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Cleveland Clinic

# Digest This

DIGESTIVE DISEASE INSTITUTE | WINTER | 2016

2016 PREVIEW: NEW LEADERSHIP, LOCATIONS AND SERVICES



Cleveland Clinic No. 2 in the U.S. – Gastroenterology & GI Surgery



*"We are considering not only our duty to the patient of today, but no less our duty to the patient of tomorrow."*

— GEORGE CRILE SR., MD  
CO-FOUNDER OF CLEVELAND CLINIC, 1921

## Dear Colleagues,

It is my great honor to have been asked to lead Cleveland Clinic's Digestive Disease Institute (DDI). DDI is one of the few truly integrated practice units in our field. Our medical and surgical specialists collaborate to give every patient the best outcome and experience. Individually, each is an outstanding physician; working collaboratively as a team, they offer your patients unmatched expertise in the full range of digestive disorders.

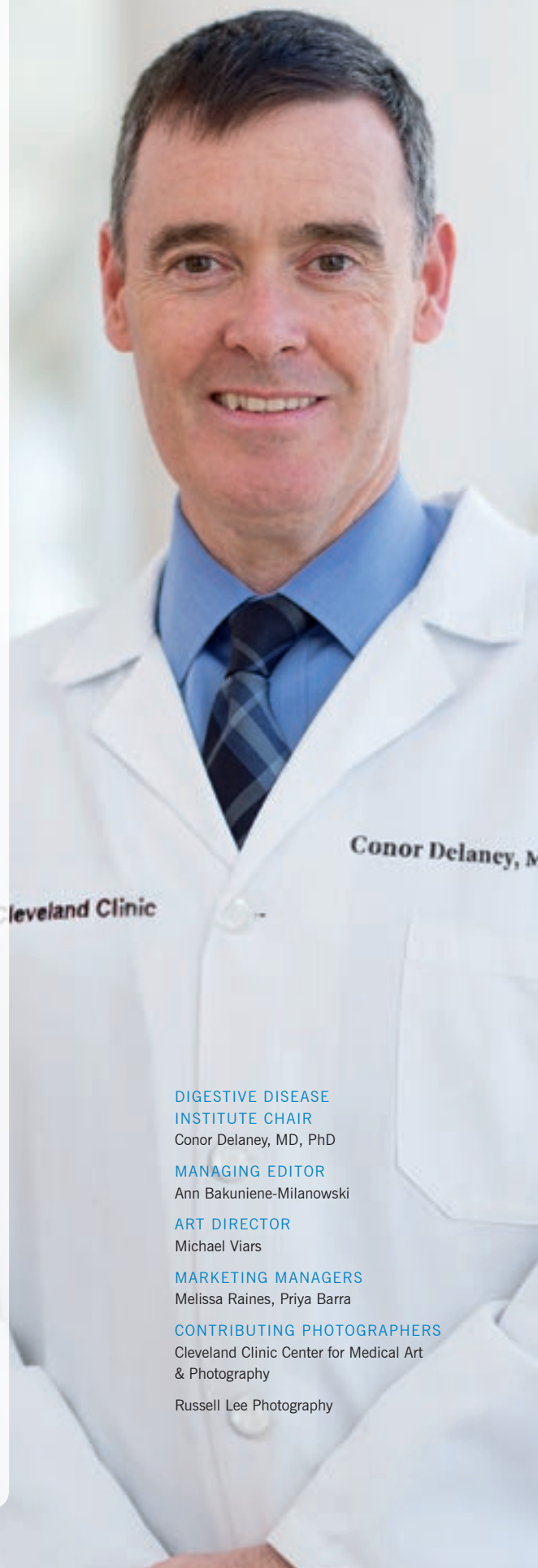
For more than a decade, we've published *Digest This* to share some of the work being done by our DDI caregivers. This latest issue covers a broad range of clinical and geographic territory. It shows DDI continually challenging and questioning ourselves and our field — and helping an ever-increasing number of patients access our expertise. Some of the questions we answer in this issue include:

- How do two of the leading intragastric balloon devices compare with one another for tolerability, complications and efficacy in weight loss? (p.5)
- What does DDI have to offer your patients with disease-related nutrition problems? (p.3)
- How does Cleveland Clinic Florida help provide the most advanced treatments for disorders of the gastrointestinal tract, rectal and colon cancers, Crohn's disease, mucosal ulcerative colitis, and functional disorders? (p.10)
- How will changes in DDI's unique Inflammatory Bowel Disease Center, which integrates gastroenterologists, colorectal surgeons, liver and transplant surgeons, and nutritionists, provide even better care to your patients with IBD? (p. 6-7)
- How can the use of sleeping pillows affect symptoms of gastroesophageal reflux in pregnant women and those with laryngopharyngeal reflux? (p. 4)
- Finally, on p. 9, we are thrilled to announce the opening of the Digestive Disease Institute at Cleveland Clinic Abu Dhabi. This remarkable facility offers the most advanced technology and programs to patients from the United Arab Emirates and surrounding regions. We see this as yet another opportunity and location to provide the best possible care to patients with digestive diseases.

I hope you enjoy this issue of *Digest This*. We welcome your feedback.

Sincerely,

  
**Conor Delaney, MD, PhD**  
Chairman | Digestive Disease Institute



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## DDI Spotlight: Center for Human Nutrition



The Center for Human Nutrition houses all the resources for the comprehensive evaluation, education and treatment of patients with disease-related nutrition problems. This innovative approach allows registered dietitians, dietetic technicians, nurses, pharmacists, physicians and surgeons to provide individualized plans for both adults and pediatric patients with specialized nutrition needs. The center encompasses three distinct areas:

- **Nutrition Therapy** — Meets the clinical nutrition needs of inpatient and outpatient clients
- **Nutrition Support** — Provides specialized enteral and parenteral nutrition support
- **Intestinal Rehabilitation** — Nutrition support program for the Center for Gut Rehabilitation and Transplantation, one of the largest and most comprehensive programs in the world

### HIGHLIGHTS

- Our Center for Gut Rehabilitation and Transplantation is a growing local, national and international referral destination for patients with complex bowel disorders who require medical nutrition therapies, including enteral and parenteral nutrition support, over months or years. We recently celebrated 40 years of providing home parenteral nutrition support to one of the world's largest cohorts of patients.

- Recognizing, addressing and documenting malnutrition in hospitalized patients is an initiative underway throughout Cleveland Clinic health system. Identifying at-risk patients at admission, administering comprehensive nutrition assessments, implementing care plans and documenting appropriately help reduce length of stay and decrease complications and readmissions.
- About 100 clinical dietitians provide standardized nutritional care to all patients. Outpatient nutrition counseling is provided at 13 sites throughout the health system.
- **Gail Cresci, PhD, RD, CNSC**, is utilizing a metagenomic approach to mitigate ethanol-induced gut liver injury. Through discovery of alterations in fermentation byproducts of the gut microbiota by ethanol, Dr. Cresci is studying a possible nutritional supplement to correct imbalances. ■

**To refer a patient to the Center for Human Nutrition, call 855.REFER.123.**



**Donald Kirby, MD**  
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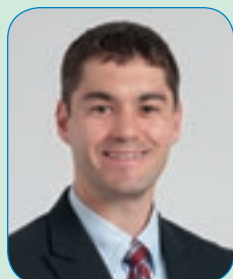
“The growth within the Center for Human Nutrition is unprecedented compared with other similar programs. Our dedicated and talented interdisciplinary support team provides the most advanced care in a specialty that touches all areas of health, disease management and wellness.”

— Donald Kirby, MD | Director, Center for Human Nutrition





## Positional Therapy Device Improves Nocturnal LPR Symptoms



**Scott Gabbard, MD**  
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A sleep positioning device that significantly decreases nocturnal gastroesophageal reflux disease (GERD) symptoms is proving successful in quelling symptoms in hard-to-treat patient populations, like patients with laryngopharyngeal reflux (LPR) and pregnant women, according to a Cleveland Clinic study presented at the American College of Gastroenterology 2015 conference.

### EXPANDING RESEARCH

Cleveland Clinic gastroenterologist Scott Gabbard, MD, expanded his research into the MedCline™ Reflux System in patients with LPR, in which nocturnal symptoms are common.

Recent studies demonstrated use of a positional therapy device (PTD) significantly decreased typical GERD symptoms, but use of a PTD for LPR symptoms was not studied previously.

“LPR is one of those diseases that is very challenging for physicians to treat. The treatment options are so limited,” Dr. Gabbard says, adding that medications and anti-reflux surgery are less effective in treating LPR than in treating GERD, heartburn and regurgitation. “What we wanted to do was apply the success of the MedCline device to these patients.”

### ENCOURAGING RESULTS

The study, conducted together with Cleveland Clinic's Head & Neck Institute, followed 23 LPR patients who used a two-component, wedge-shaped base and a lateral positioning body pillow at least six hours per night for 28 consecutive nights. Patients completed the Nocturnal Gastro-esophageal Reflux Symptom Severity and Impact Questionnaire (N-GSSIQ) and Reflux Symptoms Index at two weeks and four weeks.

The study found LPR patients reported a 75 percent decrease in general nocturnal reflux and LPR reflux symptoms and less concern for their health after four weeks of use. The study concluded patients with nocturnal LPR experience a strong benefit from the PTD device.

Dr. Gabbard explains the PTD system treats nocturnal reflux through two mechanisms — it elevates the patients' heads while sleeping at night and positions

them on their left side. Both positions separately have shown to decrease reflux at night. The combination of left-sided positioning with elevation, he says, significantly increases relief.

### DEVICE EVOLVING THROUGH RESEARCH

Since his initial PTD studies, the MedCline system now offers different versions, including a new form-fitting body positioner pillow that Dr. Gabbard has not yet studied. He says he is studying the newer version of the system in reflux patients.

The MedCline system is now covered through more insurance companies on a case-by-case basis.

“Clearly, we feel this is going to be a much safer option than surgery, and very likely more cost-effective,” Dr. Gabbard says. “The data show it is very effective for heartburn, regurgitation and now LPR symptoms.”

### SAFER THERAPEUTIC OPTION

Anecdotally, researchers found several patients considering surgery for reflux could avoid it or forgo medications and extensive testing as a result of the PTD system.

“Our hope is that with this device we can help some patients avoid pursuing surgery for their reflux, and help some patients avoid the need for further specialized testing, like scopes and PH testing,” Dr. Gabbard says.

While other sites are studying the MedCline PTD system, Cleveland Clinic has the largest number of patients involved in such studies. Dr. Gabbard is in the preliminary phase of studying the system with actual PH testing in patients with reflux and anticipates studying it in patients with scleroderma. ■

**For more information, please contact Dr. Gabbard at 216.444.6523 or gabbars@ccf.org.**

# Balloon Devices Provide Nonsurgical Treatment Option for Obesity

Cleveland Clinic among first centers to use devices

Cleveland Clinic will be among the first centers in the nation to use an intragastric balloon device to help obese patients lose weight without the need for invasive bariatric surgery.

The ReShape™ Integrated Dual Balloon System and the ORBERA™ Intragastric Balloon System were approved by the U.S. Food & Drug Administration this summer, providing new nonsurgical treatment options for patients who failed previous attempts at weight loss through diet and exercise alone.

## HOW THEY WORK

The devices are for use in obese adult patients with a body mass index between 30 and 40. The ReShape system is limited to patients with one or more obesity-related conditions, including hypertension, high cholesterol and diabetes.

The balloons are removed after six months, at which time patients remain in a structured dietary program to maintain weight loss. In a multicenter clinical trial of the ReShape system, patients lost an average of 6.8 percent of their total body weight. The ORBERA Pivotal Trial study revealed patients lost an average of 10.2 percent of their body weight.

## Our Intragastric Balloon Device Team

**Stacy Brethauer, MD**  
General Surgeon

**Matthew Kroh, MD, FACS**  
General Surgeon

**John Rodriguez, MD**  
General Surgeon

**John Vargo, MD, MPH**  
Chair | Gastroenterology  
and Hepatology

## IMPORTANT CAVEATS

Potential side effects are headache, muscle pain and nausea from the sedation and procedure. In rare cases severe allergic reaction, heart attack, esophageal tear, infection and breathing difficulties can occur. Once the device is in place, patients may experience vomiting, nausea, abdominal pain, gastric ulcers and indigestion.

The American Society for Gastrointestinal Endoscopy Bariatric Endoscopy Task Force concluded endoscopic bariatric therapies should be performed within a comprehensive, multidisciplinary metabolic and bariatric treatment program to identify the best candidates and to best monitor safe introduction of the balloon systems.

The devices should not be used in patients with previous gastrointestinal or bariatric surgery, or anyone diagnosed with inflammatory intestinal or bowel disease, large hiatal hernia, symptoms of delayed gastric emptying, or active *H. Pylori* infection.

## WEIGHING THE OPTIONS

Other FDA-approved surgically implanted weight loss devices include the LAP-BAND® Adjustable Gastric Banding System, REALIZE® Adjustable Gastric Band and Maestro® Rechargeable System. Neither ReShape nor ORBERA are covered by insurance.

The introduction of intragastric balloon therapy for Americans will allow patients access to a minimally invasive nonsurgical approach for treating obesity and weight-related diseases. Overall, the FDA approval of the balloon is an important aid in the battle to stem the tide of obesity.

Dr. Kroh is co-chair of the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) Endoscopic Bariatric Task Force and Director of Surgical Endoscopy and Program Director for the Advanced Laparoscopic Surgery and Flexible Surgical Endoscopy Fellowship at Cleveland Clinic. His specialty interests include advanced laparoscopic surgery, bariatric surgery, gastrointestinal surgery, surgical endoscopy, single-incision laparoscopic surgery and robotic surgery. ■



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Photo credit:  
ORBERA Intragastric Balloon

# {IBD}

## The Next Chapter of Care

With a rich 40+ year history, Cleveland Clinic's Inflammatory Bowel Disease Program now forges ahead under the leadership of new Co-Directors Feza H. Remzi, MD, and Bo Shen, MD. Here we take a look at the multidisciplinary program's milestone achievements and latest research advances.

### > A FORMAL BEGINNING

Under a team led by IBD expert **Richard Farmer, MD**, we established one of the world's largest experiences with Crohn's disease (CD) and ulcerative colitis (UC), marking the beginning of our integrated IBD Center.

### > PIONEERING SURGICAL FIRSTS

Former Chairman **Victor Fazio, MD**, mastered and popularized the continent ileostomy and ileoanal pouch in the late '70s, early '80s.

### > A MINIMALLY INVASIVE SURGERY (MIS) LEADER

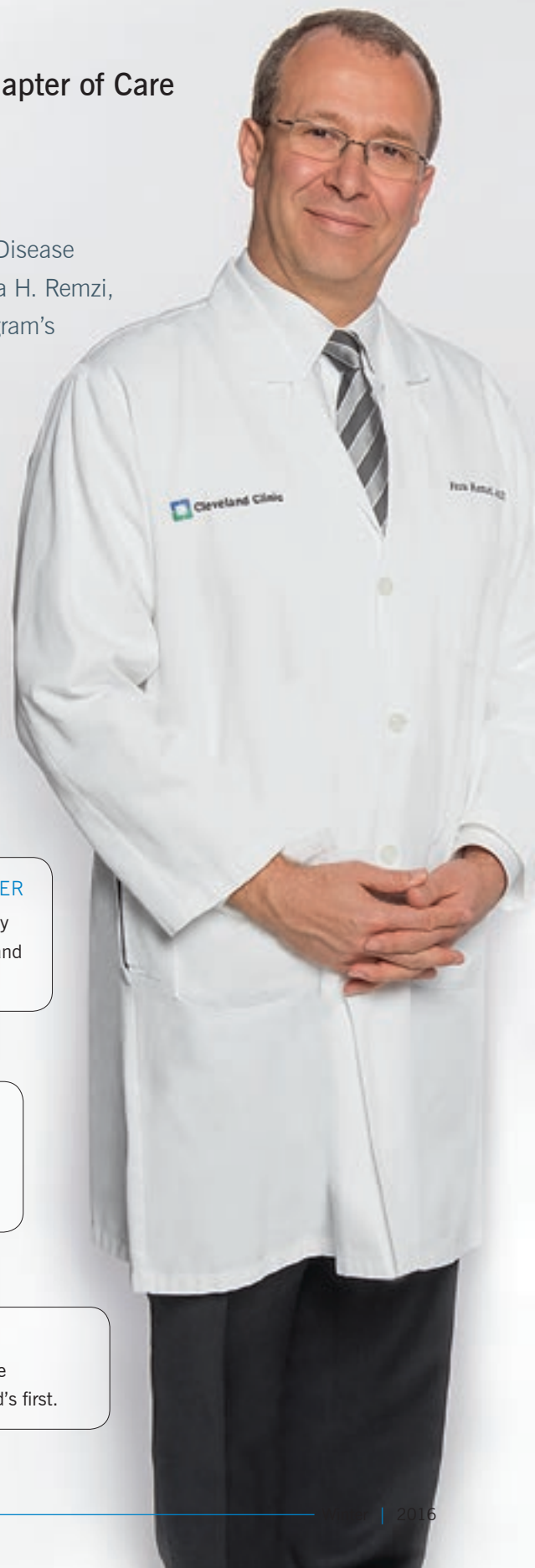
In the late '90s, our program was one of the first to apply MIS techniques to ileostomy or colostomy creation — and continues to lead MIS advances to this day.

### > SMALLER IS BETTER

Since performing the world's first right hemicolectomy with a single incision in 2007, we've performed 400+ single-incision colorectal procedures.

### > AN INTERVENTIONAL FIRST

Our Center for Interventional Inflammatory Bowel Disease (specializing in endoscopy procedures for IBD) is the world's first.



› FIRST CENTER FOR ILEAL POUCH DISORDERS

Founded in 2003, our multidisciplinary center is the largest of its kind, with 1,200 patient visits and 700 pouch endoscopies performed per year.

› 5,000+ AND ~ 500

Number of initial and reoperative pouch surgeries performed (the highest volumes in the nation)

› MOST ORIGINAL POUCHITIS RESEARCH

The nation's leader in studying the pouch genome, genetics and pouch disorders, comorbidities and health consequences, management, new therapies, and more

› INVESTIGATING GENETIC ABNORMALITIES

Our IBD Genetics Program, headed by **Jean-Paul Achkar, MD**, investigates environmental factors and alterations in the immune system's functioning that may lead to the disease.

› THE MOST IPAA REDO EXPERIENCE

**Dr. Remzi's** analysis of 500+ patients (most of whom he operated on) delivered encouraging news: 82.4% had a functional IPAA at 10 years.

› EXPLORING THE IBD INTERACTOME

New research by **Claudio Fiocchi, MD**, is examining a groundbreaking new approach to understand IBD. Based on a systems biology bioinformatic approach, it hopefully will lead to the development of personalized therapy for IBD patients.

**Dr. Remzi (left)**, Chair of the Department of Colorectal Surgery, and **Dr. Shen (right)**, Section Head, Department of Gastroenterology and Hepatology, now lead Cleveland Clinic's IBD Program, one of the few in the country to provide seamless, lifelong care to patients.



## Meet Conor Delaney, MD, PhD

Cleveland Clinic's new Digestive Disease Institute Chair



**Conor Delaney, MD, PhD**  
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delanec@ccf.org

Conor Delaney, MD, PhD, a colorectal surgeon and professor of surgery with more than 25 years of experience, began his tenure as Chair of the Digestive Disease Institute in December. An internationally acclaimed surgeon, researcher and teacher, Dr. Delaney has a keen vision for the institute's future.

**Q: WHAT EXCITES YOU THE MOST ABOUT TAKING THE HELM OF THE DIGESTIVE DISEASE INSTITUTE?**

As a clinical surgeon what has mattered most to me over the years is pursuing clinical and technical perfection in order to produce the best possible clinical outcomes in the most efficient manner. That's why it is so exciting to come back to Cleveland Clinic. It is an institution that is already an international leader, uniquely poised to be the international leader in the medical and surgical treatment of digestive diseases. I hope that I can meaningfully contribute to that goal.

**Q: TELL US ABOUT YOUR WORK TO IMPROVE CLINICAL OUTCOMES.**

For the past 15 years, I have been working with colleagues to develop enhanced recovery pathways that improve surgical outcomes and significantly speed recovery compared with traditional protocols. When combined with minimally invasive surgery, this has changed the paradigm for surgical recovery such that up to 20 percent of patients can leave the hospital within 24 hours after a colorectal resection.

**Q: WHAT OTHER AREAS OF DIGESTIVE DISEASE MANAGEMENT ARE YOU MOST ENTHUSED ABOUT?**

New procedures that are less invasive and that help our patients recover more quickly are being developed for tumors of the liver or pancreas, for reconstruction of the abdominal wall in hernia repair, and for bariatric and metabolic surgery. For example, laparoscopic transanal total mesorectal excision for rectal cancer offers superior outcomes and recovery. New endoscopic approaches allow us to treat very advanced polyps and other gastrointestinal pathology, avoiding the need for organ resection.

Medical developments continue to provide important advances as well. Perhaps most exciting are new biological agents for management of inflammatory and infectious GI diseases.

**Q: WHAT ARE YOUR PLANS FOR THE DIGESTIVE DISEASE INSTITUTE?**

We have phenomenal clinical teams in the Digestive Disease Institute: Colorectal Surgery, Gastroenterology, General Surgery and Transplantation. I hope to build on existing collaboration, expand clinical trials and pursue educational ventures. As hospitals such as Akron General become part of our system, we have a tremendous opportunity to bring quality care to more patients in the U.S. and around the world with our facilities in Florida, Abu Dhabi and elsewhere.

We will continue to standardize and optimize care and measure outcomes, all to improve the quality, safety and value of our services. As physicians, if we follow the principle of always doing the best thing for each individual patient, we should not go wrong.

**Q: WILL YOU CONTINUE TO PROVIDE PATIENT CARE IN YOUR NEW ROLE?**

Absolutely. Perhaps not as much as I have to date, but I intend to both provide patient care and continue to perform research. I believe providing and improving patient care is the most important thing a physician can do. ■

**Dr. Delaney can be reached at 216.444.5576 or [delanec@ccf.org](mailto:delanec@ccf.org).**



## Expanding Cleveland Clinic's Legacy Overseas

Digestive Disease Institute brings complex care abroad

The opening of the Digestive Disease Institute at Cleveland Clinic Abu Dhabi brings access to healthcare's most advanced technology and programs, helping patients from the United Arab Emirates and the wider region to manage digestive disorders, from common conditions to the most complex.

The Digestive Disease Institute is one of Cleveland Clinic Abu Dhabi's five Centers of Excellence, which also include the Heart & Vascular, Neurological, Eye, and Respiratory & Critical Care Institutes. The Centers of Excellence were specifically designed to address the most pressing health concerns of the Abu Dhabi community, helping reduce the need for patients to travel abroad for treatment, and to act as a catalyst for the broader development of the healthcare sector in the emirate.

### Services Include

- Gastroenterology & Hepatology
- General Surgery
- Colorectal Surgery

**Maher A. Abbas, MD**, Chief of the Digestive Disease Institute at Cleveland Clinic Abu Dhabi, says a highly qualified, international group of physicians with clinical and academic expertise were recruited to create the region's most specialized gastrointestinal institute.

Dr. Abbas said the Institute is equipped to care for patients with common gastrointestinal disorders, as well as rare and complex conditions, making the Institute a local and regional resource as well as a tertiary and quaternary referral center. Future plans include launching a solid organ transplant program for liver and kidney.

Cleveland Clinic Abu Dhabi's Digestive Disease Institute also has programs for the multidisciplinary approach to the treatment of numerous conditions, including a dedicated Inflammatory Bowel Disease program — a unique offering in the region — to offer the latest medical treatments and most advanced interventional endoscopic, laparoscopic and robotic surgical procedures to patients facing the challenge of chronic conditions, including Crohn's disease and ulcerative colitis.

Dr. Abbas said Cleveland Clinic Abu Dhabi is a valuable extension of Cleveland Clinic's main campus. Cleveland Clinic Abu Dhabi's Digestive Disease Institute maintains strong collaborations with Cleveland Clinic and Cleveland Clinic Florida through comanagement of patients, and academic and research projects. ■

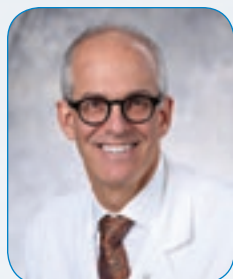


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Cleveland Clinic Abu Dhabi is a unique replication of the Cleveland Clinic model of care together with Mubadala, an Abu Dhabi social development company.



## DDI Spotlight: Focus on Florida



**Steven Wexner, MD, PhD (Hon)**  
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wexners@ccf.org

Director, Digestive Disease Center, and Professor and Chair, Department of Colorectal Surgery, Cleveland Clinic Florida

President, ASCRS research foundation; Regent, American College of Surgeons; Past president, American Society of Colon and Rectal Surgery; Past president, American Board of Colon and Rectal Surgeons; Past president, Society of American Gastrointestinal and Endoscopic Surgeons

Cleveland Clinic Florida's Digestive Disease Center experts provide the most advanced treatments for disorders related to the gastrointestinal tract. Here's a quick look at what we can offer your patients.

### OUR SERVICES

**Liver Transplantation** — A comprehensive program, led by internationally renowned transplant surgeon Andreas Tzakis, MD, PhD, offers shorter wait times because of the region in which it is located and performs complex cases, including living donor transplantation.

- The program has performed almost 100 liver transplants since opening in July 2013 and has an active research program, participating in clinical trials of the ELAD® System as a treatment for liver failure.

**Bariatric and Metabolic Institute** — A designated Center of Excellence by the American College of Surgeons with a world-renowned reputation for excellent outcomes using innovative treatment modalities for patients with severe obesity and metabolic syndrome.

- One of the highest-volume bariatric programs in the U.S., led by Raul Rosenthal, MD, Director of the Bariatric and Metabolic Institute and General Surgery Chair, who is currently president of the American Society for Metabolic & Bariatric Surgery (ASMBS), president of the ASMBS foundation and also of the fellowship council
- In 2014, our Bariatric and Metabolic Institute performed 297 bariatric surgeries. The team is renowned for pioneering new approaches for complicated cases, including remnant gastrectomy in patients with gastrogastric fistulae and proximal gastrectomy for chronic staple line disruptions after sleeve gastrectomies.

**Colorectal Surgery** — Internationally acclaimed team led by Steven Wexner, MD, PhD (Hon), treats diseases of the colon, rectum and anus. Dr. Wexner and his team pioneered advances in rectal cancer, mucosal ulcerative colitis (MUC), familial adenomatous polyposis, Crohn's disease (CD), fecal incontinence and minimally invasive surgery.

- Developed or assisted in development of colorectal surgical techniques, including stimulated graciloplasty, sacral nerve stimulation, artificial bowel sphincter, adhesion barriers, reconstruction with colonic J-pouch following rectal cancer removal, laparoscopic management of colorectal disorders and, most recently, transanal total mesorectal excision
- An international referral center for colorectal surgery, drawing patients from across North, Central and South America, Europe and the Middle East
- Physicians worldwide refer to our expertise in rectal cancer, CD, MUC and redo J-pouches.

**Gastroenterology and Therapeutic Endoscopy** — Utilizing innovative diagnostic tools and treatments, such as endoscopic ultrasound with fine needle aspiration, SpyGlass® technology and ablative techniques such as cryotherapy for Barrett's esophagus. Team of nine gastroenterologists, led by Roger Charles, MD.

- Features one of the largest small bowel enteroscopy programs in Florida, with multidisciplinary approach
- Championed endoscopic mucosal resection over traditional methods for certain polypectomies, garnering international referrals

**General and Minimally Invasive Surgery** — Diagnoses and treats diseases affecting the upper GI tract, abdominal wall and breast.

- Significant expertise in heated intraperitoneal chemotherapy and minimally invasive treatment of liver and pancreas lesions
- Optoelectronic instrumentation helps surgeons minimize incision size, resulting in fewer complications, less pain and early discharge.

**To refer a patient to Cleveland Clinic Florida's Digestive Disease Center, call 866.293.7866.**

“The superlative care provided by our world-renowned team of experts facilitates integrated, patient-centered care for the entire gamut of digestive diseases.”

— Steven D. Wexner, MD, PhD (Hon)

## Awards and Honors

### ACG names visiting professorship for Dr. Edgar Achkar



The American College of Gastroenterology (ACG) has renamed its visiting professorship program in honor of longtime Cleveland Clinic gastroenterologist **Edgar Achkar, MD**. Through the ACG Edgar Achkar Visiting Professorship Program, GI fellowship programs of all sizes are drawing national leaders to present to trainees and their local GI community at no cost.

The program began in 2013 but was renamed in 2015 to honor Dr. Achkar's contributions to the ACG. He served on its board of trustees for many years — as president from 2001 to 2002 — and as director of its Institute for Clinical Research & Education from 2005 to 2011. He was senior associate editor of the *American Journal of Gastroenterology* from 2003 to 2009, and in 2004 he received the ACG's Samuel S. Weiss Award for Outstanding Service.

Dr. Achkar cared for patients in Cleveland Clinic's Digestive Disease Institute for more than 30 years and was celebrated for his work with trainees in the gastroenterology and hepatology fellowship programs. He received Cleveland Clinic's Senior Fellows Award for Excellence in Teaching in 2006 and 2008. Now retired from clinical practice, he continues to instruct GI trainees.

### Dr. Carol Burke to head ACG



**Carol A. Burke, MD**, Director of the Center for Colon Polyp and Cancer Prevention and Co-director of its multidisciplinary Hereditary Cancer Clinic, is the incoming president-elect of the American College of Gastroenterology (ACG).

Dr. Burke is an internationally known expert in inherited colon cancer syndromes and the prevention of colorectal

neoplasia. Her focus is on chemoprevention of colorectal neoplasia, colonic neoplasia, colorectal cancer screening strategies, and hereditary polyposis and nonpolyposis colorectal cancer and colon cancer prevention. Her work is funded by the National Cancer Institute, National Institutes of Health, U.S. Department of Agriculture and ACG.

She is an associate editor for the *American Journal of Gastroenterology* and serves as a reviewer for *Gastroenterology*, *Gastrointestinal Endoscopy*, *Gut*, *Endoscopy and Diseases of the Colon and Rectum*. She is on the board of trustees of the ACG and a member of the American Society of Gastrointestinal Endoscopy, American Gastroenterological Association and International Society on Inherited Gastrointestinal Hereditary Tumors.

## Don't Miss Out: Interactive CME Opportunities

Join us for our Cleveland Clinic Physician Engagement Education Series, a unique interactive format that brings healthcare providers together from around the world to discuss and share ideas on current and cutting-edge concepts in medicine.

"This innovative series invites viewers to get involved, ask questions, challenge us and have fun," says Activity Director and general surgeon Jeffrey Ponsky, MD. "We provide global faculty engagement to address real-world questions and present new ideas and challenges in medicine."

These interactive broadcasts — which are archived online for on-demand viewing — include case presentations and discussion by key opinion leaders, along with audience and faculty interaction, discussion, polling, and debate. Sessions cover topics including perioperative nutrition, adult/pediatric inflammatory bowel disease, emerging strategies in GERD, motility issues, esophageal malignancy and Barrett's esophagus — the most popular session — drawing 1,568 total participants.

## Upcoming CME Events

### Physician Engagement Education Series

Live Broadcasts

[ccfcme.org/](http://ccfcme.org/)

[physicianengagement](http://physicianengagement)

### 28th Annual Intensive Review of Internal Medicine

June 5-10, 2016

Cleveland, Ohio

[ccfcme.org/GolRIM](http://ccfcme.org/GolRIM)

### Cleveland Breast Cancer 2016: Collaborating for a Cure

March 17-18, 2016

Cleveland, Ohio

[ccfcme.org/CLEBreastCA](http://ccfcme.org/CLEBreastCA)

### 11th Annual Obesity Summit

Sept. 29-30, 2016

Cleveland, Ohio

[ccfcme.org](http://ccfcme.org)





## CLEVELAND CLINIC NO. 2 IN THE U.S. — GASTROENTEROLOGY & GI SURGERY

### RESOURCES FOR PHYSICIANS

#### Stay Connected with Cleveland Clinic's Digestive Disease Institute

##### Consult QD

A blog featuring insights and perspectives from Cleveland Clinic experts. Visit today and join the conversation.

[clevelandclinic.org/QDdigestive](http://clevelandclinic.org/QDdigestive)



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@CleClinicMD



##### Connect with us on LinkedIn

[clevelandclinic.org/MDlinkedIn](http://clevelandclinic.org/MDlinkedIn)



##### On the Web at

[clevelandclinic.org/digestive](http://clevelandclinic.org/digestive)

#### 24/7 Referrals

##### Referring Physician Center and Hotline

855.REFER.123 (855.733.3712)

[clevelandclinic.org/Refer123](http://clevelandclinic.org/Refer123)

Live help connecting with our specialists, scheduling and confirming appointments, and resolving service-related issues.



##### Physician Referral App

Download today at the App Store  
or Google Play.

##### Physician Directory

[clevelandclinic.org/staff](http://clevelandclinic.org/staff)

##### Same-Day Appointments

To help your patients get the care they need, right away, have them call our same-day appointment line, 216.444.CARE (2273) or 800.223.CARE (2273).

##### Track Your Patients' Care Online

Establish a secure online DrConnect account at [clevelandclinic.org/drconnect](http://clevelandclinic.org/drconnect) for real-time information about your patients' treatment.

##### Critical Care Transport Worldwide

To arrange for a critical care transfer, call 216.448.7000 or 866.547.1467. [clevelandclinic.org/criticalcaretransport](http://clevelandclinic.org/criticalcaretransport)

##### Outcomes Data

View Outcomes books at [clevelandclinic.org/outcomes](http://clevelandclinic.org/outcomes).

##### CME Opportunities

Visit [ccfcmec.org](http://ccfcmec.org) for convenient learning opportunities from Cleveland Clinic's Center for Continuing Education.

##### Executive Education

Learn about our Executive Visitors' Program and two-week Samson Global Leadership Academy immersion program at [clevelandclinic.org/executiveeducation](http://clevelandclinic.org/executiveeducation).

##### Cleveland Clinic Way Book Series

Lessons in excellence from one of the world's leading healthcare organizations

##### *The Cleveland Clinic Way*

Toby Cosgrove, MD  
President and CEO, Cleveland Clinic

##### *Innovation the Cleveland Clinic Way*

Thomas J. Graham, MD  
Former Chief Innovation Officer, Cleveland Clinic

##### *Service Fanatics*

James Merlino, MD  
Former Chief Experience Officer, Cleveland Clinic

Visit [clevelandclinic.org/ClevelandClinicWay](http://clevelandclinic.org/ClevelandClinicWay) to order.