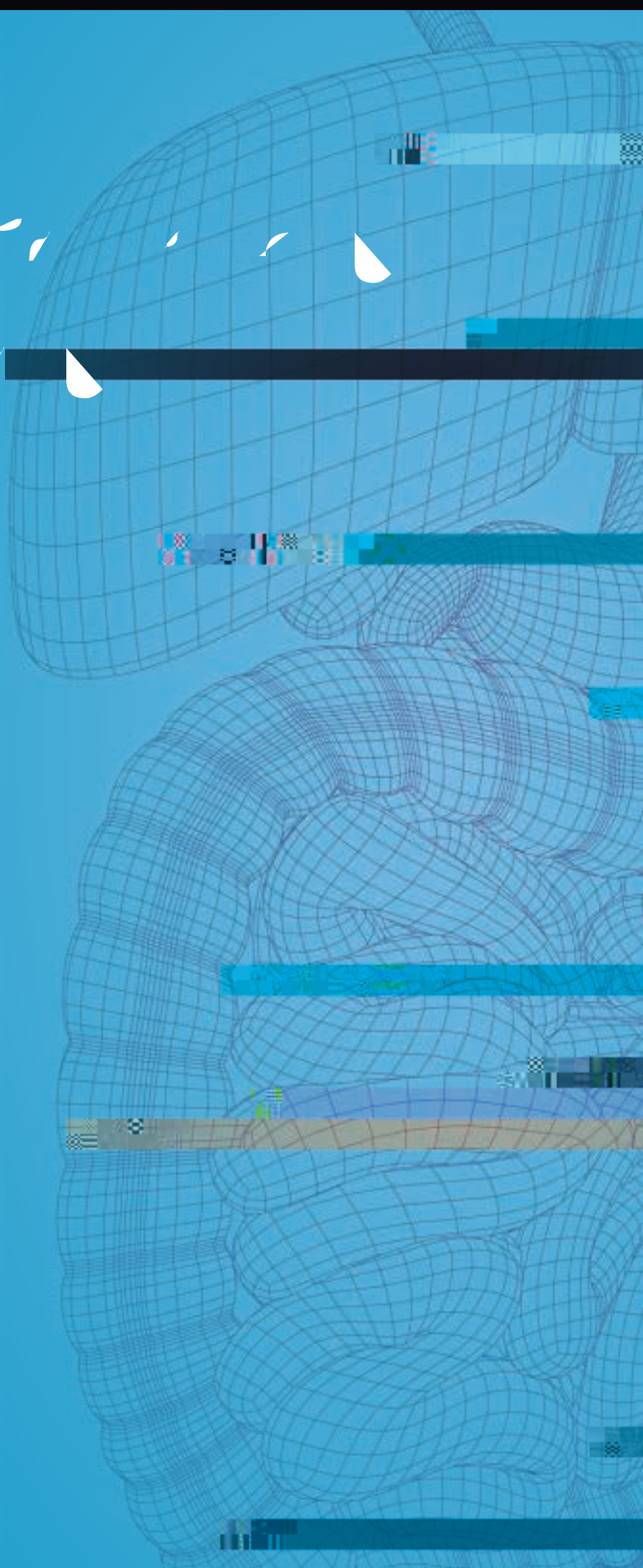
2020 HIGHLIGHTS

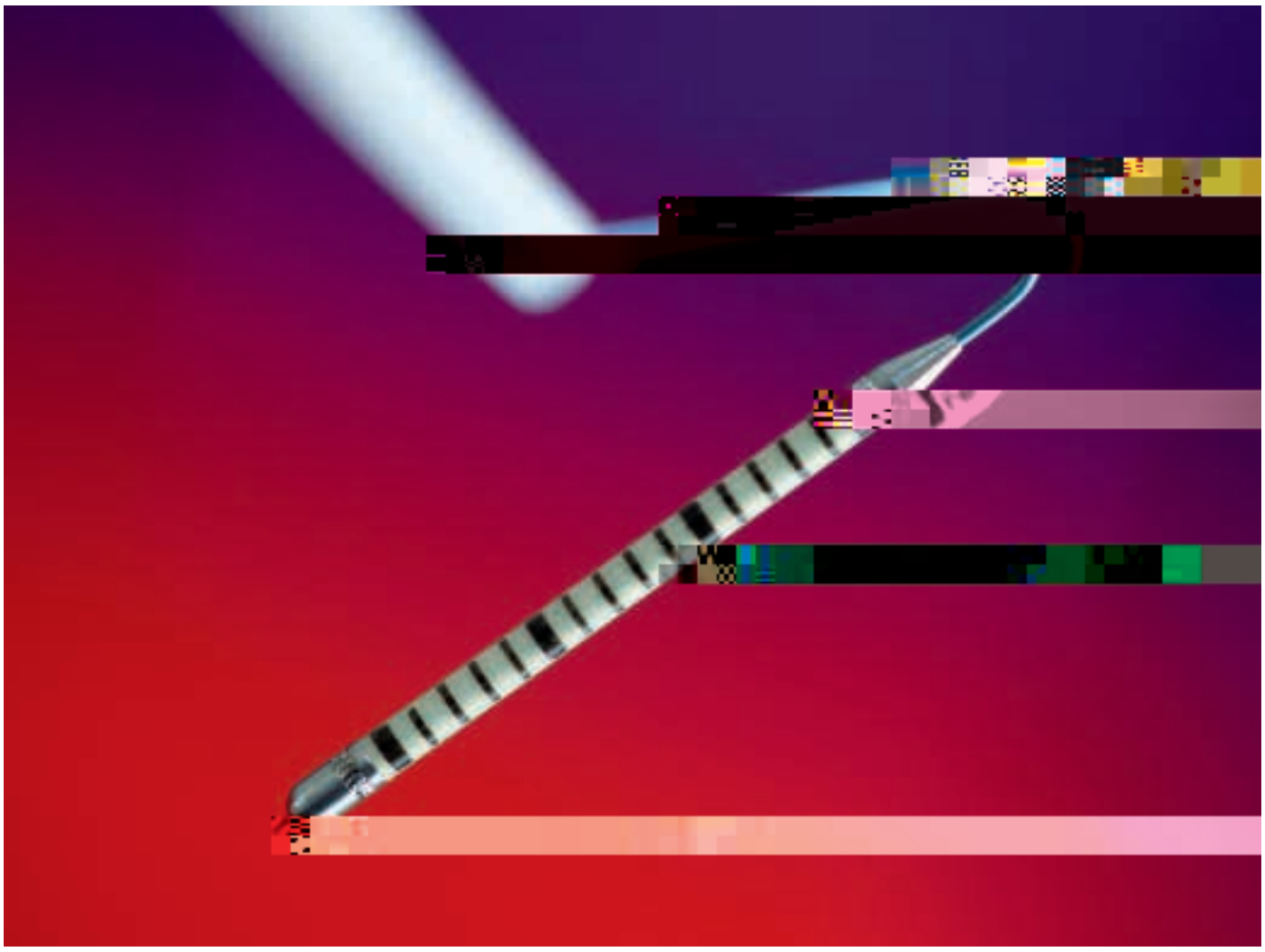


MESSAGE FROM THE CHAIR & DIRECTOR

We are thrilled to share with you some of the highlights of our work in Gastroenterology and GI Surgery over the past year.

We invite you to read about how our multidisciplinary team worked to diagnose and treat a patient with an unusual case of refractory gastroesophageal re□ux disease and recurrent paraesophageal hernia causing esophageal compression, and how our IBD Center experts revealed that long rectal cu□ is an important, potentially preventable risk factor for pouch failure following minimally invasive IPAA. In addition to the innovative new educational programming being o□ered by our physician leaders, we further expanded our pancreatic disease o□erings and welcomed two renowned new recruits—advanced endoscopist and translational researcher Tamas Goe(ce)D

In a pilot study led by gastroenterologist Mark B. Pochapin, MD, the Micro-Tech Napoleon endoscopic gauge helped doctors to more accurately measure polyp size, better informing post-colonoscopy clinical management.



Endoscopic Measuring Tool Helps Assess Polyps During Colonoscopy & Inform Surveillance Intervals

Device Enables Gastroenterologists to More Accurately Follow Guidelines

STUDY SHOWS NEW MEASURING DEVICE FACILITATES DOCUMENTATION

A new endoscopic measuring device o ers potential to help clinicians more accurately assess polyp size during colonoscopy and recommend the appropriate interval for follow-up surveillance, according to results from a pilot study led by Mark B. Pochapin, MD, the Sholtz/Leeds Professor of Gastroenterology at NYU Grossman School of Medicine, director of the Division of Gastroenterology and Hepatology, and vice chair for clinical a airs in the Department of Medicine at NYU Langone Health.

e Micro-Tech endoscopic gauge—dubbed the "Napoleon"—is capable of measuring polyps in 1-mm increments. Composed of a catheter with a 15-mm ruler, the exible and rotatable device is inserted through the endoscope during colonoscopy, and then placed behind, in front, or adjacent to the polyp, where physicians can easily take a photograph for documentation.

ASSESSMENT OF POLYP SIZE

It is currently standard practice for endoscopists to "estimate" rather than measure polyp size using endoscopic visualization, which often leads to misclassifying polyps, says Dr. Pochapin, who presented ndings from the study during the American College of Gastroenterology's 2020 Annual Meeting in October.

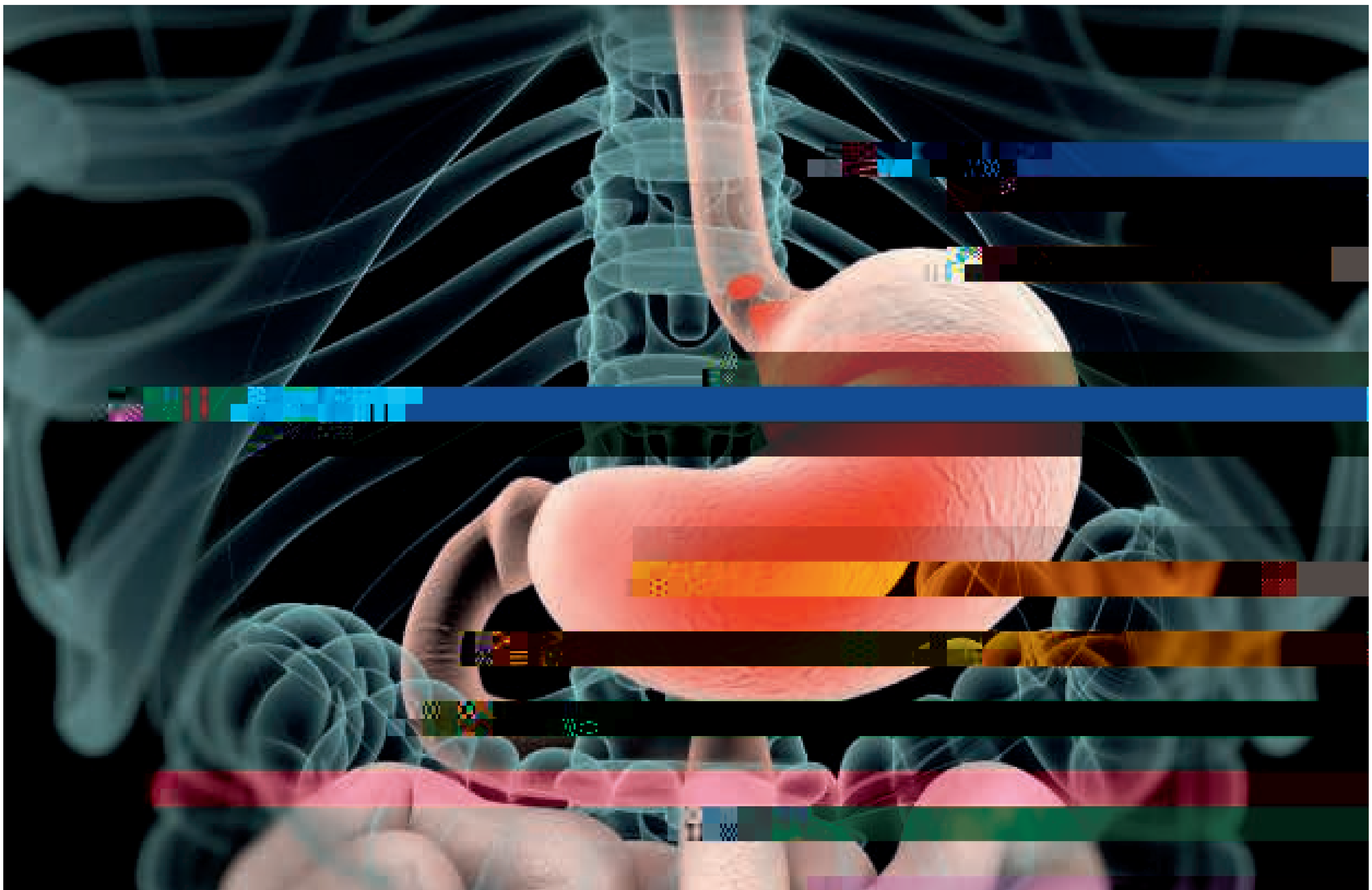
In the pilot study, for example, four out of six

World-Renowned Transplant Surgeon to Lead Department of Surgery

Developing Innovative Protocols
and Making Signi□cant Contributions
Toward Increasing the Availability
of Organs for Transplant

ROBERT MONTGOMERY, MD,

lower esophagus with upstream dilation and tortuosity of the esophagus, accompanied by a paraesophageal hernia. Her referring doctors outside of NYU Langone had also considered a diagnosis of achalasia, a disorder associated with narrowing that impedes the ability of the esophagus to contract and relax appropriately during swallowing. Several endoscopic-guided dilations were attempted in an e ort to stretch her esophageal passage, but the procedures failed to resolve her symptoms.



Combining diagnostic and surgical teamwork, Center for Esophageal Health experts perform an advanced workup and revisional surgery to resolve choking symptoms for a patient with a history of gastroesophageal reflux disease.

PHOTO: CHRISCHRISW/GETTY

particularly di cult and uncomfortable in this case as it requires the patient to be awake during placement of an intranasal catheter to assess swallowing function, and she had an obstructed lower esophagus."

ROBOTIC SURGERY REPAIR LEADS TO SUCCESSFUL OUTCOME

With a speci c diagnosis in hand, Dr. Khan and Dr. Damani recommended proceeding with robotic revisional surgery. Although minimally invasive revisional surgery after prior open surgery carries risks, they are signi cantly mitigated in high-volume centers like NYU Langone where surgeons have extensive experience and expertise in revisional foregut and complex robotic procedures.

"We also considered that previous attempts to control her symptoms with medications and endoscopic procedures had failed," says Dr. Damani. "At the same time, the symptoms had become debilitating and were severely curtailing her ability to enjoy food and pursue her daily activities. Revisional surgery was clearly the best way to address the root cause of her problems."

Dr. Damani performed a robotic repair of the paraesophageal hernia, using biodegradable mesh to reinforce the hiatal opening at the diaphragm and prevent postoperative recurrence.

ey thenasoplhdb1w ntbgexisting Nissen fuy t11n2tmDcvof11.6 (.)]TJ,3(.)-5 ( )]TJ T/tuax (e)9 e epta rr

Long Rectal Cu May Be Preventable Risk Factor for Pouch Failure in Patients with IBD

Findings Stress Role of Surgeon Experience in Redo Surgery

POUCH REDO OUTCOMES ASSESSED BASED ON INITIAL TECHNIQUE

Proctocolectomy with ileal pouch-anal anastomosis (IPAA) is the treatment of choice for patients with in ammatory bowel disease, including ulcerative colitis and colonic Crohn's disease. e procedure leaves the anal sphincter intact and restores bowel continuity.

In recent years, minimally invasive laparoscopic surgical techniques have led to better cosmetic results, faster return to bowel function, and less pain and discomfort for patients following IPAA. However, between 3 percent and 15 percent of patients with IPAA eventually experience pouch failure and may require redo surgery.

Redo IPAA is an e ective option for maintaining intestinal continuity and avoiding a permanent stoma. However, there is a lack of data comparing outcomes of transabdominal redo IPAA surgery following minimally invasive versus open techniques. In a recent study, published in the August 2020 issue of *Di ea e of he Colon & Rec m*, researchers at NYU Langone sought to compare short- and long-term outcomes of redo surgery on the basis of which technique was

s te t-e t-ihg e wal dpe3619 (e)-20. [(R)-104e t aa ofg m ar of7.2 (he)-15.e-t tdon fos o-14.8 (oi)1.7 (c)-1f22.8 (r)-24.8 (a)-36.5 (l)-365 (v)-13.4 (u)-34.3 (r)-w T*[(f)
ut241(he)h2 (g)-45.2 (u)-25.2 _3 1 Tf -6(-)5.7 s a(2(-)-1((a)-2 (t N)-5 1.1 (g)-45 8 (um)]TJ /T12( )]TJ T* [(u)(t)-2c/Ts-5 (.7 (4)nd).6 (n)-1-5)- (t61-5)-204 (3y c/T1(u)-2ht)(v)-1

NYU Lang ne La nche Na i nal IBD C e f Fi -Yea Ga en e l g Fell

NYU Langone's Lisa B. Malter, MD, and colleagues have launched a national introductory inflammatory bowel disease (IBD) course for first-year fellows. The course is o□ered as an annual one-day program, held in collaboration with the American College of Gastroenterology, in response to a growing need for gastroenterologists specially trained in IBD across the United States.

IBD 101: A Primer for First-Year Gastroenterology Fellows

COURSE OFFERS IBD PRIMER FOR FIRST YEAR FELLOWS

IBD 101: A Primer for First-Year Gastroenterology Fellows, a daylong educational course that was held in person in September 2019 and virtually in September 2020, o□ers □rst-year fellows the opportunity to learn about the diagnosis and treatment of IBD in an intimate, interactive setting facilitated by national leaders in IBD clinical care, research, and education. The course features didactic roundtable sessions, case-based roundtable rotations, a

Multidisciplinary Teams Accelerate Progress in Pancreatic Disease

New Recruits Build on Existing Expertise

RENOWNED SURGEON TO HEAD NEW DIVISION OF HEPATOBILIARY AND PANCREATIC SURGERY

Christopher L. Wolfgang, MD, PhD, a renowned pancreatic surgeon and surgical oncologist, has been named director of the new Division of Hepatobiliary and Pancreatic Surgery in the Department of Surgery at NYU Langone Health. Dr. Wolfgang joins NYU Grossman School of Medicine as professor of surgery from e Johns Hopkins Hospital, where he most recently served as the John L. Cameron Professor of Surgery and Chief of Hepatobiliary and Pancreatic Surgery. e Division of Hepatobiliary and Pancreatic Surgery will o er world class care for patients with cancers and diseases of the bile duct, gallbladder, liver, and pancreas. Within the new division, liver and pancreatic surgeons will work closely with gastroenterologists, radiation oncologists, medical oncologists, and radiologists to determine the best course of treatment for each patient. e Division will also function in close collaboration with the Pancreatic Cancer Center, led by Diane M. Simeone, MD, the Laura and Isaac Perlmutter Professor of Surgery, at NYU Langone's Perlmutter Cancer Center, a National Cancer Institute–designated Comprehensive Cancer Center. His experience in treating the most complex surgical cases and research portfolio makes him the ideal candidate to take our team to the next level.
Dr. Wolfgang is among one of the most experienced pancreatic cancer surgeons in the world. He has performed over 1,200 whipple procedures, a complex surgery to remove part of the pancreas, small intestine, gallbladder and the bile duct. He has expertise in removing "unresectable" pancreatic cancers as well as having extensive experience in all aspects of pancreatic surgery including the robotic approach.
A proli c researcher, Dr. Wolfgang has several active NIH and foundation grants that support a translational research program concentrated on the understanding of pancreatic cancer spreads throughout the body. is is the number one reason for treatment failures, stage IV disease and the high lethality of this disease.

RESEARCHERS FIND NERVES KEEP PANCREATIC CANCER CELLS FROM STARVING

Pancreatic cancer cells avert starvation by signaling to nerves, which grow into dense tumors and secrete nutrients. is is the nding of a study with experiments in cancer cells, mice, and human tissue samples published online November 2020 in *Cell*. e study addresses pancreatic ductal adeno

2020 HIGHLIGHTS