ACG International Grant Recipient Travels to Indiana University for Intensive ERCP Training

In this issue of the ACG Update, we are highlighting the 2012 ACG International GI Training Grant recipient, Wiriyaporn Ridtitid, MD, of King Chulalongkorn Memorial Hospital in Thailand. This grant provides partial financial support to GI physicians outside of the United States and Canada, to receive clinical or clinical research training in Gastroenterology and Hepatology in North America. As the winner of the 2012 grant, Dr. Ridtitid traveled to Indiana University in Indianapolis to train in ERCP. ACG is proud to have been able to play a positive role in her career development.

By Wiriyaporn Ridtitid, MD

As a GI physician at King Chulalongkorn Memorial Hospital (KCMH), Chulalongkorn University, Thailand, my current responsibilities include endoscopy research, teaching medical students and residents, consulting with GI and hepatology patients, and performing diagnostic and therapeutic endoscopy procedures. Due to the increasing number of difficult, advanced therapeutic endoscopy case referrals we are receiving at KCMH, Dr. Rungsun Rerknimitr, the director of the endoscopy unit, saw a need to expand my endoscopic knowledge and skills, particularly in the area of ERCP. With the recently established Excellent Center of Endoscopy at my institution, expert endoscopists, particularly in the field of ERCP, are needed to play a major role in developing the center for advanced endoscopic training, service and research.

With this goal in mind, I set out to acquire more endoscopic experience and knowledge from a leading center abroad, particularly in the United States, and it was recommended that I receive my fellowship program at IU for one year. I applied and received the ACG International GI Training Grant. This grant was instrumental in helping to fund my training.

I was honored to have the opportunity to get intensive training with the world class ERCP team at IU under the guidance of Drs. Glen A. Lehman, Stuart Sherman (the director of ERCP), Evan L. Fogel (the director of ERCP fellowship program), James L. Watkins, Lee McHenry and Gregory A. Cote. This included eight months of hands-on ERCP and therapeutic endoscopy, and four months dedicated to research time. The ERCP fellowship program provided a sound basis for the acquisition of consultative and procedural skills in the management of complex pancreaticobiliary diseases. These included acute pancreatitis, chronic pancreatitis, pancreatic cysts and pseudocysts, pancreatic cancer, sphincter of Oddi dysfunction, choledolithiasis, benign/malignant biliary strictures, and pancreatic and bile duct leaks. These patients would be the ones with whom I performed the original consultation as inpatients or outpatients, followed by ERCP. I went on rounds with the ERCP attending physician, and maintained appropriate documentation of the patient’s assessment and plan. In addition to my consultative duties and patient care responsibilities, I was involved in three procedures per day. This resulted in the performance of approximately 500 ERCPs during the 12-month period. I gained exposure to advanced therapeutic techniques, including performance of sphincter of Oddi manometry, pseudocyst drainage, minor papilla therapy, and ERCP in altered anatomy (e.g. Billroth-II hemigastrectomy, etc.). Under the direction of the excellent physicians at IU, my ERCP skills and knowledge expanded rapidly.

The research block of this fellowship was of four months duration, during which time I had no patient care responsibilities. Under the guidance of the ERCP fellowship program, I studied 20 patients with chronic pancreatitis that were referred to IU for therapeutic ERCP procedures. The most common indications for ERCP were abdominal pain and the presence of pseudocysts. The therapeutic ERCP procedures performed included diversion of pancreatic juice, stent placement, and biliary sphincterotomy.

ACG will begin accepting applications for the next round of the North American International GI Training Grant and International GI Training Grant in early 2014. Visit www.acg.gi.org/physicians/research.asp#targrants for additional information.
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as new agents which have the potential to shorten the duration of therapy. The panelists included Kris V. Kowdley, MD, FACG; Benaroya Research Institute, Seattle, Washington; Fred Poodad, MD, Texas Liver Institute, UT San Antonio, Texas; Christophe Moreno, PhD, Erasme Hospital, Brussels, Belgium.

On October 14, the College had media availability for both the President Plenary Sessions and The American Journal of Gastroenterology Lecture. The discussion of the President Plenary Sessions was led by Mark Pimentel, MD, FACG, Cedars-Sinai Medical Center and Colleen R. Kelly, MD, Brown University. Dr. Pimentel discussed his abstract on “Anti-Vinculin Antibodies: Multicenter Validation of a Diagnostic Blood Test for IBS,” a novel biomarker which potentially distinguishes IBS from IBD. Dr. Kelly discussed Fecal Microbiota Transplantation (FMT) for treatment of C. difficile infection in immunocompromised patients who are at increased risk for this potentially life-threatening infection. The second media opportunity was on The American Journal of Gastroenterology Lecture, “The Emerging Role of the Microbiome in the Pathogenesis and Management of Inflammatory Bowel Disease,” and featured David T. Rubin, MD, FACG, University of Chicago and Stephen M. Collins, MBBS, McMaster University. In this presentation, Dr. Rubin addressed the emerging role of the microbiome in the management of patients with IBD, and Dr. Collins discussed the role of the microbiome in the pathogenesis of IBD.

The College continued to use Twitter (@AmCollegeGastro) and Facebook (www.facebook.com/AmCollegeGastro) to update followers on the latest news during the meeting and saw a spike in followers during the meeting.

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staff physicians, I completed a pancreatobiliary research project, from study design to Institutional Review Board submission, from data collection to data analysis and full manuscript, which has been accepted for publication. Another project was presented at an international meeting, and a few more are ongoing.

Learning and working with the ERCP team at IU was very precious to me. This opportunity has given me vigorous endoscopic skills and research opportunities in ERCP, enabling me to become a more effective endoscopist. I will bring a range of qualities and experience, gained over a one-year period of ERCP training, to develop advanced endoscopic training, service and research at my own institution upon returning to my country. I would like to gratefully and sincerely thank Drs. Lehman, Sherman, Fogel, Watkins, McHenry and Cote for their great training, support and advice during the whole of my ERCP training. I am very thankful to the ACG for the opportunity to get this educational experience with ERCP.

ACG 2013 Online Evaluation and CME

To obtain a CME certificate for ACG 2013 programs you attended, log in at www.amevaluations2013.gi.org. Completing an evaluation form for each session is necessary to document your attendance and receive a CME certificate. This also provides ACG with valuable feedback used in planning future programs.