

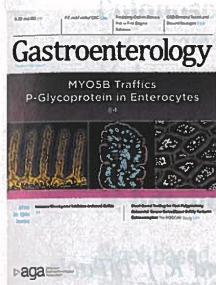
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Contents

ON THE COVER



MYO5B Traffics P-Glycoprotein in Enterocytes. See article by Dooley, et al, page 84 for additional information.

COMMENTARIES

1 Hacking Death in Dublin

S. O'Mahony

MENTORING, EDUCATION, AND TRAINING CORNER

4 Building Your Professional Brand: Tips for Early Career Faculty

J. A. Trieu, A. Kahn, E. S. Aby, and M. Bilal

EDITORIALS

8 It Runs in the Family: What Studying Unaffected Individuals in Simplex and Multiplex Families Tells Us About Inflammatory Bowel Disease Development

J. J. Rudbaek, A. Sazonovs, and T. Jess

See Olivera PA et al on page 99.

10 Where Do Noninvasive Colorectal Cancer Tools "FIT" Alongside Colonoscopy in the Surveillance of High-Risk Patients?

K. J. Monahan

See van Wijferen F et al on page 136.

GASTRO CURBSIDE CONSULT

13 An Unexpected Case of Per-rectal Bleeding

J. Shembrey, C. Cosgrave, and N. Heerasingh

17 Hidden Footprints in Ascites: Lessons From a Mystery Enduring for 200 Years

Y. Nakatsu, M. Furukata, and T. Osada



Video



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Editorial accompanies this article



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Cover

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ELECTRONIC GASTRO CURBSIDE CONSULTFor a full list, please see the table of contents online at www.gastrojournal.org.**GASTRO GRAND ROUNDS****21 Immune Checkpoint Inhibitor-Induced Colitis***A. S. Thomas, Y. Lu, M. Campbell, J. A. Thompson, D. Tan, D. M. Faleck, and Y. Wang***REVIEWS IN BASIC AND CLINICAL GASTROENTEROLOGY AND HEPATOLOGY****29 Targeting the Interleukin 23 Pathway in Inflammatory Bowel Disease***A. R. Bourgonje, R. C. Ungaro, S. Mehandru, and J.-F. Colombel***ORIGINAL RESEARCH****Full Reports****Stomach****53 Unveiling Cancer-Related Metaplastic Cells in Both *Helicobacter pylori* Infection and Autoimmune Gastritis***S. G. Hoft, M. Brennan, J. A. Carrero, N. M. Jackson, C. A. Pretorius, T. M. Bigley, J. B. Sáenz, and R. J. DiPaolo*

Helicobacter pylori infection and autoimmune gastritis give rise to similar metaplastic cell phenotypes. One metaplastic subtype, common to both settings, resembles incomplete intestinal metaplasia and transcriptionally relates to gastric cancer.

Small Bowel**68 Glutamine Supplementation as a Novel Metabolic Therapeutic Strategy for *LIG3*-Dependent Chronic Intestinal Pseudo-Obstruction***C. Diquigiovanni, N. Rizzardi, E. Cataldi-Stagetti, L. Gozzellino, F. Isidori, F. Valenti, A. Orsini, A. Astolfi, T. Giangregorio, L. Pironi, E. Boschetti, S. Arrigo, A. Maresca, P. Magnoni, A. Costanzini, V. Carelli, M. Taniguchi-Ikeda, R. Fato, C. Bergamini, R. De Giorgio, and E. Bonora*

This study elucidates the molecular changes in *LIG3*-dependent chronic intestinal pseudo-obstruction. Supplementation with L-glutamine was beneficial for *LIG3*-mutant cells and patients, providing a proof of concept for ad hoc trials with L-glutamine in *LIG3*-mutant patients.

84 Myosin Vb Traffics P-Glycoprotein to the Apical Membrane of Intestinal Epithelial Cells*S. A. Dooley, E. Kolobova, A. Burman, I. Kaji, J. R. Digrazia, R. Stubler, A. Goldstein, C. Packirisamy, A. W. Coutts, M. Saqui-Salces, N. Gao, M. A. Engevik, M. D. Shub, J. R. Goldenring, and A. C. Engevik*

The authors use animal models, human biopsy samples, and human cells to demonstrate that MYO5B traffics the drug transporter P-glycoprotein to the apical membrane of intestinal epithelial cells.

Inflammatory Bowel Disease**99 Healthy First-Degree Relatives From Multiplex Families vs Simplex Families Have Higher Subclinical Intestinal Inflammation, a Distinct Fecal Microbial Signature, and Harbor a Higher Risk of Developing Crohn's Disease***P. A. Olivera, H. Martinez-Lozano, H. Leibovitz, M. Xue, A. Neustaeter, O. Espin-Garcia, W. Xu, K. L. Madsen, D. S. Guttman, C. N. Bernstein, B. Yerushalmi, J. S. Hyams, M. T. Abreu, J. K. Marshall, I. Wrobel, D. R. Mack, K. Jacobson, A. Bitton, G. Aumais, R. Panacionne, L. A. Dieleman, M. S. Silverberg, A. H. Steinhardt, P. Moayyedi, D. Turner, A. M. Griffiths, W. Turpin, S.-H. Lee, and K. Croitoru, for the Crohn's and Colitis Canada (CCC) Genetic Environmental, Microbial (GEM) Project Research Consortium***See editorial on page 8.**

In families with multiple cases of Crohn's disease, unaffected members are 3 times more likely to develop the disease, possibly due to environmental factors rather than genetics.

GI Bleeding

- 111** **Detection of Gastrointestinal Bleeding With Large Language Models to Aid Quality Improvement and Appropriate Reimbursement**
N. S. Zheng, V. K. Keloth, K. You, D. Kats, D. K. Li, O. Deshpande, H. Sachar, H. Xu, L. Laine, and D. L. Shung
 Generative artificial intelligence, such as large language models, can accurately detect gastrointestinal bleeding in clinical notes, helping to drive quality improvement initiatives and research to improve our patient care.

Prevention and Early Detection

- 121** **Stool-Based Testing for Post-Polyectomy Colorectal Cancer Surveillance Safely Reduces Colonoscopies: The MOCCAS Study**
B. Carvalho, W. de Klaver, F. van Wijferen, M. C. J. van Lanschot, A. J. P. van Wetering, Q. E. W. van der Zander, I. M. Lemmens, A. S. Bolijn, M. Tijssen, P. Delis-van Diemen, N. Buekers, K. Daenen, J. van der Meer, P. G. van Mulligen, B. S. Hijmans, S. de Ridder, L. Meiqari, M. Bierkens, R. W. M. van der Hulst, J. P. H. Kuyvenhoven, A. M. van Berkel, A. C. T. M. Depla, M. E. van Leerdam, J. M. Jansen, C. A. Wientjes, J. W. A. Straathof, E. T. P. Keulen, D. Ramsoekh, L. M. G. Moons, M. Zacherl, A. A. M. Mascllee, M. de Wit, M. J. E. Greuter, M. van Engeland, E. Dekker, V. M. H. Coupé, and G. A. Meijer
 Stool-based surveillance strategies were identified that may safely reduce the number of post-polypectomy surveillance colonoscopies. Multitarget stool DNA-based surveillance was more costly than colonoscopy surveillance, and fecal immunochemical test-based surveillance saved costs compared with colonoscopy surveillance.

- 136** **Combining Colonoscopy With Fecal Immunochemical Test Can Improve Current Familial Colorectal Cancer Colonoscopy Surveillance: A Modelling Study**
F. van Wijferen, M. J. E. Greuter, M. E. van Leerdam, M. B. W. Spanier, E. Dekker, H. F. A. Vasen, I. Lansdorp-Vogelaar, K. Canfell, G. A. Meijer, T. M. Bisseling, N. Hoogerbrugge, and V. M. H. Coupé

See editorial on page 10.

Fecal immunochemical test could play an important role in surveillance for individuals with a family history of colorectal cancer. Ten-yearly colonoscopy and 2-yearly fecal immunochemical test between colonoscopies from ages 40 to 80 years was the optimal strategy.

RESEARCH LETTERS

- 150** **Development and Validation of an Integrative Risk Score for Future Risk of Crohn's Disease in Healthy First-Degree Relatives: A Multicenter Prospective Cohort Study**
S.-H. Lee, W. Turpin, O. Espin-Garcia, W. Xu, K. Croitoru, and Crohn's and Colitis Canada-Genetic, Environmental, Microbial (CCC-GEM) Project Research Consortium
- 154** **Pragmatic Resect and Discard Implementation Using Computer-Assisted Optical Polyp Diagnosis**
M. Taghiakbari, D. K. Rex, H. Pohl, R. Djinbachian, F. Huang, C. Hassan, and D. von Renteln
- 157** **Proteomic Biomarkers in Serum Predict Villous Atrophy Development in Asymptomatic Potential Celiac Disease Children at Time of Diagnosis**
R. Auricchio, R. Mandile, J. Samsom, C. Esposito, R. de Cegli, L. Greco, and European Laboratory for Food Induced Disease (ELFID) Group
- 160** **Dual Targeting of Syndecan-1 and Glucose Transporter-1 With a Novel Lipid-Based Delivery System Enhances Therapeutic Efficacy and Overcomes Chemoresistance in Pancreatic Ductal Adenocarcinoma**
H. K. Rachamala, N. M. R. Nakka, R. S. Angom, S. Bhattacharya, K. Pal, and D. Mukhopadhyay

CLINICAL PRACTICE UPDATES

- 164** **AGA Clinical Practice Update on Endoscopic Enteral Access: Commentary**
D. Micic, J. A. Martin, and J. Fang

- 169 AGA Clinical Practice Update on Nonampullary Duodenal Lesions: Expert Review
 
M. J. Bourke, S. K. Lo, R. C. D. Buerlein, and K. K. Das
- GASTRO DIGEST**
- 176 Integrated Telemedicine to Treat HCV Through Opioid Treatment Programs
C. Mezzacappa
- 176 Treating Chronic Pancreatitis Pain With the Use of Extracorporeal Shock-Wave Lithotripsy and Endoscopy
M. Hanscom
- 177 Longitudinal Gut Microbiome Shifts Correlate With Clinical Outcomes of Immune Checkpoint Inhibitors-Treated Melanoma: Time for Microbial Biomarkers in Oncology?
G. Ianiro
- 178 The Brain and the Immune System: A Dynamic Duo in Detecting and Defending
L. Y. Hung and K. G. Margolis
- CORRESPONDENCE**
- 180 Glucagon-like Peptide 1 Receptor Agonists and Postendoscopic Aspiration Pneumonia: What Plays a Role in Clinical Practice?
H. Xu and L. Lin
- 180 Do Glucagon-like Peptide 1 Receptor Agonists Cause Postendoscopic Aspiration Pneumonia?
P. Hartmann
- 181 Glucagon-like Peptide 1 Receptor Agonists and Risk of Adverse Anesthesia Events: Caution Warranted When Interpreting Associations With Pulmonary Aspiration
J. Zandvakili, W.-W. Hsu, and G. G. Ginsberg
- 183 With Great Statistical Power Comes Great Responsibility: Pitfalls of Claims Database Research on the Periprocedural Glucagon-like Peptide 1 Receptor Agonist Management Debate
B. Hiramoto, T. R. McCarty, M. Muftah, and W. W. Chan
- 184 Measuring the Quality and Safety of Upper Endoscopy in Patients Taking Glucagon-like Peptide 1 Receptor Agonists
R. Bansal, R. Khan, and S. C. Grover
- 185 Reply
A. Rezaie and Y. H. Yeo
- 186 Comments on "Diagnosis and Management of Pancreatic Cysts"
S. S. Vege
- 186 Reply
T. B. Gardner, W. G. Park, and P. J. Allen
- 187 Comments on "Thoracoabdominal Wall Motion-Guided Biofeedback Treatment of Abdominal Distention: A Randomized Placebo-Controlled Trial"
P. Iovino, M. C. Neri, L. D'alba, A. Santonicola, S. L. Popa, and G. Chiarioni
- 188 Methodological Aspects of "Thoracoabdominal Wall Motion-Guided Biofeedback Treatment of Abdominal Distention: A Randomized Placebo-Controlled Trial"
M. K. Goyal, K. Sachdeva, and O. Goyal

189 Refining Biofeedback in Gastroenterology: Enhancing Precision in Thoracoabdominal Motion Studies

J. Zhu

190 Advancing Biofeedback Therapy in Abdominal Distention: Recommendations for Methodological Improvements and Increased Generalizability

X. Guo, Y. Wang, and Y. Yuan

191 Focus on Psychological Intervention: Insights From Thoracoabdominal Wall Motion-Guided Biofeedback Treatment of Abdominal Distention

C. Tian, C. Zhai, and H. Pan

192 Reply

F. Azpiroz

193 Corrigendum

biofeedback treatment of abdominal distension in patients with functional dyspepsia. *Gut* 2007; 56: 161–166.

Erratum: In the original article published online first, the author's name was misspelled as "Y. Yuan" instead of "H. Pan".

Clinical Gastroenterology AND HEPATOLOGY**NARRATIVE REVIEW**

Personalized Monitoring Clinical Trials in Bowel Disease—Opportunities and Challenges
S. Homberg et al.

SYNTHETIC POLYMERS AND MATERIALS
Role of De Novo Synthetic Polymers in the Treatment of Ulcerative Colitis
F. Lüdemann et al.

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