, such as therapeutic drug monitoring in pediatric inflammatory bowel disease. We look forward to seeing these proposals become societal position papers and become a highly useful resource for NASPGHAN members.

Within the CCQ Committee are three highly engaged and active special interest groups (SIG): Celiac SIG, Integrative Medicine SIG and the Eosinophilic Gastrointestinalal Disorders (EGID) SIG. The Celiac SIG, led by Jocelyn Silvester, MD, and Ed Hoffenberg, MD, is currently working on a proposal related to the diagnosis of celiac disease in children and a review on the best practices for gluten challenge. The Integrative Medicine SIG, which is led by Alexa Russell, MD, has a review article in the works related to hypnosis in pediatrics and one of their members, Dr. Maria Mascarenhas, was a recent guest on the Bowel Sounds Podcast! Last, but certainly not least, is the EGID SIG, led by their Chair Rajitha Venkatesh, MD, and Vice Chair Sandeep Gupta, MD. They are working diligently in their subcommittees to develop projects related to each one’s focus and are drafting a survey about mixing practices for budesonide slurry for treatment of eosinophilic esophagitis.

The committee members had the privilege of reviewing and scoring the clinical vignette abstracts submitted for the 2022 NASPGHAN Annual Meeting. We reviewed over 250 abstracts for the Annual Meeting and enjoyed seeing them in person at the recent Annual Meeting.

We also pride ourselves on creating new content for the NASPGHAN members. Currently, we are creating modules for the education of community pediatricians on common topics in pediatric gastroenterology, working on surveys to assess the knowledge and adherence of published recommendations, and creating a library of quality metrics for every day clinical care. Finally, we continue to work on revisions for our joint position paper with CPNP related to the benefit and role of dietitians in the pediatric gastroenterology.

The year 2022 has been busy for CCQ and the committee looks forward to another fun and productive year in 2023!

NEUROGASTROENTEROLOGY & MOTILITY COMMITTEE

Chair: Anil Darbari, MD, MBA

NGM Committee members have been working hard to ensure meaningful contributions to the field through education, research, advocacy, clinical care and support of junior faculty.

› RESEARCH IMPROVING CLINICAL CARE

- Pediatric NG Services in North America: JPGN Publication
  Dhiren Patel and Shaista Safer along with Khalil El-Chammas, Prasanna Kapavarpu, Justin Wheeler, Shikib Mostamand, Julie Khlevner and Anil Darbari compiled a detailed list of centers offering pediatric NGM services in the continent. The resource contains data on available research opportunities, advanced diagnostics, and therapeutics offered along with training prospects. The team is currently working with the NASPGHAN Technology committee to make this invaluable resource available to the full community.
A Guide to Establishing a Pediatric Neurogastroenterology and Motility Program: JPEN Publication


Dhiren Patel along with Vibha Sood, Lusine Ambartsumyan, Justin Wheeler, Ajay Kaul, Julie Khlevner, Anil Darbari and Leo Rodriguez published an invaluable resource providing experiential guidelines for personnel, equipment and physical space requirements, and logistical and business plans in developing a successful pediatric NGM program, intended to aid neurogastroenterologists as well as divisional/departmental leaders in development of these programs at various institutions in the continent.

Evaluation and Management of the Post-surgical Patient with Hirschsprung Disease Neurogastroenterology & Motility Committee (Position Paper). Approved for publication in JPEN (pending revisions), this manuscript from Lusine Ambartsumyan along with Dhiren Patel, Prasanna Kapavarapu, Ricardo Medina, Khalil El-Chammas, Julie Khlevner, Marc Levitt (colorectal surgeon) and Anil Darbari reviews the current evidence and provides suggestion for the evaluation and management of post-operative patients with Hirschspring Disease who present with persistent defecation problems.

NASPGHAN Guidelines on Functional Abdominal Pain Disorders: (Guidelines). Approved by the CCQ Committee and NASPGHAN Council, guidelines are being developed by team of Ashish Chogle along with Rachel Borlack, Hannibal Person, Anil Darbari, Julie Khlevner, Carlo Di Lorenzo and Miguel Saps. This is a collaborative effort with ESPGHAN and will be a comprehensive document highlighting the multidisciplinary, biopsychosocial approach to FAPDs highlighting the new advances in understanding and treating these disorders.

NASPGHAN Guidelines on Functional Constipation: (Guidelines) This is a NASPGHAN approved development of functional constipation guidelines. Mary Boruta and Alex Kilgore with several other committee members, including representation from nutrition, physical therapy, behavioral health and colorectal surgery are involved. This guideline paper intends to serve as a guide to pediatric gastroenterologists and pediatricians alike in day-to-day management of functional constipation highlighting the importance of multidisciplinary approach, and novel diagnostic and therapeutic options including dietary, behavioral modification and physical therapy-based approaches.

Evaluation and Management of Refractory constipation: (position paper). Alex Kilgore & Mary Burota with Dhiren Patel, Richard Wood (colorectal surgeon), Lusine Ambartsumyan, Roberto Gomez Suarez, Anil Darbari and Leo Rodriguez, are in the process of completing the position paper intended to focus of refractory constipation in children who have failed an adequate management of functional constipation.

Nutritional Recommendations for Pediatric Disorders of Gut-Brain Interactions: (position paper). Khalil El-Chammas, and several other committee members have presented this application for position paper, currently pending CCQ committee approval.

ADVOCACY

When the Medicare and Medicaid Services (CMS) proposed to reduce payment to hospitals for motility codes 91117 and 91122 by 18% in 2023, Alejandro Llanos-Chea promptly advocated on behalf of the NASPGHAN NGM Committee directly addressing Centers for Medicare & Medicaid Services highlighting that pediatric neurogastroenterologists and their practices/institution heavily rely on the facility reimbursement to hire staff, and maintain and purchase equipment in order to continue to offer expert care to our pediatric patients.

EDUCATION

Anil Darbari served as the moderator at the 4th APPSPGHAN/NASPGHAN joint webinar entitled “Pediatric Disorders of Gut-Brain Interaction: East and West Perspectives” in September 2022.

Multiple members of the NGM committee gave outstanding presentation at the recent 2022 NASPGHAN Annual Meeting in Orlando Florida.

We had a very successful hands-on motility session highlighting utility of Functional Luminal Imaging led by committee members Shaista Safder and Justin Wheeler.

AERODIGESTIVE SIG

The Aerodigestive special interest group, led by Jose Cocjin, Hayat Mousa (co-chairs) and Amornluck (Pang) Krasaelap, has had a very productive year. Members of the SIG organized a successful single topic symposium titled “Pediatric Aerodigestive Medicine: Advancing Collaborative Care” during the NASPGHAN 2021 Annual Meeting. The team is currently working to finalize and submit to JPEN manuscript on meeting proceedings entitled “Pediatric Aerodigestive Medicine: Advancing Collaborative Care of children with Oropharyngeal dysphagia (OPD)”. The group is also eager to launch monthly aerodigestive roundtable discussions to educate the community about importance of multidisciplinary approach to patients with OPD.

Welcome New 2022 NASPGHAN Members (as of 11-9-22)

Nour Al Saati
John Feerick
Cindy Kim
Rashid Mirza
Dier Adbulkhaleq Nooruldeen Chalabi
Noparat Prachasittisak
Amy Shepherd
Scott Wagoner
American Academy of Pediatrics Corner

It was so terrific to reconvene in person at the AAP National Conference & Exhibition (NCE) and then a few days later at the NASPGHAN meeting! Those of us attending both meetings enjoyed our “Disney Tour” traveling straight from Anaheim to Orlando donning our Mickey ears.

I am pleased to report that the NCE was a tremendous success with over 10,000 in-person and 2,000 virtual attendees. There were several excellent general GI sessions designed to educate pediatricians and other specialists including a Peds GI Year-in-Review and sessions on constipation, abdominal pain, GERD and gluten. In addition, SOGHN awarded three Fellow Travel Grants to Drs. Adam Cardullo (University of Utah Hospital/Primary Children’s Hospital), Chavonne Kouassi (University of Rochester/Golisano Children’s Hospital) and Patrick Rowland (Ohio State University/Nationwide Children’s Hospital) to participate in the NCE. Together with Sonny Harpavat, MD, PhD, they educated pediatricians and other specialists through clinical case presentations on the jaundiced infant. We will be pleased to again offer Fellow Travel Grant Awards at next year’s NCE, October 20-24, 2023, in Washington, DC. Be on the lookout for this RFA—as this opportunity to attend the NCE as a speaker is great for trainees who are interested in developing careers in clinical education.

The SOGHN membership continues to grow and diversify in its composition. We are pleased our section now exceeds 750 members, and the graphs below tell the story. Our section is comprised of pediatric gastroenterologists, some general pediatricians and other pediatric subspecialists, GI fellows in training, residents and medical students. We have seen steady growth, thanks in large part to the addition of medical students in 2017 and the subsequent addition of fellows-in-training in 2020. If you aren’t a member of the AAP/SOGHN, please consider joining to connect with the broader pediatric community. With each new member, we grow stronger!

And finally, please consider recognizing the outstanding contributions of your colleagues by nominating them for the AAP Murray Davidson Award or the AAP Samuel J. Fomon Nutrition Award. Nomination materials for both AAP awards should be submitted to the AAP office by March 15, 2023. More information about these awards and all of our SOGHN activities can be found at www.aap.org/SOGHN

Mitch Cohen, MD, FAAP
Chair, AAP Section on Gastroenterology, Hepatology & Nutrition
(mcohen@peds.uab.edu)
The Council of Pediatric Subspecialties (CoPS) includes representatives from all pediatric subspecialties as well as Association of Medical School Pediatric Department Chairs (AMSPDC), Association of Pediatric Program Directors (APPD), American Board of Pediatrics (ABP), Council on Medical Student Education in Pediatrics (COMSEP), Academic Pediatric Association (APA) and the American Academy of Pediatrics (AAP).

The NASPGHAN representatives include Cary Sauer (Secretary-Treasurer CoPS), Sabina Ali (representative) and Mel Heyman (representative). The CoPS Annual Meeting recently took place in September. Following is a brief update on discussion and ongoing or future projects. As always, please feel free to reach out to us with any questions, thoughts, or concerns.

**AMSPDC and AAP**
- Completing a survey of institutions for current cFTE (clinical FTE), including clinical hours, sessions, and expectations. Data analysis ongoing.

**ABP/Shep’s Center Pediatric Workforce Data Modeling Project**
- Early Exposure—HS/College, COMSEP (medical students), Residents (webinars). Large project evaluating pediatric workforce based on ABP data. Each subspecialty will have its own manuscript in a Pediatrics Supplement around Pediatric Workforce Data. NASPGHAN Writing Group – Barnard, Strople, Sauer.

**ABP Update**
- MOC—rollover points (from one cycle to the next), up to date points, continued improvements.
- Entrustable Professional Activities—part of certification.

**ACGME Update**
- Milestones 2.0 for Pediatric Gastroenterology—In Process; for review in January/February.
- Request—as many comments as possible to ACGME in January/February would be ideal, as all trainees will need to be evaluated on these milestones starting in July 2023.

**Training**

Multiple discussions around training included the following
- Early Exposure—HS/College, COMSEP (medical students), Residents (webinars).
- DEI, URiM, Research exposure.
- Match and Application Data—match date in conjunction with Med Subs.
- Program Director Support—AMSPDC advocating to increase to previous levels.
- APPD—continued virtual interviews (improves equity, decreases burden).
- Compensation Discussions affecting training and workforce.

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**Access 2022 Annual Meeting Continuing Education Credits through April 8**

All recordings from the 2022 Annual Meeting have been posted in the app for viewing and will until April 8. If you have not yet downloaded the event app, search NASPGHAN 2022 in your App Store. You will then need to create a log in using the same email address you used to register for the event and you will see the events you registered for in the My Agenda section of the app. The recordings are posted in the each session listing in the event app. Contact the NASPGHAN National Office at 215-641-9800, (gbrown@naspghan.org) or (krose@naspghan.org) if you need additional assistance.
News from the Editor

Sandeep K. Gupta MD
Western Hemisphere, JPGN

Wow! Incredible! Fantastic! Our recent Annual Meeting felt like an Indian wedding – multi-day colorful gathering, with many events, hundreds of guests, lots of food, tons of smiles, and meeting family members after years! Kudos to Drs. Gold and Lightdale and Ms. Stallings and their teams on making this event happen. Thank you from the bottom of our hearts.

The Annual Meeting was the first time the Editorial Team of JPGN met in person ever since starting at JPGN in January 2021—and there were no shortage of smiles and fellowship.

Another first was the Meet-the Editors Breakfast session that Dr. Jeannie Huang helped organize. The session was well-attended and ESPGHAN President Dr. Ullrich Baumann graced us at the session (he is far right in the photo).

Some other firsts in the last few months were presentation of JPGN Year in Review talks at LASPGHAN’s Annual Meeting in Quito, Ecuador in June 2022, and at the SOGHN session at AAP’s National Convention & Exhibition in Anaheim, CA in October 2022. The latter was led and presented by Drs. Darla Shores and Danny Mallon, with input from Dr. Susan Baker. In addition, the JPGN session at AAP/NCE was selected to be in the live-streamed Showcase series. We are grateful to SOGHN/AAP leadership, Drs. Mitch Cohen and Jenifer Lightdale for welcoming us to their session. JPGN is also grateful to LASPGHAN President Dr. Jose Spolidoro and his team for welcoming us to the LASPGHAN Annual Meeting.

Yet another first is our 2021 Impact Factor. This has been revised upwards by Clarivate from 3.288 3.315; it is the first time JPGN has cracked the 3.3 ceiling. This would not have happened without the efforts of our authors, reviewers, readers, Editorial Teams, Wolters-Kluwer Staff and NASPGHAN staff including Ms. Stallings, Kim Rose and Kathleen Regan. JPGN is truly an ensemble.

As the Journal is an ensemble effort, following are updates from several members of our Editorial Team.

Susan Baker, MD, Associate Editor

Statistical analysis of data collected and reported by researchers has become increasingly sophisticated and at times cannot be adequately assessed by scientific or clinical manuscript reviewers. Without a critical evaluation of statistical methods, the validity of the conclusions a researcher draws cannot be assured. Understanding how important this aspect of science is and guaranteeing that the manuscripts that are published in JPGN are of the highest quality and are reproducible; the Journal elicited the expertise of a statistician on an ad hoc basis. Over time, however, it became clear that a statistician was routinely needed. To assure that the Journal had access to a statistician, Huiping Xu, PhD, Assistant Professor of Biostatistics and Health Data Science at the Richard M. Fairbanks School of Public Health, Indiana University–Purdue University Indianapolis was appointed as the first ever Biostatistics Section Editor at JPGN. Dr Xu helps us publish manuscripts of the highest quality and data analysis.

James Squires, MD, Associate Editor

JPGN completed its first successful year of the JPGN Fellow Reviewer Program. Launched in 2021, we are pleased to report on the overwhelming success of this initiative. Designed to enhance and elevate the scholarship aptitude of our trainees, build reviewer-skills, and increased mentorship opportunities among faculty and fellows within the Society, the Program completed the year with 20 fellow reviewer participants who completed 55 total manuscript reviews. Overall, reviews were exceedingly well received with an average review rating of over 85 (out of 100). We look forward to continuing to offer this unique opportunity for our trainees and welcome the opportunity to expand and maintain the program.

For more information on how to become a Fellow Reviewer, please visit the NASPGHAN website.

Joseph Croffie MD, Associate Editor

We want to thank all our colleagues who volunteer invaluable time to review manuscripts for our Journal; JPGN will not be what it is without them. Colleagues reviewing 5 or more manuscripts for the Journal in 2021 were identified at this year’s NASPGHAN meeting with a Red Ribbon identifying them as top reviewers. We are especially grateful to Drs. Robert Baker, Rachel Rosen, Praveen Goday, Roberto Rodriguez-Baez, William Bennett and Athos Bousvaros who each reviewed 8 or more manuscripts for the Journal in 2021.

Jason Silverman, MD, MSc, FRCPC Social Media Editor

JPGN’s social media presence and impact continue to grow. As of late October 2022, the Journal has >7,000 followers on Facebook and >3,000 followers on Twitter. The Image of the Month Quick poll has been a very well-received addition to the JPGN homepage, and posts sharing each case and image are among our most popular posts, drawing several responses and active sharing. This year’s NASPGHAN meeting also brought an influx of visitors and followers as research presented in the Journal was highlighted in a number of keynote presentations and concurrent sessions. We are looking to maintain this momentum with a continued focus on regular, visually interesting posts that spark curiosity for our audience.

Maria Mascarenhas, MD Associate Editor

The Journal had the pleasure of engaging various committees and special interest groups during the recent Annual Meeting. Members of the JPGN editorial team presented high-level information on the Journal to various committees and SIGs during their meetings. These included our impact factor, ways to engage with the Journal, and the Journal’s functioning and processes. Subsequently, we have seen a renewed interest in our Journal with multiple emails and communications from committee/SIG members to the editorial
We continue to explore ways to further engage our membership and inform them of the Journal’s activities. Please send your ideas, thoughts, and suggestions to (mascarenhas@chop.edu).

Finally, I on behalf of the JPGN team would like to extend our heartfelt gratitude and thanks to Dr. Karen Murray who was the Publications Committee Chair under whom the Journal serves. Dr. Murray, we thank you for being there when we needed you, for giving spot-on advice and incredibly supporting us on many occasions – we are very grateful for your leadership and guidance.

We hope you enjoyed reading our updates – in all reality, the Journal, your Journal, is only as good as the work you submit to it. We are but one family and we look forward to hearing from you – you may contact any one of us on the JPGN Team – my email is (sgupta@iu.edu)

Sandeep K. Gupta MD
Editor-in-Chief, JPGN, Western Hemisphere

LearnOnLine Expands Offering to NASPGHAN Members

This year brought the addition of numerous products to NASPGHAN’s LearnOnLine education center.

Through the hard work of the Technology Committee and others, Bowel Sounds added more than fifteen episodes of its podcast. The podcast now offers CME credit to its listeners, dramatically increasing usage. The JPGN group worked to add a record 37 JPGN articles resulting in more than 600 readers.

Countless speakers and moderators gave their time and expertise and worked with NASPGHAN and the NASPGHAN Foundation to produce more than a dozen live and on-demand webinars.

Thanks to the work of so many, NASPGHAN’s Learn OnLine is able to offer a growing catalogue of vital educational offerings. Look for 2023 to bring an expansion of the current content, along with new joint webinars from NASPGHAN and APPSPGHAN, a new home for the MOC Part IV program and a resident training program.

Separately, the Public Education Committee continues its tireless and never ending quest to ensure that all GI Kids material remains relevant and accurate, and are updating and adding to the expansive list of digestive topics.

January 27 Deadline for Spring/Summer Joint Crohn’s & Colitis Foundation, NASPGHAN Foundation Grant

The grant submission deadline for the Spring/Summer grant cycle of the Crohn’s & Colitis Foundation/NASPGHAN IBD Young Investigator Award is January 27, 2023. The letter of intent was due November 16, 2022.

This three-year grant, in partnership with the NASPGHAN Foundation and the Crohn’s & Colitis Foundation, is available to research fellows or junior faculty. Applications must propose original clinical, translational, epidemiological, or basic scientific research related to pediatric inflammatory bowel disease.

Applicants must indicate in their submission for either a Crohn’s & Colitis Foundation Career Development or Research Fellowship Award and that the submission is pediatric IBD-related. This is important for the study to be considered for the joint Crohn’s & Colitis Foundation/NASPGHAN IBD Young Investigator award. An applicant can submit a proposal in the spring/summer cycle or during the Fall grant cycle in order to be considered. A letter of intent submission deadline for the Fall grant cycle is May 5, 2023. The grant submission deadline for the Fall grant cycle is July 20, 2023.

A single awardee for the annual Crohn’s & Colitis Foundation/NASPGHAN IBD Young Investigator Award will be chosen in late June/early July 2022 from both the Fall and Spring cycles.

Contact Orlando Green of the Crohn’s & Colitis Foundation directly at (ogreen@crohnscolitisfoundation.org) or (grant@crohnscolitisfoundation.org) for additional information and/or how to apply for this grant. This grant is not administered through the NASPGHAN grant site.

See the latest on NASPGHAN Meetings and Meetings of Interest
**JPGN Reports**

**News from the Editor**

Mel Heyman, MD, MPH

Western Hemisphere, JPGN Reports

JPGN Reports, NASPGHAN’s peer-review, open access publication, offers a wonderful opportunity for all of you and your fellows, residents and students at all levels to publish new observations and experiences in pediatric gastroenterology, hepatology, pancreatology and nutrition. Articles are published continuously after acceptance, proofing, and final author approval. Quarterly Compendia, comprised of articles published online in JPGN Reports during the prior three months including the most recent, published in November, 2022, can be viewed on the web site.

JPGN Reports was inaugurated in May 2020, coincidentally as we were learning to cope with COVID. As a start-up publication, the Journal has been immensely successful. To date, over 260 articles (case reports, original articles, brief reports, some reviews and commentaries, and some images/videos) have been published. Compendia are published every three months as noted above. I am hopeful that before the end of this year, JPGN Reports will have successfully met all criteria to be included in PubMed Central. Indeed, JPGN Reports passed the most important and challenging step, Scientific Review, as of the end of October 2022! So, once final approval is achieved, all of the articles published since inception of the journal will be citable in PubMed!

Now that JPGN Reports has achieved this journal status milestone, I am pleased to pass the torch to Dr. Sandeep Gupta, who will be assuming the role as Editor-in-Chief for both JPGN Reports and JPGN. Keep submitting your work to both of our journals. It has been an honor and a privilege to have served as your Editor-in-Chief to get this new journal ‘off the ground’, and I look forward to watching (helping as I can) JPGN Reports continue to grow as our truly and worldwide online, open-access pediatric gastroenterology, hepatology, pancreatology and nutrition publication.

Editors from JPGN and JPGN Reports had a successful “Meet the Editors” breakfast session at the recent NASPGHAN meeting in Orlando. Attended by over 20 individuals, we had an informative and frank discussion of publication processes and ‘how to get your work published’. We look forward to future informational meetings to be included in the NASPGHAN meeting agenda in the upcoming years.

**RECENTLY UPDATED INSTRUCTIONS FOR AUTHORS (IFAS)**

Can be found here on the website. Additionally we are now asking authors to utilize the EQUATOR Network, a wonderful guide to help make your submissions easier for editors and your peers to review and for your submissions to more likely be viewed favorably. For examples, authors submitting Case Reports should consider using the CARE guideline; submissions of Observational Studies should consider applying the STROBE guideline.

**REVIEW SUBMISSIONS FOR JPGN REPORTS**

Please consider adding your name as a potential reviewer for the Case Reports and other submissions to JPGN Reports. If you have already been a reviewer for JPGN Reports, please review your information to assure that we can contact you to review submissions to JPGN Reports. If you would like to review manuscripts submitted to JPGN Reports and have not received an invitation to review in the last year, please make sure your information is correct on our website and/or contact Marianna at (marianna.hagan@wolterskluwer.com). If you have specific clinical or other interests and expertise, please let Marianna or Dr. Heyman (mel.heyman@ucsf.edu) know to pass this information to the Editors. CME credit is available for reviewers of submissions to JPGN Reports. Thank you for participating in our peer review process! And encourage your fellows, particularly those graduating at the end of this academic year, to sign up as a reviewer for JPGN Reports!

**ARE YOU FOLLOWING JPGN REPORTS ON SOCIAL MEDIA?**

Our Social Media Editors, Natasha Cavalcante and Dr. Rajitha Venkatesh, have been actively posting on Twitter and Facebook. You may have noticed our new ads on Twitter and Facebook that are promoting JPGN Reports! Make sure to “Like”, “Follow” and “Share” your posts—these help build interest and visibility in our Journal and articles published within the journal. Follow JPGN Reports on Twitter: twitter.com/jpgnreports and on Facebook: facebook.com/jpgnreports

Subscribe to alerts and to the electronic table of contents by signing up at the JPGN Reports website. See current screenshot below.

**JPGN, JPGN Reports Features New Privacy Banner**

In mid-December, visitors to the JPGN and JPGN Reports websites will notice a new privacy banner to set their cookie preferences. When prompted, we encourage you to review the various options available. To keep your experience on the website unchanged from how it is today, you may "Accept All". By allowing cookies, you can continue to take advantage of personalized features offered to you as a member and subscriber to the Journal, such as:

- Saving relevant or favorite articles;
- Tracking past searches for easy retrieval; or
- Managing your account and email alert preferences for Topical alerts, Citation alerts, Issue alerts, and Latest Article alerts.

Once you have set your preferences, you will not be asked to do so again for a period of one year. Visitors will be prompted annually to re-verify selections.
Definition of split (or shared) E/M visits as E/M visits provided in the facility setting by a physician and an NPP in the same group. The physician or practitioner who provides the substantive portion of the visit bills the visit.

For 2023, the substantive portion can be history, physical exam, medical decision-making, or more than half of the total time (except for critical care, which can only be more than half of the total time). Split (or shared) visits can be reported for new as well as established patients, and initial and subsequent visits, as well as prolonged services.

Documentation in the medical record must identify the two individuals who performed the visit. The individual providing the substantive portion must sign and date the medical record.

The documentation must support indicating at least one of the providers had a face-to-face (in person) encounter with the patient, but it does not necessarily have to be the provider who performed the substantive portion and bills for the visit.

For non-critical care encounters, if history, exam or MDM is used as the substantive portion of the encounter in lieu of time, the documentation must reflect the billing provider performed the component in its entirety.

Overlapping time may not be counted.

By 2024, the substantive portion of the split-shared service will be defined as more than half of the total time spent in minutes, not the percentage between both providers involved in care.

A good percentage of commercial payers have also adopted this policy.

Evaluation and Management Visits: The Other Visits

As part of the ongoing updates to E/M visit codes and related coding guidelines that are intended to reduce administrative burden, the AMA CPT Editorial Panel approved revised coding and updated guidelines for Other E/M visits, effective January 1, 2023. Similar to the approach finalized in the CY 2021 PFS final rule for office/outpatient E/M visit coding and documentation, we finalized and adopted most of these AMA CPT changes in coding and documentation for Other E/M visits (which include hospital inpatient, hospital observation, emergency department, nursing facility, home or residence services, and cognitive impairment assessment), effective January 1, 2023. This revised coding and documentation framework includes CPT code definition changes (revisions to the Other E/M code descriptors), including:

- New descriptor times (where relevant).
- Revised interpretive guidelines for levels of medical decision-making.
- Choice of medical decision-making or time to select code level (except for a few families like emergency department visits and cognitive impairment assessment, which are not timed services).
- Eliminated use of history and exam to determine code level (instead there would be a requirement for a medically appropriate history and exam).
### Level Assigned by Time (Do Not Round Up)

<table>
<thead>
<tr>
<th>New Patient CPT Codes</th>
<th>Total Time Spent on DOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>99202</td>
<td>15-29 minutes</td>
</tr>
<tr>
<td>99203</td>
<td>30-44 minutes</td>
</tr>
<tr>
<td>99204</td>
<td>45-59 minutes</td>
</tr>
<tr>
<td>99205</td>
<td>60-74 minutes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Established Patient CPT Codes</th>
<th>Total Time Spent on DOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>99212</td>
<td>10-19 minutes</td>
</tr>
<tr>
<td>99213</td>
<td>20-29 minutes</td>
</tr>
<tr>
<td>99214</td>
<td>30-39 minutes</td>
</tr>
<tr>
<td>99215</td>
<td>40-54 minutes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial Inpatient or Observation CPT Codes</th>
<th>Total Time Spent on DOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>99221</td>
<td>40 minutes must be met or exceeded</td>
</tr>
<tr>
<td>99222</td>
<td>55 minutes must be met or exceeded</td>
</tr>
<tr>
<td>99223</td>
<td>75 minutes must be met or exceeded</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subsequent Inpatient or Observation CPT Codes</th>
<th>Total Time Spent on DOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>99231</td>
<td>25 minutes must be met or exceeded</td>
</tr>
<tr>
<td>99232</td>
<td>35 minutes must be met or exceeded</td>
</tr>
<tr>
<td>99233</td>
<td>50 minutes must be met or exceeded</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Office Consultation CPT Codes</th>
<th>Total Time Spent on DOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>99242</td>
<td>20 minutes must be met or exceeded</td>
</tr>
<tr>
<td>99243</td>
<td>30 minutes must be met or exceeded</td>
</tr>
<tr>
<td>99244</td>
<td>40 minutes must be met or exceeded</td>
</tr>
<tr>
<td>99245</td>
<td>55 minutes must be met or exceeded</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inpatient or Observation Consultation CPT Codes</th>
<th>Total Time Spent on DOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>99252</td>
<td>35 minutes must be met or exceeded</td>
</tr>
<tr>
<td>99253</td>
<td>45 minutes must be met or exceeded</td>
</tr>
<tr>
<td>99254</td>
<td>60 minutes must be met or exceeded</td>
</tr>
<tr>
<td>99255</td>
<td>80 minutes must be met or exceeded</td>
</tr>
</tbody>
</table>
# Level Assigned by Medical Decision Making

(Based upon 2 out of 3 elements of decision making)

<table>
<thead>
<tr>
<th>Number and Complexity of Problems</th>
<th>Amount and/or complexity of data reviewed/analyzed</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Minimal</strong>: 1 minor problem</td>
<td>Minimal or None</td>
<td>Minimal: Minimal risk of morbidity of mortality</td>
</tr>
<tr>
<td><strong>Low</strong>:</td>
<td></td>
<td>Low: Low risk of morbidity or mortality</td>
</tr>
<tr>
<td>• 2 minor problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 1 stable chronic illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 1 acute uncomplicated illness/injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 1 stable acute illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 1 acute, uncomplicated illness or injury requiring hospital or observation level of care</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Limited</strong>: (must meet the requirement of at least 1 of the 2 categories):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <strong>Category 1</strong>: Tests and Documents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any combination of 2 of the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of prior external notes(s) from each unique source,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of the result(s) of each unique test, Ordering of each unique test.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <strong>Category 2</strong>: Assessment requiring an independent historian(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Moderate</strong>:</td>
<td></td>
<td>Moderate Risk:</td>
</tr>
<tr>
<td>• 1 or more chronic conditions w/exacerbation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 2 or more stable chronic illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 1 undiagnosed new problem w/ uncertain prognosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 1 acute illness w/ systemic symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 1 acute complicated injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Moderate</strong>:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <strong>Category 1</strong>: Tests, documents, or independent historian(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any combination of 3 of the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of prior external notes(s) from each unique source,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of the result(s) of each unique test, Ordering of each unique test, Assessment requiring independent historian.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <strong>Category 2</strong>: Independent interpretation of tests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <strong>Category 3</strong>: Discussion of management or test interpretation w/external provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>High</strong>:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 1 or more chronic conditions w/severe exacerbation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 1 acute or chronic illness/injury that pose a threat to life/bodily function</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Extensive</strong>:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <strong>Category 1</strong>: Tests, documents, or independent historian(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any combination of 3 of the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of prior external notes(s) from each unique source,</td>
<td></td>
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<tr>
<td>Review of the result(s) of each unique test, Ordering of each unique test, Assessment requiring independent historian.</td>
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</tr>
<tr>
<td>• <strong>Category 3</strong>: Discussion of management or test interpretation w/external provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>High Risk</strong>:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Drug requiring monitoring for toxicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Major surgery w/risk factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Decision for emergency major surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Decision for hospitalization or escalation of hospital level of care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• DNR due to poor prognosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Parenteral controlled substances</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Level of Service by MDM:**

Two of the three columns above must be met or exceeded, and this determines medical decision-making.

<table>
<thead>
<tr>
<th>Level of Service</th>
<th>Code Numbers</th>
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<tbody>
<tr>
<td>Minimal</td>
<td>99202/99212/99242/99252</td>
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<tr>
<td>Low</td>
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<tr>
<td>Moderate</td>
<td>99204/99214/99244/99254/99222/99232</td>
</tr>
<tr>
<td>High</td>
<td>99205/99215/99245/99255/99223/99233</td>
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</table>
# 2023 ICD-10 Codes

**Effective 10-1-2022**

<table>
<thead>
<tr>
<th>CODE</th>
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</thead>
<tbody>
<tr>
<td>K76.81</td>
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<td>Hepatopulmonary syndrome</td>
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<tr>
<td>K76.82</td>
<td>Add</td>
<td>Hepatic encephalopathy</td>
</tr>
<tr>
<td>K76.89</td>
<td>Add</td>
<td>Other specified diseases of liver</td>
</tr>
<tr>
<td>Z59.87</td>
<td>Add</td>
<td>Insecurity; unable to obtain basic needs (clothes, childcare, utilities)</td>
</tr>
<tr>
<td>Z59.86</td>
<td>Add</td>
<td>Insecurity; financial</td>
</tr>
<tr>
<td>Z59.41</td>
<td>Add</td>
<td>Insecurity; food</td>
</tr>
<tr>
<td>Z59.82</td>
<td>Add</td>
<td>Insecurity; transportation</td>
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<tr>
<td>Z79.85</td>
<td>Add</td>
<td>Long term/current use; antidiabetic injectable drugs</td>
</tr>
<tr>
<td>Z79.620</td>
<td>Add</td>
<td>Immunosuppressive biologic agents</td>
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<tr>
<td>Z91.190</td>
<td>Add</td>
<td>Nonadherence to medical treatment; financial hardship</td>
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<td>Z91.198</td>
<td>Add</td>
<td>Other specified reason</td>
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<td>Z91.199</td>
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<td>NEC</td>
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<td>Z91.110</td>
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<td>Noncompliance with dietary regimen; financial hardship</td>
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<td>Z91.118</td>
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<td>Z91.119</td>
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<tr>
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<td>Syndrome; chronic fatigue</td>
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<tr>
<td>G93.31</td>
<td>Add</td>
<td>Post viral fatigue</td>
</tr>
<tr>
<td>Z59.89</td>
<td>Add</td>
<td>Other problems related to housing and economic circumstances</td>
</tr>
</tbody>
</table>

**2023 total ICD-10 CM codes: 73,673**

- 1,176 additions
- 251 deletions
- 35 revisions
Public Affairs & Advocacy Report

NASPGHAN Advocacy — A Year in Review

JENNIFER DOTSON, MD, MPH
Chair, NASPGHAN Public Affairs & Advocacy Committee

As the year comes to a close, it is an opportunity for reflection on NASPGHAN’s top advocacy endeavors. It also offers each and every member of NASPGHAN time to look back and consider how they contributed to advancing NASPGHAN’s advocacy agenda. Perhaps it was sending a letter or meeting virtually with members of Congress. Or, maybe you commented to the Consumer Product Safety Commission on the dangers of high-powered magnets or helped guide the White House on its response to the formula shortage crisis. Know that your advocacy makes a difference in the lives of our patients and our profession. As we look ahead to next year, I ask for your continued advocacy engagement and perseverance. Together we can move mountains.

ACCESS TO MEDICAL NUTRITION

› ISSUE: Too often, insurance companies deny children with gastrointestinal diseases and disorders access to medically necessary formulas when they are prescribed or ordered as their treatment.

› WHAT HAPPENED: In 2021, the Medical Nutrition Equity Act (S. 2013, H.R. 3783) was reintroduced in Congress under NASPGHAN’s leadership. For the past two years, NASPGHAN and its coalition partners have been building bipartisanship for the legislation that stands at more than 100 cosponsors in the House and nearly a quarter of the Senate. Among the important milestones in advancing the legislation was receiving technical assistance from the Centers for Medicare & Medicaid Services on the specifics of the legislation — a crucial step toward congressional action — and reference to the importance of nutritional supports for those with GI and metabolic disorders in the White House’s newly released National Strategy on Hunger, Nutrition and Health.

› WHAT’S NEXT: If the legislation does not pass Congress by the end of 2022, it will need to be reintroduced in the next Congress, and the work to build support among lawmakers will start over. In the House, the search will begin for a new Republican bill champion because the current lead Republican, Rep. Jaime Herrera-Beutler (R-WA), lost her primary. Moving legislation with bipartisan support continues to be critical. Building a crucial step toward congressional action — and reference to the importance of nutritional supports for those with GI and metabolic disorders in the White House’s newly released National Strategy on Hunger, Nutrition and Health.

HIGH-POWERED MAGNETS

› ISSUE: According to the Consumer Product Safety Commission (CPSC), there were an estimated 2,500 high-powered magnet ingestions treated in emergency departments in 2021. The growth in ingestions followed a drop during the period of 2014 to 2016 when the initial CPSC magnet rule was in effect. That rule was overturned by U.S. Court of Appeals for the Tenth Circuit in November 2016. When two or more magnets are ingested, their attractive force allows the magnets to “find” each other across, or between different segments of the digestive tract, placing children at a remarkably high risk of catastrophic abdominal injury and death.

› WHAT HAPPENED: On Oct. 21, 2022, a new CPSC safety standard took effect for high-powered magnets, nearly six years after the court overturned the 2014 magnet rule and sent it back to the Commission. The new regulations establish a two-part performance requirement, starting with a determination of whether a magnet is small enough to be swallowed. If the magnet is small enough to fit within the small parts cylinder, it must meet a strength requirement of a flux index less than 50 kg2mm2. The safety standard applies to consumer products designed, marketed, or intended to be used for entertainment, jewelry (including children’s jewelry), mental stimulation, stress relief, or a combination of these purposes, and that contain one or more loose or separable magnets.

NASPGHAN commented to the CPSC, alongside the American Academy of Pediatrics (AAP), in support of the safety standard, and NASPGHAN members answered the call for advocacy by sending their own emails to the CPSC. NASPGHAN extends its appreciation to the team of NASPGHAN members who provided their expertise and support in drafting the NASPGHAN/AAP comments: Drs. Mazan Abbas, David Brumbaugh, Nan Du, Alex Koral, Beth McDonough, Patrick Reeves and Elizabeth Sinclair. NASPGHAN also extends a special note of gratitude to Dr. Brian Rudolph, former chair of NASPGHAN’s Public Affairs & Advocacy Committee, who led the charge over the course of many years to protect children for dangerous magnets. Getting these products off the market in the United States would not have been possible without his tireless efforts.

NASPGHAN was also instrumental in the introduction of legislation in Congress to ban the sale of high-powered magnet sets. The Magnet Injury Prevention Act (H.R. 8199) was introduced by reps. Tony Cárdenas (D-CA) and Kim Schrier M.D. (D-WA) and Sen. Richard Blumenthal (D-CT).

› WHAT’S NEXT: Let’s celebrate our tremendous collective success while continuing to educate the public and health care professionals about the hazards associated with high-powered magnet ingestions.

NON-MEDICAL SWITCHING

› ISSUE: Increasingly, health insurance plans are interfering with medical decision making. Formulary changes and restrictive payer policies often force patients to abandon their prescribed treatment without consent from their physicians. This practice, also referred to as non-medical switching, has become increasingly problematic for those treated with biologics.

› WHAT HAPPENED: Bipartisan legislation in Congress — the Safe Step Act (S. 464 / H.R. 2163) - creates a clear, timely and transparent process for a patient or physician to request an exception to step therapy protocols in certain situations, including when a patient is stable on his/her current medication. The bill also requires that the insurance company answer a request for an exception to step therapy within three days, and in less than 24 hours if the patient’s life is at risk.

› WHAT’S NEXT: While there is considerable support for the bill — 191 cosponsors in the House and 35 in the Senate — the bill is unlikely to pass Congress in 2022 and will, therefore, require reintroduction next year.

Despite the bill’s significant bipartisan support, some in Congress believe that utilization management tactics, like step therapy and non-medical switching, can be addressed by tackling the high cost of prescription drugs and biologics. This year, Congress passed the Inflation Reduction Act that aims to reign in the cost of drugs by giving Medicare the ability to negotiate rates for some of the highest cost drugs.

Also, the Federal Trade Commission (FTC) has launched an examination into the business practices of pharmacy benefit managers (PBMs). In May, NASPGHAN, AGA, ACG and ASGE sent a letter to the FTC stating that brand-name biologics are routinely replaced on formularies by biosimilars with no or limited exceptions to patients who are stable on a medication previously approved, and even though there is little to no data on the use of biosimilars in pediatric patient populations.

Let’s celebrate our tremendous collective success while continuing to educate the public and health care professionals about the hazards associated with high-powered magnet ingestions.
Among the few areas where many Democrats and Republicans are aligned is the scrutiny of PBMs. A report from the FTC report could come as early as 2023.

FORMULA SHORTAGE

- **ISSUE**: Abbott Nutrition’s voluntary recall of the impacted specialty formulas created an abrupt shortage in protein hydrolysate, amino acid-based and metabolic formulas — the effects of which were far reaching because of the company’s dominant market share and the limited capacity of other formula manufacturers to bridge the supply gap.

- **WHAT HAPPENED**: NASPGHAN served as an invaluable resource to the Biden Administration throughout the shortage crisis. Lawmakers on Capitol Hill also turned to NASPGHAN for input on legislation designed to avoid a formula shortage in the future. Specifically, NASPGHAN provided input into the drafting of and subsequently endorsed the Protect Infants from Formula Shortages Act (S. 4256, H.R. 7989) which would authorize the Food and Drug Administration to work with formula and other essential source of nutrition manufacturers to avoid, adequately prepare for, and, if necessary, respond to potential supply disruptions. In May, NASPGHAN, with support from its Nutrition Committee, provided a written statement to Congress on the impact of the shortage and provided recommendations about to mitigate or prevent a formula shortage crisis in the future and to ensure the safety of infants, children and adults who depend on these formulas.

The formula shortage crisis provided an opportunity for NASPGHAN to tell the story about the medical necessity of specialized formulas and how passage of the Medical Nutrition Equity Act will knock down access barriers.

- **WHAT’S NEXT**: As the 117th Congress winds down, there will be efforts to pass the Protect Infants from Formula Shortages Act as part of an end-of-year legislative package.

LOAN REPAYMENT

- **ISSUE**: Serious shortages of pediatric medical subspecialists, pediatric surgical specialists, child and adolescent psychiatrists, and other pediatric mental health professionals are impeding access to care for young people. Without a federal investment in the pediatric subspecialty workforce, children will continue to face long wait times for subspecialty care, need to travel long distances to receive that care, or go without care altogether.

- **WHAT HAPPENED**: In March 2020, Congress reauthorized the Pediatric Subspecialty Loan Repayment Program (PSLRP), which was first authorized as part of the Affordable Care Act. Congress subsequently funded the program at $5 million in Fiscal Year (FY) 2022. This year NASPGHAN advocated for increased funding for the program and is fighting to ensure the program bolsters the pediatric subspecialty workforce as intended. The law gives “priority” to providers in school-based settings, but the “school-based” status would exclude the majority of potential recipients because fewer than one percent of pediatric subspecialists work in school-based settings. This summer, lawmakers wrote to the agency responsible for administering the program — the Health Resources and Services Administration (HRSA) — and asked that the broader context and intent of the legislation be considered when determining program eligibility.

- **WHAT’S NEXT**: Congress has not yet finalized spending bills for the new fiscal year, which began on October 1. The House agreed earlier this year to fund the PSLRP at $15 million, but the Senate has not signaled what, if any, level of funding increase it is willing to allocate to the program. It is expected that lawmakers will reach agreement on funding for federal programs before the end of this year.
News from Our Foundation Partners

NUTRICIA

Pepticate™
A new hypoallergenic formula option for infants with cow milk allergy

Nutricia, the maker of Neocate® products, is pleased to announce that through collaboration with the FDA, we are introducing Pepticate™, an extensively hydrolyzed formula (eHF) to the US market. As you may be aware, the US market is experiencing limited availability of eHFs, amino acid-based infant formulas (AAF) and other infant formulas for certain medical conditions. Nutricia North America Inc., as part of the Danone global business, is working closely with the FDA to help diversify the US infant formula market and ensure infants will continue to have access to more formula options. Pepticate has been available in more than 75 countries worldwide with over 30 years of eHF experience in Europe.*

Pepticate is a hypoallergenic, extensively hydrolyzed whey protein-based infant formula for use under medical supervision and is indicated for cow milk allergy. It has DHA/ARA, nucleotides and a clinically tested blend of prebiotics (Galacto-oligosaccharides, and Fructo-oligosaccharides).

Pepticate will be available in early 2023, for the most up to date information and to sign up for updates please visit Pepticate.com.

* Pepticate is sold under various brand names worldwide.

2022 Recorded CE-eligible Educational Webinars available on NutriciaLearningCenter.com

> **Title:** Build Your Nutrition Toolbox with Innovative Solutions: Practical Management of Your Pediatric Patients

> **Speakers:**
> - Alison Cassin, MS, RD, CSP, LDUS—Eosinophilic Esophagitis
> - Nishant Patel, MD—Current Practices of Nutritional Management of Infants with Failure to Thrive: What’s new?
> - Sharon Weston, MS, RD, CSP, LDN—Blenderized Formula: Exploring the Thick of it

> **CE Eligibility:** RD CE eligibility expires May 31, 2024

> **Learning Objectives:**
> - Recognize clinical scenarios in which ready-to-feed amino acid-based formula may be indicated
> - Identify a novel, evidence-based way of managing term infants with malnutrition and growth failure
> - Explore GI symptom management with enteral patients using whole food formula

> **Link:** Build Your Nutrition Toolbox (nutricialearningcenter.com)

> **Title:** Success Stories: Ready-to-feed AAF for the Dietary Management of SBS, EoE, and FPIES

> **Speakers:**
> - Ruba Abdelhadi, MD, CNSC, NASPGHAN-F
> - Alison Cassin, MS, RD, CSP, LD
> - Raquel Durban, MS, RD, LD/N

> **CE Eligibility:** RD CE eligibility expires May 31, 2024

> **Learning Objectives:**
> - Understand the role of dietary management in short bowel syndrome (SBS), eosinophilic esophagitis (EoE), and food protein-induced enterocolitis syndrome (FPIES)
> - Recognize clinical scenarios in which a ready-to-feed amino acid-based formula (AAF) may be indicated

> **Link:** Success Stories (nutricialearningcenter.com)

PFIZER

Clinical study for pediatric patients with moderately to severely active ulcerative colitis (UC)

Pfizer is currently recruiting for the OVATION study; a phase 3 open-label study of tofacitinib for pediatric patients aged 2-17 years old with moderately to severely active UC.

For more information, please visit here.
Or call Pfizer CT.gov Call Center: +1-800-718-1021

QOL MEDICAL, LLC

FDA approves Sucraid® (sacrosidase) Oral Solution in new single-use containers

PQOL Medical, LLC announced the FDA approved Sucraid® single-use containers for patients with Congenital Sucrase-Isomaltase Deficiency (CSID) weighing 33 lb (15 kg) or more.

Sucraid®, an enzyme replacement therapy, is the only pharmaceutical treatment for genetically determined sucrase deficiency, which is part of CSID. Sucraid® breaks down sucrose (table sugar) for absorption from the intestine, which relieves the gastrointestinal symptoms of CSID. Sucraid® is now available in both Sucraid® multidose bottles and Sucraid® single-use containers. See more information at www.sucraid.com/hcp/.

“If untreated, patients living with this chronic condition suffer from debilitating symptoms. These single-use containers will make it easier for them to manage their medication.” said Weng Tao, MD, PhD, COO of QOL Medical, LLC. “FDA’s approval of Sucraid® single-use containers,
with three-day room temperature stability, offer greater convenience for CSID patients on the go.”

People with CSID are unable to properly digest sucrose, which is found naturally in many fruits and vegetables, as well as added to many processed foods. In adolescents and adults, CSID has been characterized by symptoms of chronic abdominal pain, gas, and diarrhea, which overlap with irritable bowel syndrome (IBS) symptoms. In infants, CSID classically presents as explosive watery diarrhea, failure to thrive, diaper rash, irritability, and acidic stools.

**IMPORTANT SAFETY INFORMATION FOR SUCRAID® (SACROSIDASE) ORAL SOLUTION**

- Sucraid® may cause a serious allergic reaction. Patients should stop taking Sucraid® and get emergency help immediately if any of the following side effects occur: difficulty breathing, wheezing, or swelling of the face. Care should be taken when administering initial doses of Sucraid® to observe any signs of acute hypersensitivity reaction.
- Do not use Sucraid® with patients known to be hypersensitive to yeast, yeast products, papain, or glycerin (glycerol).
- Although Sucraid® provides replacement therapy for the deficient sucrase, it does not provide specific replacement therapy for the deficient isomaltase.
- Adverse reactions as a result of taking Sucraid® may include worse abdominal pain, vomiting, nausea, diarrhea, constipation, difficulty sleeping, headache, nervousness, and dehydration.
- Before prescribing Sucraid® to diabetic patients, the physician should consider that Sucraid® will enable sucrose hydrolysis and the absorption of those hydrolysis products, glucose and fructose.
- The effects of Sucraid® have not been evaluated in patients with secondary (acquired) disaccharidase deficiency.
- **DO NOT HEAT SOLUTIONS CONTAINING SUCRAID®.** Do not put Sucraid® in warm or hot fluids. Do not reconstitute or consume Sucraid® with fruit juice since the acidity of the juice may reduce the enzyme activity of Sucraid®. Half of the reconstituted Sucraid® should be taken at the beginning of the meal or snack and the other half during the meal or snack.
- Sucraid® should be refrigerated at 36°F-46°F (2°C-8°C) and should be protected from heat and light.

**RECKITT/MEAD JOHNSON**

Mead Johnson Healthcare Professional | Mead Johnson HCP

At the annual NASPGHAN conference in Orlando, Mead Johnson Nutrition/Reckitt shared a historical ebook with pictures of the 3rd Year Pediatric GI Fellow Conference. Please read on to see quotes from a few of our NASPGHAN leadership sharing their thoughts on how this conference has supported growth over four decades.

“It is with heart-felt thanks and my deepest appreciation, on behalf of NASPGHAN, as well as all the fellows in training who came before and after me, that I salute Mead Johnson/Reckitt and their decades of support for the NASPGHAN 3rd year fellows conference.

The NASPGHAN 3rd Year Fellow’s conference is a critical piece of important networking, didactic education, as well as small group discussions and one-on-one time, between consistently outstanding and talented faculty, at the most important stage of peds GI fellowship training. What was always an outstanding and highly competitive conference for years, has now become, with MJN/Reckitt’s open-mindedness and willingness to sit down and analyze the value of changing the timing of the 3rd conference from the spring to the late summer/fall, the highlight of the 3 years of fellowship training and the conference series that occur in each year. An amazing conference from beginning to end — where cutting-edge science distilled into ‘how to’s’ for the 3rd year fellows, as well as life-lessons and personal stories from the faculty showing that life and career are usually not just a straight line, and that we can all learn from and contribute to the incredible 2½ days that make up the conference.”

Benjamin Gold, MD
Pediatric Gastroenterologist
GI Care for Kids, LLC — Atlanta, GA

“The NASPGHAN/ Reckitt-Mead Johnson 3rd-year fellows conference is the capstone of the NASPGHAN fellows conference series. With Mead-Johnson’s generous support, the 3rd year fellows conference has provided professional development at the crucial transition from fellow to faculty to generations of pediatric gastroenterologists. As a co-director of the most recent conferences during the COVID-19 pandemic, I have been so thankful for your continued partnership with NASPGHAN to support these in-person conferences because they provide highly sought-after support and career advice to trainees when they needed it the most.”

Christine Lee, MD
Chair, NASPGHAN Training Committee
Co-director, 3rd year Fellows Conference

“The 3rd Year Fellow’s Conference is a crown jewel in NASPGHAN’s three-year curriculum designed to send forth our talented fellows into productive careers in gastroenterology, hepatology and nutrition. Thank you to Rickett/Mead Johnson for generously supporting for so many years this outstanding conference on the science and practice of our discipline.”

John Barnard, MD
Professor Emeritus of Pediatrics
The Ohio State University College of Medicine

You can access your own copy of the ebook by scanning this QR code.
Thank You to Our 2022 Annual Meeting Supporters

October 12-15, 2022 • Rosen Shingle Creek • Orlando, Florida

Thank You to Our 2022 NASPGHAN Foundation Digestive Health For Life Partners

Platinum Partners

Gold Partners

Silver Partners
During the 2022 NASPGHAN Annual Meeting and the 50th anniversary of the Society, many past NASPGHAN Presidents gathered for a special recognition during the initial plenary session. As names of all past presidents were called, those attending the 2022 meeting made their way to the stage for a special recognition medal. From left to right, John Barnard, Carlo Di Lorenzo, Mitchell Cohen, Benjamin Gold, Richard Colletti, Kathleen Schwarz, Karen Murray, Harland Winter, B Li, Ronald Sokol, Athos Bousvaros, Jon Vanderhoof and William Balistreri.

**HONORING A PAST PRESIDENT**

Former NASPGHAN President James Heubi, who passed away in August 2021, was honored during the 2022 Annual Meeting. A NASPGHAN timeline, now housed on the NASPGHAN website, Dr. Heubi originated the idea and project shortly before he passed away. A James Heubi Memorial Fund to help continue and fund the development of the living timeline has been set up in his honor. His family, including wife Margo and daughters, Christine and Elizabeth, attended during the emotional recognition and reunion.
HARRY SHWACHMAN AWARD

Presented to Carlo Di Lorenzo, MD

The Shwachman award is given by NASPGHAN to a person who has made major, lifelong scientific or educational contributions to the field of pediatric gastroenterology, hepatology or nutrition in North America. The award is designed to preferentially honor a member of NASPGHAN for his/her achievements in the field.

MARGARET STALLINGS NASPGHAN DISTINGUISHED SERVICE

Presented to Athos Bousvaros, MD, MPH

The NASPGHAN Distinguished Service Award is presented to an individual to recognize excellence and service to the field of pediatric gastroenterology, hepatology, and nutrition by achieving national and/or international recognition in their field.

AAP MURRAY DAVIDSON AWARD

Presented to Ronald E. Kleinman, MD, FAAP

(Dr. Kleinman was unable to attend — accepting for him was Esther Israel, MD)

The Murray Davidson Award recognizes an outstanding clinician, educator, and scientist who has made significant contributions to the field of pediatric gastroenterology, hepatology and nutrition.

NASPGHAN MASTER EDUCATOR AWARD

Presented to Norberto Rodriguez-Baez, MD

The NASPGHAN Master Educator Award for excellence recognizes individuals who have made a significant and sustained contribution to the field of pediatric gastroenterology, hepatology and/or nutrition through education scholarship on a national or international basis.
NASPGHAN FOUNDATION/ASTRAZENECA AWARD FOR DISORDERS OF THE UPPER GASTROINTESTINAL TRACT

Amanda Muir, MD
Children’s Hospital of Philadelphia—Philadelphia, PA

ADENOSINE SUPPORTS EPITHELIAL HOMEOSTASIS IN EOSINOPHILIC ESOPHAGITIS

NASPGHAN FOUNDATION MID-LEVEL CAREER DEVELOPMENT AWARD

Michele Maddux, PhD
Children’s Mercy Hospital and Clinic—Kansas City, MO

ADHERENCE MONITORING AND INTERVENTION IN PEDIATRIC HEALTHCARE: DEVELOPMENT AND IMPLEMENTATION OF A CLINICAL DECISION SUPPORT SYSTEM

NASPGHAN FOUNDATION/QOL RESEARCH AWARD FOR THE STUDY OF DISORDERS ASSOCIATED WITH CARBOHYDRATE MALDIGESTION/MALABSORPTION IN CHILDREN

Anna Hunter, MD
Oregon Health and Science University—Portland, OR

APPROACH TO DIETARY FRUCTOSE INTOLERANCE AS A DYSBIOTIC STATE IN CHILDREN, CLINICAL INTERVENTION OF DECREASING ADDED SUGAR INTAKE COMPARED TO LOW FODMAP DIET. IMPACT ON MICROBIOME AND METABOLOME

NASPGHAN FOUNDATION/RECKITT MEAD JOHNSON NUTRITION RESEARCH YOUNG INVESTIGATOR DEVELOPMENT AWARD

Jason (Yanjia) Zhang, MD, PhD
Boston Children’s Hospital—Boston, MA

THE ROLE OF THE MICROBIOME IN THE GUT-BRAIN SATIETY AXIS
**NASPGHAN FOUNDATION/GEORGE FERRY YOUNG INVESTIGATOR DEVELOPMENT AWARD**

Alyssa Kriegermeier, MD  
Ann and Robert H. Lurie Children's Hospital of Chicago—Chicago, IL  

DEFINING AGE-DEPENDENT DIFFERENCES IN XBP1S FUNCTION AND APOPTOSIS IN MURINE MODELS OF CHOLESTASIS

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**NASPGHAN FOUNDATION/ALCRESTA RESEARCH AWARD FOR THE STUDY OF PANCREATIC DISEASE IN CHILDREN**

Zachary Sellers, MD, PhD  
Stanford University—Palo Alto, CA  

A COMPLEX ORGANOID MODEL TO ELUCIDATE THE RELATIONSHIP BETWEEN PANCREATITIS AND AUTOIMMUNE INTESTINAL DISEASE CO-OCCURRENCE

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**NASPGHAN FOUNDATION/CROHN’S & COLITIS FOUNDATION/NASPGHAN IBD YOUNG INVESTIGATOR AWARD**

Lauren Collen, MD  
Boston Children’s Hospital—Boston, MA  

CHARACTERIZATION OF DEFECTIVE STAT3 ACTIVATION IN PATIENTS WITH VEO-IBD

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**NASPGHAN FOUNDATION ADVANCED FELLOWSHIP IN PEDIATRIC ENDOSCOPY**

Diana Lerner, MD  
Medical College of Wisconsin—Milwaukee, WI  

EFFICACY AND SAFETY OF PROLONGED ESOPHAGEAL STENTING FOR REFRACTORY BENIGN ESOPHAGEAL STENOSIS  

*Supported by an educational grant from Olympus America, Inc.*

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**NASPGHAN FOUNDATION/ABBOTT NUTRITION ADVANCED FELLOWSHIP TRAINING IN PEDIATRIC NUTRITION**

Sarah Saeed Abu-Alreesh, MD  
Children's Hospital of Philadelphia—Philadelphia, PA  

MICROBIALLY-DERIVED VOLATILE METABOLITES IN PEDIATRIC NON-ALCOHOLIC FATTY LIVER DISEASE
NASPGHAN FOUNDATION/APGNN SUSAN MOYER NURSING RESEARCH AWARD

Mary Gallotto, RN, BSN, CPN
Boston Children’s Hospital—Boston, MA
HOME PARENTERAL DIGITAL RE-EDUCATION CURRICULUM

NASPGHAN FOUNDATION/CPNP NUTRITION RESEARCH GRANTS

Sharon Weston, MS, RD, LDN
Boston Children’s Hospital—Boston, MA
UTILIZATION OF A HOSPITAL-BASED FOOD PANTRY AND ASSOCIATED NUTRITION EDUCATION AND COOKING PROGRAM FOR PATIENTS WITH CELIAC DISEASE

Nicole Misner, MS, RD
University of South Florida—Tampa, FL
A SINGLE CENTER INITIATIVE TO IDENTIFY PREVALENCE OF AND DIAGNOSES ASSOCIATED WITH FOOD INSECURITY AMONGST PEDIATRIC GASTROENTEROLOGY PATIENTS

These grants are supported by an educational grant from QOL, LLC

NASPGHAN FOUNDATION INNOVATIONS IN CLINICAL CARE GRANT

Sarah Lowry, MD
Johns Hopkins University—Baltimore, MD
ROLE OF CYTOCHROME P450 GENOTYPES IN IDENTIFYING OFFENDING DRUGS IN DRUG-INDUCED LIVER INJURY IN CYSTIC FIBROSIS POPULATION

Jaclyn Siegel, DO
Baylor College of Medicine—San Antonio, TX
HOME EMPOWERMENT RESPONSE ORGANIZATION (HERO) CENTER: IMPROVING QUALITY OF DISCHARGE EDUCATION FOR PEDIATRIC PATIENTS WITH ENTERAL FEEDING TUBES
GERARD ODELL PRIZE FOR EXCELLENCE IN LIVER RESEARCH

James Stevens, MD
Emory University, Children's Healthcare of Atlanta Inc.—Atlanta GA

A TRANSITION PROGRAM AND NOVEL JOINT PEDIATRIC-ADULT CLINIC MODEL DECREASES ADULT MORTALITY IN PEDIATRIC LIVER TRANSPLANT RECIPIENTS.

AMIN TJOTA PRIZE FOR EXCELLENCE IN PANCREATIC RESEARCH

Cheng-Yu Tsai, PhD
Stanford University—Stanford, CA

THE DOUBLE HIT OF ASPARAGINASE AND REDUCED DIETARY VITAMIN A PREDISPOSES LEUKEMIA PATIENTS TO PANCREATITIS

THE GRAND WATKINS PRIZE

Matthew A. Buendia, MD
Vanderbilt University Medical Center—Nashville, TN

GPX3 MAY REGULATE FIBROSIS IN EOSINOPHILIC ESOPHAGITIS THROUGH TGF-β SIGNALING

NASPGHAN FOUNDATION TERI LI YOUNG EDUCATOR AWARD

Brian McFerron, MD
Riley Hospital for Children—Indianapolis, IN
NASPGHAN Annual Meeting hands-on sessions returned during the in-person 2022 meeting in Orlando. Nearly 300 attendees registered for the various hands-on programs that included Hands-On Endoscopy, Colonoscopy Skills, Motility Skills and two Train the Pediatric Endoscopy Trainer sessions. The Hands-On Endoscopy sessions this year featured clipping, coagulation, polypectomy, and Argon Plasma Coagulation. More than 175 pediatric gastroenterologists and fellows attended. The limited size Colonoscopy skills workshop, which drew 20 registrants, were aimed to improve practicing endoscopists’ colonoscopy skills. Hands-On Motility was full at 55 registrants. The two Train the Pediatric Endoscopy Trainer sessions, which had 31 attendees, were open to those who had previously attended the Colonoscopy Skills workshop in 2018 or 2019.
NASPGHAN observed its 50th anniversary in 2022 and celebrated in a number of ways, including an enduring interactive timeline on the NASPGHAN website, a video about the society and its members and a gala at the conclusion of the in-person 2022 Annual Meeting. A sign on the site of the Annual Meet proclaiming “I Am NASPGHAN” that attracted many of the meeting attendees who declared that they were NASPGHAN. See some of those who declared that they were, indeed, NASPGHAN.
After a 2-year gap due to the pandemic, “GI Jeopardy” returned to the in-person 2022 NASPGHAN Annual Meeting in Orlando, FL. In celebration of NASPGHAN’s 50th Anniversary, this year featured an educational and entertaining “Tournament of Champions”. Dr. Norberto Rodriguez-Baez, Professor of Pediatrics at the University of Texas Southwestern Medical Center, returned as the enthusiastic host of the game show.

“GI Jeopardy” featured former winners divided in two groups: Team XX and Team XY. Like on the television game show, contestants had to quickly recognize the answers and respond with the appropriate questions in front of a live audience from a variety of topics focused on pediatric gastroenterology and pop culture. Some of the categories included this year were “I am NASPGHAN” that allowed the audience to learn about NASPGHAN’s history and “Karaoke” that made contestants and audience sing out loud. “Drug Emoji”, in which clues were given in form of emojis, was a favorite one. In the end, Team XY (Drs. Athos Bousvaros and Douglas Fishman) proved to be too much for Team XX (Drs. Valeria Cohran and Amber Hildreth), who put forth a valiant effort.

More than 200 attended, including faculty, fellows, residents and visitors who enthusiastically cheered and jeered as the contestants sought to formulate their answers. “GI Jeopardy” continues to be a successful and innovative way to combine education and entertainment in our annual meeting. Everyone should look forward to next year’s Annual Meeting in beautiful San Diego!
SOCIAL EVENT
SOCIAL EVENT
# Employment Opportunities

Post Your Jobs and Look for Employment Opportunities Online *(and have them link to the web)*

- **The NASPGHAN Career Center**, the career resource for pediatric gastroenterology, hepatology & nutrition professionals, contains a strong source of industry jobs in the nation.
- **JOB SEEKERS**, increase your chances of getting the job you want.
  - **Subscribe for free** to the exclusive Job Flash™ Email and have featured jobs from our top employers sent straight to your inbox.
  - Create job alerts and receive notifications when positions matching your criteria are posted.
  - Access everything you need to know to plan your next career move with the Career Planning Portal
- **EMPLOYERS**, get maximum exposure.
  - Email your job offers directly to the inboxes of 2,500+ pediatric gastroenterology professionals via our exclusive Job Flash™ Email!
  - Search, find, and contact qualified talent through our CV Bank
  - Upgrade your job postings to distribute them to a network of more than 1,000 recruitment sites or sites that are marketed specifically to attract diverse and/or veteran candidates.

## NASPGHAN FEATURED JOBS

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<th>Position</th>
<th>Institution</th>
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<tbody>
<tr>
<td>PEDIATRIC GASTROENTEROLOGY POSITION AVAILABLE ROANOKE, VA CARILION CHILDREN’S HOSPITAL &amp; VIRGINIA TECH CARILION SCHOOL OF MEDICINE</td>
<td>Carilion Clinic Roanoke, VA</td>
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<td>PEDIATRIC GASTROENTEROLOGIST OPENING BY STUNNING LAKE SUPERIOR</td>
<td>Essentia Health Duluth, MN</td>
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<tr>
<td>PEDIATRIC GASTROENTEROLOGY FACULTY POSITION</td>
<td>University of California - Davis Sacramento, CA</td>
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<td>ASSISTANT PROFESSOR</td>
<td>Children's Colorado- Colorado Springs</td>
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<tr>
<td>PEDIATRIC GASTROENTEROLOGIST</td>
<td>University of Iowa Stead Family Children's Hospital Iowa City, IA</td>
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<tr>
<td>OPPORTUNITY IN PEDIATRIC GASTROENTEROLOGY AND NUTRITION</td>
<td>Dayton Children's Hospital Dayton, OH</td>
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<tr>
<td>COMPLEX CARE PEDIATRICIAN</td>
<td>Penn State Health Hershey, PA</td>
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<td>GASTROENTEROLOGIST IN VIRGINIA</td>
<td>Carilion Clinic Roanoke, VA</td>
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<td>PEDIATRIC GASTROENTEROLOGIST</td>
<td>Nemours Jacksonville, FL</td>
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<td>PEDIATRIC GASTROENTEROLOGISTS/NUTRITION PHYSICIANS</td>
<td>Boston Children's Hospital Boston, MA</td>
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<tr>
<td>PEDIATRIC GASTROENTEROLOGIST - CLINICAL ASSISTANT, ASSOCIATE, OR FULL PROFESSOR</td>
<td>UBMD Pediatrics Buffalo, NY</td>
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<td>PEDIATRIC GASTROENTEROLOGIST</td>
<td>Southcentral Foundation Anchorage, AK</td>
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<td>PEDIATRIC GASTROENTEROLOGIST WITH EXPERTISE IN GUT MOTILITY</td>
<td>University of Iowa Stead Family Children's Hospital Iowa City, IA</td>
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<td>SEEKING PEDIATRIC GASTROENTEROLOGIST</td>
<td>Logan Health Kalispell, MT</td>
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<td>PEDIATRIC GASTROENTEROLOGIST</td>
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<td>PEDIATRIC GASTROENTEROLOGIST</td>
<td>Bon Secours Mercy Health Richmond, VA</td>
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<td>PEDIATRIC NP/PA PROVIDER - FT</td>
<td>GoHealth Urgent Care TX</td>
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<tr>
<td>JOIN OUR TALENTED TEAM AT GEISINGER MEDICAL CENTER</td>
<td>Geisinger Health System Danville, PA</td>
</tr>
<tr>
<td>DIRECTOR, OFFICE OF NUTRITION RESEARCH</td>
<td>National Institute of Health Bethesda, MD</td>
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EXPLORE THE JOB BOARD & RESOURCES

- Email your job offers directly to the inboxes of 2,500+ pediatric gastroenterology professionals via our exclusive Job Flash™ Email!
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