

Beyond the Scope

A REPORT OF THE VATCHE AND TAMAR MANOUKIAN DIVISION OF DIGESTIVE DISEASES



The changing
face of
GI at UCLA
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Going *Beyond the Scope*

We all know — too well — how trying these times have been for our communities and the world as we enter year three of the COVID-19 pandemic. For all the hardships, there are many reasons for optimism, particularly in the areas of science and medicine. We have hope thanks to science and to the dedication to humanity so many of you have demonstrated over the past year. When I reflect on recent developments within the UCLA Vatche and Tamar Manoukian Division of Digestive Diseases, some of which are featured in this issue of *Beyond the Scope*, I am nothing if not hopeful and proud.

Among the many notable recent developments, we marked the 10-year anniversary of the Melvin and Bren Simon Digestive Diseases Center. Founded on the principles of treating the whole person through a multidisciplinary approach, the center continues to offer innovative health programs, study novel therapeutics, and perform cutting-edge research. Last year also marked two years since the establishment of the UCLA Robert G. Kardashian Center for Esophageal Health, which has advanced patient and provider understanding of esophageal diseases through education, outreach, and other key programs. This year will usher in a new milestone — the launch of a new microbiome center at UCLA with focused expertise on human brain-gut-microbiome research and its translation to state-of-the-art patient treatments. With key partners from within the university, philanthropic community, and the biotechnology community, we will work to make it the leading center of its kind in the world.

We also continue to collaborate across our UCLA Health system, the David Geffen School of Medicine at UCLA, and multiple campus units, to fuel research discovery and innovation. Two such efforts are featured on page 6 of this issue: The UCLA Institute for Precision Health and our division's Familial Mediterranean Fever Clinic are developing a patient registry and repository, and we have implemented a large study with the UCLA Center for SMART Health, in conjunction with the UCLA Depression Grand Challenge, to develop a research registry and repository focusing on the overlap between GI and mood disorders. This issue also highlights one of the great strengths of our division, its diversity. Within a historically male-dominated subspecialty, GI at UCLA is increasingly led by brilliant women who are making a difference in our field and the world. In the five pages starting after this column, we highlight this welcomed change and feature seven examples of the talented women who exemplify the best of our clinical, research, and educational endeavors. This issue also showcases the exciting work of the Melvin and Bren Simon Gastroenterology Quality Improvement Program (page 8), our GI Fellowship Program (page 10), our GI Nutrition Program (page 12), and our division's investment in robust educational resources for patients (page 14), along with our newest clinical faculty members (page 16).

For these and other exciting developments, we are indebted to Dr. Gary Gitnick, who sadly passed away this past November. As chief from 1993 to 2018, Dr. Gitnick oversaw the meteoric growth of our division to its current perch among the world's best academic digestive diseases programs. Outside of academia, he was a great humanitarian — most notably as founder and chairman of the board of The Fulfillment Fund, a nonprofit organization providing college-access programs, mentoring, and college scholarships to more than 2,000 students each year from educationally and economically under-resourced communities. At UCLA, Dr. Gitnick mentored a generation of physicians and scientists and encouraged them to build on their strengths while challenging themselves to achieve personal and professional success. Among his favorite quotes: "Shoot for the moon. Even if you miss, you'll land in the stars." As one of his mentees, I am forever grateful to my dear friend — from whom I continue to draw inspiration.

Addressing the gender gap

At UCLA, a growing presence of women in a historically male-dominated field

When Lin Chang, MD, joined the UCLA Vatche and Tamar Manoukian Division of Digestive Diseases faculty more than 20 years ago, there were very few women faculty in the division. Today, as the division's vice chief, Dr. Chang heads up a strong and growing female presence in GI at UCLA — with 27 women, a nearly eight-fold increase over when she started.

Historically, the gastroenterology subspecialty has largely been the purview of men. But that has begun to change. As recently as 10 years ago, Dr. Chang notes, women constituted only 11 percent of practicing gastroenterologists in the U.S.; today, they make up 19 percent. At the level of training, a bellwether for the field's future, the gender gap is closing even more rapidly. Twenty years ago, 16 percent of GI fellows were women; by 2016, that proportion had more than doubled, to 34 percent — and at UCLA, in the GI Fellowship Program directed by Dr. Chang, 57 percent of the current trainees are women. Moreover, women hold a number of leadership positions within UCLA's GI division. In addition to Dr. Chang, Lynn S. Connolly, MD, MSCR, serves as clinical chief of community practices at the Melvin and Bren Simon Digestive Diseases Center, where Folasade P. May, MD, PhD, MPhil, heads the Gastroenterology Quality Improvement Program. Jenny Sauk, MD, is director of clinical care for the UCLA Center for Inflammatory Bowel Diseases. Terri Getzug, MD, is director of the Familial Mediterranean Fever Clinic. Many of UCLA's GI community practices have a female lead physician.

"Diversity makes us all better," Dr. Chang says. "Over the years, we have built a more inclusive community, and as younger women see the paths open to them, it becomes easier for each successive generation."

Dr. Chang was drawn to gastroenterology by the opportunity to obtain a depth of knowledge in a medicine subspecialty, and by her interest in the chronic conditions and pathophysiology of the digestive tract. She was eight months pregnant when she began her fellowship. "At the time, there was no clear policy for how to handle maternity leave and this was uncharted territory for me," she says.

Although she had few female colleagues, Dr. Chang could see that she was getting into the field at the right time. In her area of focus, irritable bowel syndrome (IBS), it was becoming clear that there were gender differences in responses to treatments, and there was a growing recognition that many female patients felt more comfortable discussing their symptoms with female gastroenterologists. "When I was training, GIs had started to look for more women to join their practices," Dr. Chang says. "They saw an unmet need."

The experiences of Dr. Chang and the six women faculty members within the division who are featured on pages 2-3, reflect both the strides that have been made in increasing gender diversity within the GI subspecialty — particularly at UCLA — and the challenges that remain. Dr. Chang notes that in a profession in which mentorship is critical, for example, a national survey published in the



Lin Chang, MD

American Journal of Gastroenterology in September found that 44 percent of female gastroenterology fellows reported having difficulty finding a mentor, versus 16 percent of their male counterparts — with the women most often citing the inability to identify someone of the same gender as a contributing factor. "There are certain topics, such as starting a family or finding work-life balance, where a woman might feel more comfortable confiding in another woman," Dr. Chang notes.

As more women enter the field of gastroenterology and move into leadership positions, these inequities are more likely to be addressed and diminished. Dr. Chang has already seen progress during her career. "When I started, I was very used to being the only woman in the room," she says. "GI was, in many ways, a 'boys' club.' I love seeing that women are changing this dynamic."

The changing face of GI at UCLA



hepatology section at Ronald Reagan UCLA Medical Center.

“Medicine is one of the few fields in which, overall, it’s about evenly split between men and women entering the field, but certain subspecialties continue to be mostly male,” Dr. Choi says. “Therefore, it’s especially important for the women who choose these subspecialties to have strong mentors and the ability to see successful women in their field — not just if they are going into research, which is traditionally where mentorship is emphasized, but also as clinicians.”

Dr. Choi has observed that many patients tend to have higher expectations for female attending physicians than for males. “They expect female physicians to spend more time with them and be more compassionate,” she says. “If a male physician sits down with them for 15 minutes, they’re extremely grateful, but if a woman attending does the same, they want to know why it wasn’t 30.”

In her consultations with young female fellows, Dr. Choi seeks to address cultural norms that can work against women. “As the only woman or underrepresented group at a meeting, you tend to be harder on yourself and more reluctant to make your voice heard,” she says. “Women do a lot of work behind the scenes for which they don’t receive recognition. I empower female fellows by reminding them their opinions matter and not to be discouraged from expressing themselves. I also encourage them to seek out different faculty members from all backgrounds, both within and outside our institution, who can offer guidance and support based on their experiences.”

Dr. Choi believes she was fortunate to have outstanding female mentors when she

was training, including Drs. Terri Getzug and Lin Chang. “Seeing women who are strong, intelligent, highly respected, and kind provided a model for my career,” she says. “I’ve been part of many institutions. UCLA is the most diverse, which is something we shouldn’t take for granted.”



Improving retention during training

Dr. Jihane N. Benhammou

Jihane N. Benhammou, MD, PhD, traces her interest in research to her childhood, when she began asking questions using a microscope that her father had given her. “While waiting outside my dad’s office for my mom to pick me up, I would follow an ant colony,” she says, smiling. “In medical school, I realized that even though I was still a budding scientist, what was really interesting to me was making an observation in the clinic with patients, then trying to answer the questions raised in the lab.”

Today, Dr. Benhammou is doing just that as a clinician-scientist. After completing her training in general internal medicine, she stayed at UCLA for a gastroenterology

Encouraging fellows to make their voices heard

Dr. Gina Choi

Gina Choi, MD, took an unlikely path to becoming the only female transplant hepatologist at UCLA. As an undergraduate at Stanford University, she majored in history. But life changed when a beloved family member was diagnosed with liver cancer. “I decided to do a complete 180 — instead of becoming a historian, I was going to be a liver doctor,” she explains.

Today, as a health sciences assistant professor of medicine and surgery in the UCLA Vatche and Tamar Manoukian Division of Digestive Diseases, Dr. Choi focuses on treating patients with complications from cirrhosis and manages their evaluation and care before and after liver transplant. Beyond her busy practice, she serves as associate director of UCLA’s Transplant Hepatology Fellowship Program, where she is helping to address the gender gap in a historically male-dominated subspecialty, as well as playing an active role in the gastroenterology training program as site director of the

fellowship and earned her PhD through the UCLA Specialty Training and Advanced Research (STAR) Program, after which she completed a fellowship in transplant hepatology — the first woman to do so at UCLA. As an assistant professor of medicine in UCLA's Vatche and Tamar Manoukian Division of Digestive Diseases, Dr. Benhammou divides her time between patient care and both clinical and basic research — in particular, how patients with fatty liver disease go on to develop hepatocellular carcinoma, toward the goal of identifying screening tools to determine which fatty liver patients are at risk.

From what she has seen in national settings, Dr. Benhammou says, UCLA is ahead of the curve in promoting women in GI. “When we interview female fellowship applicants, they often want to know how UCLA is promoting women in science, and I had never thought about it as an issue until I started getting these questions, which suggests it might be an issue at other institutions,” Dr. Benhammou says. “But even at UCLA, as you move up the ladder, you do see fewer women.” Dr. Benhammou remembers one experience in which, as the sole woman on a panel of young physicians, she was the only one addressed by her first name. “I don’t think it was meant negatively, but it did remind me that we need more women in leadership to change old ways of thinking,” she says.

To address the gender gap, as a GI fellow Dr. Benhammou and another fellow, Dr. Ani Kardashian, started the Southern California GI and Liver Society (GALS). The organization hosts meetings at professional events twice a year and provides scholarships to enable members to attend. “The idea was that by supporting younger women in their training, we would have better retention and more women coming into the field and moving up the ladder,” Dr. Benhammou explains.

“Mentorship is critical for anyone entering academic medicine, but in a historically male-dominated field, it’s particularly important for women,” Dr. Benhammou says, noting that she benefited during her training from the mentorship of Dr. Lin Chang, and has emulated that mentorship by supporting female residents and fellows — including one who was pregnant during

their time together, and who later thanked Dr. Benhammou for accommodating her needs to help ensure a healthy outcome. “Having a support network and people who are role models in leadership positions is so important,” Dr. Benhammou says. “As a field, we need to do more to support women.”



Helping female patients feel more comfortable

Dr. Lisa D. Lin

If the busy clinical practice of Lisa D. Lin, MD, MS, health sciences assistant clinical professor of medicine, is any indication, many female patients are drawn to female GI physicians.

Dr. Lin specializes in disorders of gut-brain interactions and pelvic floor dysfunction, both of which have a higher prevalence in women. “I see many patients who specifically sought out a female GI physician because they feel more comfortable talking about sensitive GI-related topics with another woman,” she says.

As an example, Dr. Lin explains, in chronic GI conditions involving gut-brain interactions, a history of prior sexual abuse or trauma can be a major contributor in the pathophysiology; many women may be uncomfortable bringing this up with a male physician or, conversely, some male physicians are reluctant to raise the sensitive topic. Similarly, Dr. Lin notes, some women with fecal incontinence are embarrassed to bring it up with their male doctor.

“As a female gastroenterologist, I’m in a special position to be able to put these patients at ease so that they can freely

voice their concerns and feel like they’re being heard,” Dr. Lin says. “Sometimes, that in itself can be therapeutic.”

Dr. Lin didn’t plan it this way. She was drawn to the field by her interest in the GI tract and by gastroenterology’s blend of medicine and procedures. As she moved through her training, she began to realize she had good listening skills and connected well with her female patients on sensitive topics. “Naturally, you gravitate toward what you’re good at,” she says. During her fellowship training within the UCLA Vatche and Tamar Manoukian Division of Digestive Diseases, she worked closely on GI motility and functional bowel disease cases with Dr. Lin Chang, an expert in disorders of gut-brain interaction, and realized she was well suited to help these patients.

Since completing her training in 2018 and joining the division’s faculty, Dr. Lin has taken the initiative to help organize quarterly multidisciplinary conferences on pelvic floor disorders where gastroenterologists, urogynecologists, colorectal surgeons, pelvic floor physical therapists, radiologists, and others discuss challenging cases and learn from each other. During her training and as part of the UCLA faculty, she has not felt particularly disadvantaged being a woman in a predominantly male subspecialty. “I’m fortunate in that I was trained in GI at a time when there were already many female GI physicians to look up to as role models and mentors,” she says.

Still, there are times when Dr. Lin is reminded that long-held stereotypes haven’t entirely disappeared. “Especially when it comes to procedures,” she says, “some patients may think of an older man as the best person. They’ll ask ‘How old are you?’ or ‘How many procedures have you done?’ I’ve had to prove to patients that just because I look different from what they might expect doesn’t mean I provide different care.”

But overall, Dr. Lin believes that as she has carved out her niche, being a woman has worked to her advantage. “The fact that so many women are drawn to my practice, specifically seeking a female gastroenterologist, is an indication we need more women to go into GI,” she says.



Leadership and advocacy

Dr. Lynn S. Connolly

Fifty-eight minutes into her participation as part of an hour-long panel discussion on women in academic medicine, Lynn S. Connolly, MD, MSCR, pointed out the elephant in the room. “We hadn’t talked about fertility — having children,” Dr. Connolly recalls. “That is clearly the big difference between male and female physicians.”

Women who go into GI face multiple challenges if they want to have children, Dr. Connolly notes. One is physical. “The bulk of your training coincides with your fertility, and so you might have to be pregnant at a time when you’re working 100-hour weeks,” she says. Issues can also arise for women who are attending physicians post-training. Groups of gastroenterologists typically rotate on-call duties, but covering for colleagues’ patients isn’t possible during maternity leave. “For women gastroenterologists, there can be a period of 3-6 months during which physicians who normally refer to you are unable to do so, which makes it challenging to maintain the same career trajectory,” Dr. Connolly says. “I don’t think any woman goes on maternity leave who doesn’t feel some sense of guilt or nervousness about it.”

In her role as clinical chief of community practices for the Melvin and Bren Simon Digestive Diseases Center within UCLA’s Vatche and Tamar Manoukian Division

of Digestive Diseases, Dr. Connolly has provided support for women in the division as they navigate the dynamics of pregnancy, maternity leave, and new motherhood. Among other things, she has advocated for allowing women to temporarily return to work part-time after their maternity leave, and for “new mother time” to ensure women who are nursing have sufficient time set aside during their work hours to express breast milk.

In doing so, Dr. Connolly drew on her own experience as the first female gastroenterologist in her group. “I went back to work thinking I was going to be able to pump and quickly realized I didn’t have time,” she says. “Nobody had thought about that because no one else had been through it. That’s one reason it’s helpful to have women in leadership positions who can anticipate what women are going to need when they become pregnant and advocate for these policy changes.”

Early in her career, Dr. Connolly spoke with Eric Esrailian, MD, MPH, division chief, and Dr. Lin Chang, division vice chief, about her interest in a leadership path. “I am fortunate they were very supportive,” she says. “And I also had the way paved for me by female mentors like Drs. Chang, Yvette Taché and Kirsten Tillisch, who showed me that even though I planned on having children, there was a pathway for me to succeed not just as a doctor, but in a leadership role.”

Now that she’s in a position to do so, Dr. Connolly aims to return the favor for other women in the division. “We need to advocate for ourselves and also for other women and underrepresented groups,” she says. “Beyond that, I try to be a role model as someone who enjoys what she does for a living, cares about the team, and wants to help all physicians find meaning for themselves in their career.”



Changing perceptions

Dr. Folasade P. May

As a Black female physician-scientist in a field that has historically had few women, fewer underrepresented minorities, and almost no Black women in research, Folasade P. May, MD, PhD, MPhil, is reminded on a daily basis that, for all of her successes, she doesn’t “look the part.”

Dr. May went to medical school with the intention of becoming a full-time clinician, but by the end of her internal medicine training she had concluded that the vast economic and racial/ethnic disparities in health care, both in the U.S. and globally, weren’t being adequately addressed. Determined to become part of the solution, she came to UCLA in 2011 for her gastroenterology fellowship as part of the UCLA Specialty Training and Advanced Research (STAR) Program, which provides a unique opportunity to earn a PhD in either a basic science or public health during fellowship training.

Today, Dr. May is an assistant professor of medicine, director of the Melvin and Bren Simon Gastroenterology Quality Improvement Program, and associate director of the UCLA Kaiser Permanente Center for Health Equity, as well as running a research laboratory within the UCLA Vatche and Tamar Manoukian Division of Digestive Diseases that focuses on population health, preventive health, and health disparities. “The journey for me

was circuitous, in part because I didn't have exposures to Black women who had research labs during my training — in my mind, research was something very few women had the opportunity to do," she says. "I still can't say I've seen many women — especially Black women in GI — with majority research careers."

Dr. May is regularly reminded of her minority status, sometimes in subtle ways. "It's not uncommon that I'm asked upon walking into a patient's room where I went to medical school; I don't think they ask my white male colleagues that immediately on meeting them," she says. "I've become used to patients in the hospital handing me their food trays or colleagues in the workspace having low expectations of my expertise — people have biases of what they expect the doctor or researcher to look like, and I don't fit that picture. But if there's one legacy I hope to leave, it's helping to change that perception."

As part of that effort, Dr. May devotes considerable time to mentorship. She regularly counsels women and underrepresented minorities across the country who reach out to her for advice on pursuing careers in gastroenterology or research. At UCLA, she frequently meets with female and underrepresented undergraduates, medical students, residents, and fellows to provide career guidance, including in her role as assistant director of the STAR Program.

"Medical research is a field in which careers are born during an apprenticeship, and it's still true that it's tough to be successful without mentors and sponsors," Dr. May says. "So it's been challenging for women in our field — and especially for Black women scientists — because there are so few role models in whom you see yourself. It's not the case that that's required for success, but it's hard to be what you can't see. That gives me an extraordinary sense of obligation to make it different for the women coming up behind me, and it's an honor I don't take lightly."



Blazing the trail

Dr. Yvette Taché

When Yvette Taché, PhD, was honored with the Distinguished Scientist Award for Women in Neurogastroenterology at the annual meeting of the American Neurogastroenterology and Motility Society last August, many younger women scientists approached her to express their appreciation not only for Dr. Taché's groundbreaking work, but also for serving as a role model who inspired them as they were beginning their careers in a traditionally male-dominated field.

Beyond her pioneering research on brain-gut interactions and the role of specific brain peptides in the underlying mechanisms of stress-related gut dysfunction and vagal regulation of upper gut function, Dr. Taché has, over the course of a career spanning more than four decades, trained 72 fellows, most of them MDs and many of them women. By contrast, when Dr. Taché was starting, there were few women she could look up to — and all of her mentors were men.

Dr. Taché was completing her postdoctoral training at the Salk Institute in La Jolla, California, in the early 1980s when she concluded that to expand on her discoveries, she needed to move to a center where her basic observations could be studied in the setting of gastrointestinal center. She found the ideal site in UCLA's CURE: Digestive Diseases Research Center, where she has

been a member since 1982. For a number of years, Dr. Taché was the only woman in CURE. "I remember going to UCLA to give a talk in 1980 in front of a bunch of gastroenterologists, all men," she says, laughing. "And at the first gastroenterology meeting I attended, in New York, I felt so out of place I actually left and went to a museum."

Nonetheless, Dr. Taché adds, she always felt supported by her male colleagues, both at UCLA and in national settings, where she assumed various committee leadership positions. As she began to see more women entering the field, she did what she could to elevate their careers through mentorship on publications and invitations to speak at meetings she organized.

While meeting the demands of her busy work life as a leading scientist, Dr. Taché was also raising two daughters as a single mother. Both of her daughters went on to become physicians. "They grew up around science and medicine," says Dr. Taché, currently distinguished research professor in the UCLA Vatche and Tamar Manoukian Division of Digestive Diseases, and associate director of CURE. "I brought them to meetings whenever I could, so they were constantly in contact with physicians."

To the young women who seek her out as they begin their career in science, Dr. Taché offers the following advice: "As a PhD, you need to be driven and willing to climb the ladder. You need to have both creativity and tenacity, as well as the ability to stay focused in your research direction. That's where having a successful mentor who can help you to develop your ideas makes a big difference."

Division collaborates with Precision Health Institute and Center for SMART Health toward more targeted approaches to diagnosis and treatment

The Institute for Precision Health at UCLA, established in 2016, aims to leverage the strengths and scope of the university's clinical and scientific enterprise to facilitate large-scale initiatives in genetic and genomic medicine that can usher in more individually tailored approaches to improving health and treating disease. The UCLA Vatche and Tamar Manoukian Division of Digestive Diseases has been a campus leader in collaborating with the institute. Two very different initiatives illustrate how these partnerships can fuel discovery and innovation, potentially leading to breakthroughs in how GI conditions are diagnosed and treated.

Familial Mediterranean fever (FMF) is an autosomal-recessive genetic disorder characterized by sporadic bouts of fever and severe pain associated with inflammation of all the lining surfaces of the body. Once FMF is diagnosed, the drug colchicine is highly effective at preventing the periodic attacks. But because the disease is extremely rare in the U.S., most doctors haven't seen it, and the symptoms are non-specific enough that it is often misdiagnosed as a viral infection or appendicitis, leaving patients to continue suffering from the acute episodes, and potentially causing irreversible organ damage.

At UCLA's Familial Mediterranean Fever Clinic, based in the division, these cases aren't rare. FMF is most common among people of Middle Eastern descent, Armenians, Sephardic and Ashkenazi Jews, Turks, and some Arab populations are also high-frequency carriers of the mutations

that lead to the disorder. Given the large concentration of these populations in Los Angeles, the UCLA Familial Mediterranean Fever Clinic was founded in the early 1960s and its multidisciplinary team of specialists, ranging from gastroenterologists, medical geneticists and rheumatologists to nephrologists and immunologists, has long been a national and international resource for FMF referrals as the only program of its kind in the U.S.

Now, in collaboration with UCLA's Institute for Precision Health and California Center for Rare Diseases, the clinic is building an FMF registry and biobank that will correlate clinical outcomes and patient characteristics to biological data for patients treated at the clinic. The searchable database containing the information of hundreds of FMF patients who provide their consent to participate will pave the way for numerous clinical and translational research opportunities on the genetics of the disease, as well as patterns in how it manifests and responds to therapy.

"For many years, we have wanted to develop a database so that we can begin to study this disease in a systematic way, and the Institute for Precision Health allows us to do that by providing the infrastructure support to develop these projects, along with the added personnel and brainpower," says Terri Getzug, MD, director of the FMF Clinic. "We have seen an explosion of interest since the beginning of COVID-19 with the ability to consult using telehealth, so there is increased awareness both of FMF and of auto-inflammatory diseases

in general. It's an exciting time to start this collaboration."

"Because of our large cohort of FMF patients, this is fertile ground for studying a model rare disease that we have characterized clinically, but still have many unanswered research questions about," adds Wayne Grody, MD, PhD, director of the UCLA Diagnostic Molecular Pathology Laboratory and a longtime attending physician with the FMF Clinic. "We also expect that what we learn will have implications for other auto-inflammatory diseases, and even for better understanding of common acute and chronic conditions. This is a beautiful story involving a clinic that was started to meet a clinical need in Los Angeles, and now, decades later, with the explosion of genomic technology and UCLA's initiative in precision health, is going to be very fruitful from a research perspective."

"Most rare diseases are difficult to study because the numbers are so small, but because UCLA is such a magnet for FMF cases, we have an opportunity to provide institutional support to build on the amazing work that the FMF Clinic has been doing for a long time," says Clara Lajonchere, PhD, the Institute for Precision Health's deputy director. "At a high level, precision medicine is about the right treatment for the right patient at the right time, but underlying that are questions about who responds to treatment and who doesn't, what is the clinical profile that might explain this, and what are the genetic and environmental factors that will predict who might have the best outcomes. We are eager to harness

this resource in support of the affected communities, and grateful to the division for its support of this collaboration.”

Along similar lines, a collaboration between the division and the UCLA Center for Systematic, Measurable, Actionable, Resilient, and Technology-driven (SMART) Health will build the research infrastructure to learn more about the relationship between GI conditions and mood disorders.

A joint campus-wide effort among UCLA’s Institute for Precision Health, the Clinical and Translational Science Institute and the B. John Garrick Institute for the Risk Sciences, the UCLA Center for SMART Health applies technology and data analytic strategies to bring more precision to biomedical research and clinical care. In collaboration with the UCLA Depression Grand Challenge, the center is exploring how these tools can be used to better manage the disease. One of the key focus areas is the overlap between GI and mood disorders.

More than one-third of patients with chronic GI diseases experience depression or anxiety, which tends to worsen their prognosis, notes Arash Naeim, MD, PhD, UCLA Health’s chief medical officer for clinical research. Division faculty such as Drs. Emeran A. Mayer, Berkeley Limketkai, and Jonathan P. Jacobs, in collaboration with UCLA psychiatry and psychology faculty members, have been leaders in describing the bi-directional communication between the brain and gut involving nerve pathways, inflammatory hormones, and molecules derived from gut microbes.

The division is now collaborating with the UCLA Center for SMART Health and UCLA Depression Grand Challenge to develop a research registry that will



support upcoming studies leveraging smartwatches, smartphones, augmented/virtual reality, and other novel sensors to learn more about the intersection of GI disease and mood disorders and explore new ways to diagnose, monitor, and treat depression. Interested individuals are invited to sign up for the registry at bit.ly/3d0P15n, with the potential to be invited to take part in these cutting-edge studies. The center is looking to enroll participants with a range of affective symptoms, from none to severely depressed.

“As physicians, we see patients for a very short period of time when they come to our clinic, and the use of technology can allow us to collect a broad set of sensor-based information about their activities and symptoms in their everyday lives, providing a much more comprehensive report than a two-minute summary the patient conveys to the provider during a visit,” Dr. Naeim explains. “The vision is to develop infrastructure that can ultimately help these faculty in building out their research. This is team science related to precision health that few institutions are capable of.”



Terri Getzug, MD



Wayne Grody, MD, PhD



Clara Lajonchere, PhD



Arash Naeim, MD, PhD



Center for SMART Health GI and mood disorders registry

GI Quality Improvement Program encourages adherence to clinical guidelines

While much public attention in health care understandably focuses on breakthroughs in scientific understanding, advances in medical technology and heroic interventions that can profoundly affect individual patients, a vast number of patients can benefit most from more modest improvements that ensure that clinical guidelines well known to offer life-saving benefits are widely and consistently followed. These unassuming refinements in care are the province of quality improvement programs.

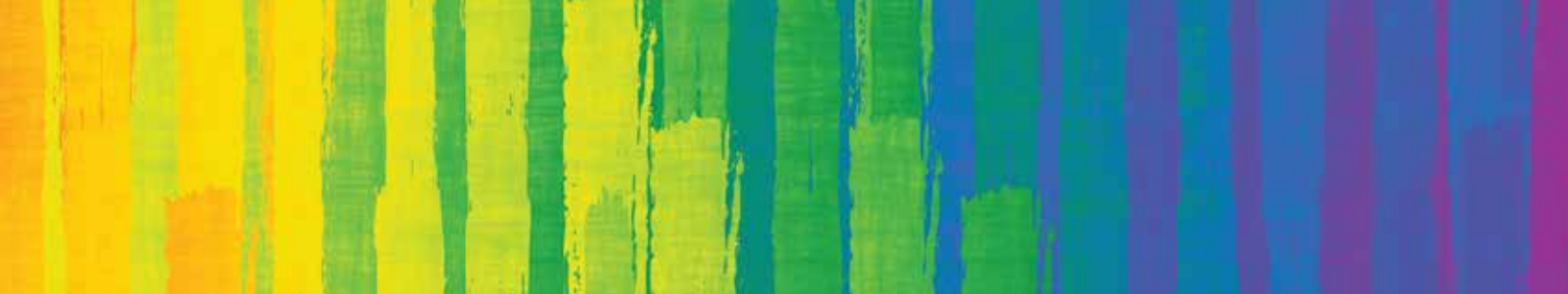


Folasade P. May, MD, PhD, MPhil

The Melvin and Bren Simon Gastroenterology Quality Improvement Program was established in 2014 with generous donor support from The Melvin and Bren Simon Foundation. “Many academic institutions have quality improvement programs, but it’s quite rare to have a quality improvement program in gastroenterology,” says Folasade P. May, MD, PhD, MPhil, director of the Melvin and Bren Simon Gastroenterology Quality Improvement Program at UCLA. With over 60 gastroenterologists practicing in more than 15 GI clinics and five endoscopy units, “it’s important to have standardization of care processes to make sure every patient, regardless of background, is getting the best possible care,” explains Dr. May.

While Dr. May is the program’s director, UCLA’s GI Quality Improvement Program is largely coordinated each year by a quality improvement scholar, a recent graduate from an internal medicine training program with an interest in gastroenterology and quality improvement who oversees and coordinates quality improvement activities while being mentored by Dr. May. “Our scholars are integral to the program, which provides an incredible opportunity for trainees to learn more about quality improvement techniques. As health systems across the country focus more and more on quality, we need people who have this expertise,” says Dr. May. “We hope that every year we are training and proving pragmatic experience to a future leader who will go on to use these skills to contribute to quality improvement efforts across the nation.”

Dr. May is quick to highlight the importance of collaborations in UCLA’s GI Quality Improvement Program. “Even though our program is embedded within gastroenterology, we have a workgroup that includes expertise across many specialties.” Individuals from several divisions and departments — including primary care, family medicine, pediatrics and population health,



as well as those coordinating UCLA Health’s institutional quality improvement efforts — contribute to a variety of projects. The GI Quality Improvement Program also includes informaticists and data specialists who have expertise in working with UCLA’s electronic health record (EHR).

The program has identified several clinical pillars around which their current work is organized. These are areas that have either been highlighted by gastroenterology societies as areas needing increased quality assurance efforts across institutions or are areas of high patient volume at UCLA’s Vatche and Tamar Manoukian Division of Digestive Diseases where quality improvement initiatives could benefit the greatest number of patients. These pillars include colorectal cancer screening, high-value endoscopy, inflammatory bowel disease, appropriate use of GI medications, liver cirrhosis and patient education.

The GI Quality Improvement Program employs a number of measures and tools to improve care for UCLA gastroenterology patients, including Plan-Do-Study-Act (PDSA) cycles, root-cause analysis, lean methodologies and control charts. “These tools and measures allow us to appropriately assess where we currently are with care performance and they allow us to constantly evaluate and re-evaluate how we’re doing over time, especially as we make changes to the system in our efforts to improve care,” explains Dr. May. “But the most powerful tool for quality improvement is the electronic health record.”

With all patient data consolidated in the EHR, the GI quality team can use algorithms, queries and dashboards to extract information on populations of patients. Working in the other direction, researchers and quality directors can also use the EHR reminder systems to send alerts — or ‘nudges.’ “Because our EHR is a system patients can log onto, we can send those alerts or alarms to patients, but most frequently we’re sending them to the provider,” says Dr. May. The EHR can automate reminders and give providers one-click response options to automate orders to help improve the appropriate utilization of services.

Dashboards are another important tool frequently used to monitor information for purposes of quality improvement. Dashboards provide real-time information — or ‘living data’ — so researchers and others don’t have to rely on projections made from prior data. “It keeps the right people aware of what’s going on at all times,” explains Dr. May. “A dashboard keeps it live and active and relevant to that moment in time.”

Colorectal cancer screening (CRC) is an example of a quality metric that all health systems are required to report on. The national goal for CRC screening in patients aged 45 to 75 years is 80 percent. The GI Quality Improvement Program began work

with UCLA’s CRC screening rate below 55 percent. A root-cause analysis revealed that, while the source of UCLA’s low screening rate was multifactorial — with some elements due to patient and some to providers or the health system — the reluctance of patients to come in for screening tests like colonoscopy was a major factor in UCLA’s inability to achieve better compliance with screening guidelines.

Based on the data collected and best practices in CRC screening, the quality team developed the FIT (fecal immunochemical testing) mailer program. At regular intervals, the team queries their dashboard to identify the patients who are overdue for CRC screening. An introductory letter and FIT kit with instructions for use are mailed to them at home. The return mailer goes directly to the clinical laboratory and results are logged into the EHR, where the patients’ primary care physicians can see that they are up to date for CRC screening. The FIT mailer program was started in 2018 and has gone through several cycles of PDSA (Plan-Do-Study-Act), with improvements being made with each iteration.

That single intervention increased UCLA’s CRC screening rate by 15 percent. “We were very excited we were able to see that kind of response, which is quite robust for an intervention in a large health system,” says Dr. May. When COVID hit and both patient fear and early health recommendations caused people to forego medical appointments, “it was perfect for us that our FIT mailer program was up and running and relatively refined, as that allowed us to screen thousands of patients during COVID without a need for them to leave home.”

A project from the GI Quality Improvement Program’s appropriate use of GI medications pillar focuses on the overuse of proton pump inhibitors. “We’re recognizing that proton pump inhibitors taken for acid reflux, while safe and recommended for appropriate patients, are generally overprescribed,” says Dr. May. “We’re trying to make sure that those medications are always appropriate when prescribed to UCLA patients.” The current project is a partnership with John Mafi, MD, MPH, and the Value Based Care consortium at UCLA and looks into the patient’s EMR to make sure that criteria for being on the medication are met. Under the quality program’s patient education pillar, colonoscopy prep and FIT kit instructions were developed and easy ways for patients and providers to access those instructions are being integrated into clinical practices, online and the patient myChart function.

While UCLA researchers will continue to pursue the kinds of scientific insights that can almost single-handedly transform the practice of medicine, they will also persist in seeking the best ways to ensure that each individual patient is able to derive the maximum benefit from all the past insights that can contribute so powerfully to their health and well-being.

GI Fellowship Program advances division's legacy through training of tomorrow's leaders

The UCLA Vatche and Tamar Manoukian Division of Digestive Diseases is best known as a world leader in the diagnosis, treatment, and research aimed at combating debilitating and deadly disorders affecting the gastrointestinal tract. But alongside its clinical and scientific missions, the division has a third, equally vital pillar: training future leaders in academic and clinical gastroenterology. The cornerstone of that training takes place within the UCLA Gastroenterology (GI) Fellowship Program.

"Training the next generation is one of the most important responsibilities we have in our careers," says Lin Chang, MD, director of the UCLA GI Fellowship Program. "We perpetuate our legacy by preparing individuals who go on to play key roles as faculty members of our division, as well as at other leading institutions, and as gastroenterologists in the community. Training these fellows is a real privilege, and the division takes it very seriously."

Nationally, the gastroenterology fellowship is the most competitive of all internal medicine subspecialty fellowship programs, Dr. Chang notes. UCLA's is among the largest in the country, admitting approximately seven new fellows each year from a diverse pool of talented candidates for three years of training — typically five to six on a clinical scholar track and up to two on a research scholar track. The program, which is accredited through the Accreditation Council for Graduate Medical Education, provides fellows with a foundation in clinical knowledge and procedure skills that integrate basic, clinical, and translational sciences in gastroenterology and hepatology; a commitment to providing the highest level of humanistic, compassionate, and ethical patient care to a diverse patient population; and an understanding of scientific methods and their applicability to clinical practice and research, as well as the ability to become successful investigators pursuing innovative and significant research.

While both research and clinical foundations and skills are imparted to all fellows, the trainees are admitted on either the clinical scholar or research scholar track. The clinical scholar track prepares GI clinicians in patient care and endoscopy and includes an investigative component, with up to 4-6 months of protected research time. Fellows in the research scholar track conduct 18 months of both clinical care and research during their three training years, with a focus on either clinical investigation or basic/translational research. These fellows are encouraged to apply to the UCLA Specialty Training and Advanced Research (STAR) Program, which provides additional mentorship and support toward a PhD or postdoctoral training, which may require 1-2 additional years of research training. The UCLA GI Fellowship Program also has a National Institutes of Health training grant, which also provides mentorship and training support. The UCLA GI Fellowship Program



Lin Chang, MD



Carl Nordstrom, MD



The program's fellows train in an unparalleled environment, populated by renowned faculty in one of the nation's leading GI divisions ...



trainees can also go on to advanced fellowship training after the three years in transplant hepatology, advanced endoscopy or inflammatory bowel disease.

The program's fellows train in an unparalleled environment, populated by renowned faculty in one of the nation's leading GI divisions; cutting-edge research programs with mentors accessible both within and outside the division; and top medicine residents to enrich the experience. "Some training programs are very clinically focused, others heavily research oriented, or they specialize in particular conditions," Dr. Chang says. "Ours is very well-rounded."

The training takes place in a broad range of health care settings, rotating through five hospitals with vastly different patient populations: Ronald Reagan UCLA Medical Center, a university-based, tertiary care facility; the VA Greater Los Angeles Healthcare System, a tertiary-care VA medical center a half mile off the UCLA campus; Olive View-UCLA Medical Center and Harbor-UCLA Medical Center, two busy county hospitals; and UCLA Medical Center-Santa Monica, a community-based, secondary-care hospital; as well as multiple UCLA Health outpatient community clinics. Aside from the breadth of patients and cases, this ensures a diversity of faculty expertise under which to train. "The fellows in our program are able to see not just one or two ways of doing things, but a wide variety of teaching methods and training environments, which is really beneficial for both research and clinical training," says Carl Nordstrom, MD, health sciences assistant clinical professor of medicine and the program's associate director.


This wide breadth of expertise and environments also lends itself to the program's ability to personalize the

fellowship training experience. "I consider this a fellow-centric program, meaning that when we make decisions or try to find ways to enhance the training, we always think about what's best for the fellows because they're the most important stakeholders in this enterprise," says Dr. Chang, whose leadership position within the division also benefits the trainees, particularly those who transition to faculty positions. "We look at what each individual wants to do in their career, and if they want additional training in a certain area, we work that into their fellowship."

Dr. Nordstrom graduated from the UCLA GI Fellowship Program before joining the division's faculty. "As soon as I started, I was struck by the collegiality and how invested the instructors were in teaching the fellows," he says. "Even though it's large, it feels like a big family in which everyone supports each other and you become quite close with your peers, staying in touch well beyond the time that you're in the program. And when you attend meetings around the country, there is always a large contingent of people who trained at UCLA."

The UCLA GI fellows aren't the only ones who benefit from the training experience. "As a faculty member, it's invigorating to have these incredibly talented and smart people there to keep you on your toes," Dr. Nordstrom says. "They challenge us, provide new ideas, and make us better through the process of having to communicate our knowledge in ways that will help them transition to their own practice. It's a special relationship that we never take for granted."

Amid growing demand, GI Nutrition Program continues to expand



The GI Nutrition Program within the UCLA Vatche and Tamar Manoukian Division of Digestive Diseases continues to expand in response to the increasing demand among both patients and providers for the clinical and research expertise of dietitians trained specifically in gastrointestinal conditions.

In the nine years since the program was established, the ranks of dietitians has grown from one to five with the recent additions of Kelly McNulty, MS, RDN, who specializes in celiac disease, liver disease and inflammatory bowel disease (IBD), as well as general GI; and Monique Vuong, MS, RD, IFNCP, who is trained in eating disorders with GI implications, as well as general GI. “There has been a dramatic recent increase in the number of patients we’re seeing, and we want to ensure that we are best meeting the needs of our patients and doctors by making our services as accessible as possible,” says Nancee Jaffe, MS, RDN, the program’s lead dietitian.

The growing demand reflects a recognition of the burgeoning role and impact of diet in managing GI disorders. “Recent surveys and published articles have found that informed gastroenterologists believe patients would benefit from nutritional counseling,” Jaffe says. “The problem has been that dietary resources have been scarce, which is why our team being so integrated into the division has been particularly valuable.”

Adds Janelle Smith, MS, RDN, CEDRD, another member of the team: “With so much confusing information out there, the dietitian can be essential for helping to dispel myths and providing patients with evidence-based recommendations for their individual needs.”

While each of the dietitians treats general GI disorders, they also focus on their own subspecialty and have unique research interests. In addition to McNulty, Vuong, and Jaffe, who focuses on esophageal disorders and cancer, the team includes Smith (celiac disease and eating disorders co-occurring with gut disorders) and Natalie Manitius, MPH, RDN (functional GI disorders).

Smith notes that for certain conditions, dietary therapy is the sole treatment, such as the gluten-free diet for patients with celiac disease. In other cases, symptoms may be exacerbated by the foods patients eat. Manitius explains that for functional GI disorders such as irritable bowel syndrome (IBS), research supports the low-FODMAP diet, which limits certain vegetables and fruits, beans, lentils, wheat, and dairy products with lactose. “There are general guidelines for foods that can aggravate symptoms in functional GI disorders, and a lot of it is about understanding the patient’s individual needs and tailoring the approach,” she says. Modifying the distribution of nutrients in the diet can also be effective, such as for patients with reflux in which high-fat foods can be a trigger.

Manitius adds that diet is increasingly seen as a central component to managing the care of IBD patients.

In addition to working with patients in collaboration with GI physicians, the dietitians are active providing resources, such as the 53-page Wellness Guide for Esophageal Cancer. A teaching kitchen currently under development will offer classes for patients in basic culinary skills and how to prepare meals that are GI-friendly, depending on their diagnosis. The team recently launched a celiac disease support group, and is also working at the intersection of GI and eating disorders.

Each of the dietitians has also forged multidisciplinary collaborations that are helping to integrate evidence-based nutritional strategies into other UCLA Health programs. Manitius, for example, is working with the hepatology team to develop educational materials and handouts for patients with fatty liver, nonalcoholic fatty liver disease, hepatic steatosis and cirrhosis.

Smith has worked with pediatric gastroenterologists on celiac disease; with adolescent and young-adult medicine specialists on eating disorders co-occurring with gut disorders; and with oncologists on issues of malnutrition and weight loss in GI cancers. Jaffe has teamed with thoracic surgery (surgeons and nurse practitioners), as well as inpatient dietitians, on the care of esophageal cancer patients, and is working with rheumatologists to advance research on nutrition and GI symptoms in scleroderma patients.

All of the dietitians are also active in education through speaking engagements aimed at a variety of audiences. They are invited speakers at international and national conferences and participate in the core curriculum conferences for GI fellows. They bridge the needs of community practices by creating lecture series that provide clinically useful tips for health care professionals that can easily be implemented into practice.

Working at a major academic research institution, UCLA's GI dietitians are also participating in pioneering studies on the effects of diet on GI disease states and the benefits of integrative health and wellness strategies to treat patients. For example, Jaffe is working with Lin Chang, MD, on research assessing fructose reintroduction in IBS patients successfully treated with a low-FODMAP diet, and the impact of the Mediterranean-style diet on IBS; their paper "Effect of Exclusion Diets on Symptoms Severity and the Gut Microbiota in Patients with Irritable Bowel Syndrome" was recently published in *Clinical Gastroenterology and Hepatology*. Smith recently coauthored a paper for *Clinical Gastroenterology and Hepatology* on the importance of individually tailored diets for IBS patients. Jaffe is also collaborating with Berkeley Limketkai, MD, PhD, director of clinical research for the Center for Inflammatory Bowel Diseases, on plant-based diet effects on inflammation and the disease state in IBD, and on malnutrition and IBD.

Several of the GI Nutrition Program team members pursued their career path in response to their own struggles with GI conditions and their appreciation of the importance of nutrition to their health. Jaffe was diagnosed with celiac disease at a time when there were few celiac-specializing dietitians equipped to work with newly diagnosed patients. After realizing she needed more information about nutrition than she was receiving, she decided to leave the art world to become a GI dietitian. When McNulty was diagnosed with celiac disease at UCLA, she became a patient of Jaffe's; though she had planned to become a nurse practitioner, the experience led her to change course.

The program's patients are grateful for the expertise the team members bring. "We all have to eat, and when food is either contributing to symptoms or can help with symptom reduction, getting the information to make good decisions is empowering," Jaffe says. "Given the importance of dietary interventions in so many GI conditions, having a well-trained dietitian work with these patients can make a big difference."



Nancee Jaffe, MS, RDN



Natalie Manitiuis, MPH, RDN



Kelly McNulty, MS, RDN



Janelle Smith, MS, RDN, CEDRD



Monique Vuong, MS, RD, IFNCP

GI education materials to support the 15-minute office visit



Do patients fully understand and retain the treatment plan discussed during a 15-minute office visit? Probably not. With that in mind, UCLA's Vatche and Tamar Manoukian Division of Digestive Diseases invested time and resources to develop education materials for a broad range of treatments and procedures including esophageal cancer care, motility diagnostic testing, esophageal endoscopic procedures, colorectal cancer screening and colonoscopy bowel preps.

Through multidisciplinary collaborations with gastroenterologists, surgeons, oncologists and dietitians, the division has produced a library of robust resources. Aiming to reach a wide audience, a variety of approaches are employed including text for those who learn best by reading, illustrations and information graphics for visual learners and videos for auditory learners. To address cultural differences, which can affect medical decision-making, they also provide Spanish language materials for UCLA's large, Spanish-speaking population.

"Education is a central component to patient-centered, value-based health care," says Lynn S. Connolly, MD, MSCR, clinical chief of community practices and assistant clinical professor of medicine at the Vatche and Tamar Manoukian

Division of Digestive Diseases. Patients who are well informed about their health conditions and care options become more invested in their care, are better able to participate in important health care decisions and are likely to enjoy better health outcomes. When patients adhere more closely to physician instructions, they also avoid wasted efforts and wasted money.

The Wellness Guide to Esophageal Cancer is an example of the division's multidisciplinary and collaborative approach to offering detailed information for patients before and after surgery. This guide includes tips on weight maintenance, managing chemoradiation side effects, preparing for surgery and discharge planning tools. It also includes instructions on taking nutrition and medications through a feeding tube, covers multiple phases in transitioning to an oral diet and offers extensive nutritional guidance, menu planning tips and recipes. The comprehensive guide was a collaboration between thoracic surgery, oncology, radiation oncology, inpatient dietitians and GI dietitians. "We wanted to make sure that we were all in agreement about the message so patients didn't hear conflicting information from their care providers," explains Nancee Jaffe, MS,

RDN, lead GI dietitian for the Vatche and Tamar Manoukian Division of Digestive Diseases.

The post-transoral incisionless fundoplication (TIF) nutrition and activity instructions and the per-oral endoscopic myotomy (POEM) instructions demonstrate the importance of involving GI dietitians as integral members of the GI treatment team. Following these procedures, appropriate dietary progression is an important aspect of the patient's recovery. "Nutrition is always an area that patients have a lot of questions on," Jaffe explains, "following many surgical and procedural interventions, there's a transition phase in the patient's diet as they progress from easier to swallow and easier to digest foods up until we get them back to a regular diet."

Doctors' offices can be intimidating environments, and patients can become overwhelmed with the amount of information physicians and other health care professionals provide in a relatively short office visit. "It's a lot of information for patients to absorb all at once," says Dr. Connolly. "Having education materials and procedure instructions available online enables patients to review them in the comfort of their own homes and also allows family members and others

involved in the patient's care to access the information, so they can help the patient understand and comply with necessary instructions."

To illustrate the importance of good patient education materials, Dr. Connolly cites the example of colonoscopy prep instructions. "Colonoscopy prep has long and detailed instructions, and if patients don't follow them closely, there is a significant risk that they will show up for their procedure with a colon that is not adequately prepped," she explains. When this occurs patients need to be rescheduled which upsets patients and decreases their satisfaction. "If their colon is clean enough to do the procedure but is not ideally prepped, they may not get a high-quality study, which can affect health outcomes."

Folasade P. May, MD, PhD, MPhil, director of the Melvin and Bren Simon Gastroenterology Quality Improvement Program, points out that even the FIT stool tests for colorectal cancer screening benefit from well executed instructions. "A lot of times the laboratory can't process the test because it's performed incorrectly by the patient," she says. "The benefit of having the instructions online is the lab has seen less error and patients have been more comfortable performing the test at home."

Jeffrey L. Conklin, MD, director of the GI Motility Program and medical director of the UCLA Robert G. Kardashian Center for Esophageal Health, explains how past difficulties with esophageal pH testing led to the development of new patient education videos and written instructions. During pH testing, patients go home with a medical device with buttons that they are asked to push at different times, including when they eat, lie down and have symptoms. It allows physicians to correlate these events with the patient's acid reflux. When the device is not used correctly, the patient has endured an unpleasant test without collecting valuable information that could help advance his or her care. Dr. Conklin says the new materials "explain

in great detail what the procedures are, how to prepare and most importantly how to use the pH recorder."

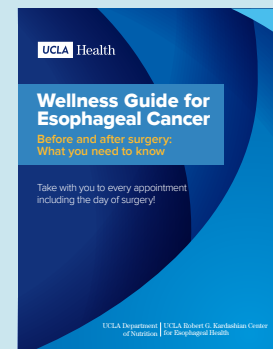
Not only do these materials benefit the patient, but they also pay dividends for the clinics by reducing the number of calls from patients seeking clarification regarding their care. To increase the number of informed patients, the division trains its own health care providers and staff on what materials are available and how best to distribute them. "One of our doctors reported to us that before we developed one of our handouts, his office was getting calls daily from patients trying to understand how to progress their diet. He says that since we created the handout, he doesn't get a single question," says Jaffe.

An indication of the program's success has been the traffic the patient education materials generates on the division's website — from both patients and physicians. "We're contacted frequently by other academic centers and other organizations who are asking if they can link to our website or make use of our materials," reports Dr. May. "There's a great need for patients to have easy access to clear, easy-to-read, and accurate health information from credible sources."

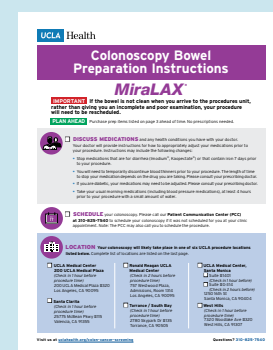
As part of the Melvin and Bren Simon GI Quality Improvement Program, the effectiveness of patient education materials is constantly evaluated in an ongoing feedback loop designed to produce ever more effective education materials. The division has made a significant commitment to patient education and are seeing the positive results. While they celebrate the benefits that are accruing, they continue to invest more effort and resources to bring about further improvements.



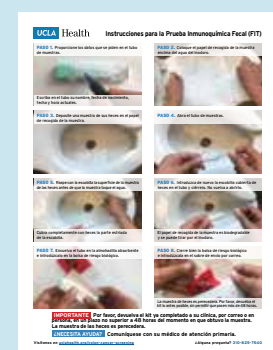
All GI education materials can be found at the urls below



uclahealth.org/esophageal-center/preps-education-materials



uclahealth.org/colon-cancer-screening/colon-prep



uclahealth.org/colon-cancer-screening/fit



uclahealth.org/gastro/motility/prep

New clinical faculty members

The Vatche and Tamar Manoukian Division of Digestive Diseases at UCLA includes approximately 60 clinical faculty — individuals with expertise in the prevention, diagnosis and treatment of GI conditions. Below are the most recent additions to a team that is part of the division's continuing expansion beyond UCLA Health's main Westwood and Santa Monica campuses to meet the needs of patients through community practices.



Sonya S. Dasharathy, MD | Health Sciences Clinical Instructor of Medicine

Dr. Dasharathy graduated with honors from Washington University in St. Louis with a degree in mathematics. Following her undergraduate studies, she was accepted into the NIH Intramural Research Training Award (IRTA) Program, where she performed research in reproductive epidemiology at the National Institute of Child Health and Human Development. She completed medical school at NYU Grossman School of Medicine and completed both her internal medicine residency and gastroenterology fellowship at UCLA. Dr. Dasharathy was granted the Compassionate Care Award during fellowship, which honors the graduating fellow who excels at using their humanistic qualities when taking care of their patients.

Dr. Dasharathy specializes in general gastroenterology with clinical interests that include inflammatory bowel disease, colon cancer screening and polypectomy, disorders of brain-gut interaction, esophageal and gastric disorders, celiac disease and hepatology. She also has a special interest in quality improvement with a clinical and research focus on addressing health maintenance measures in patients with inflammatory bowel disease. She is a member of the American College of Gastroenterology, American Gastroenterological Association, American Society for Gastrointestinal Endoscopy, and the Crohn's and Colitis Foundation. Dr. Dasharathy is board certified in internal medicine and gastroenterology.

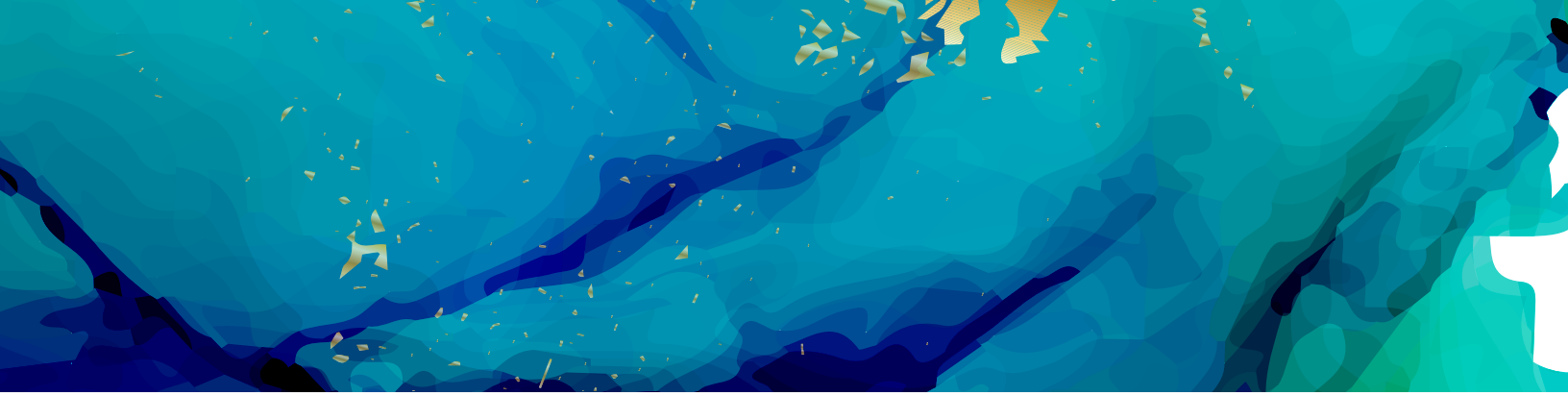


Shahrad Hakimian, MD | Health Sciences Clinical Instructor of Medicine

Dr. Hakimian graduated summa cum laude from UCLA with a bachelor's degree in molecular, cell and developmental biology and a minor in biomedical research. He earned his medical degree at Tufts University in Boston. He then completed residency training in internal medicine and his gastroenterology fellowship at University of Massachusetts, where he also served as chief gastroenterology fellow.

During his training, Dr. Hakimian researched video capsule endoscopy in managing gastrointestinal bleeding, and health maintenance in inflammatory bowel disease. He presented his findings on the former as a presidential plenary presentation at the American College of Gastroenterology annual meeting in 2020. He was recognized with a fellows-in-training award by the ACG for this work.

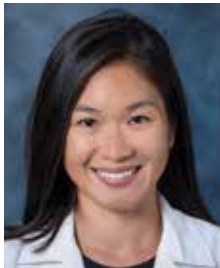
Dr. Hakimian practices general gastroenterology and has clinical expertise in colon cancer screening, inflammatory bowel disease (including Crohn's disease and ulcerative colitis), gastrointestinal bleeding, diseases of the biliary tract, gastroesophageal reflux disease, acute and chronic liver diseases, motility disorders, functional bowel disorders, colorectal disorders, colonoscopy and endoscopy. He is a member of the American College of Gastroenterology, American Gastroenterological Association, and the Crohn's and Colitis Foundation. Dr. Hakimian is board certified in internal medicine and gastroenterology.



Adrienne L. Lenhart, MD | Health Sciences Clinical Instructor of Medicine

Dr. Lenhart graduated with distinction from the University of Michigan with a degree in neuroscience. She then attended medical school at Wayne State University School of Medicine in Detroit, Michigan and completed her internal medicine residency and a chief resident year at Henry Ford Hospital in Detroit. She completed her gastroenterology fellowship at UCLA, where she also served as a chief gastroenterology fellow. Her primary research interests include irritable bowel syndrome and celiac disease.

Dr. Lenhart specializes in general gastroenterology with clinical interests that include functional bowel disorders/ disorders of brain-gut interaction (irritable bowel syndrome, functional dyspepsia, chronic constipation), inflammatory bowel disease (Crohn's disease and ulcerative colitis), colon cancer screening and polypectomy, peptic ulcer disease, GI bleeding, esophageal and gastric disorders, celiac disease and hepatology. She is a member of the American College of Gastroenterology, American Gastroenterological Association and American Society for Gastrointestinal Endoscopy. Dr. Lenhart is board certified in internal medicine and gastroenterology.



Nipaporn Pichetshote, MD | Health Sciences Assistant Clinical Professor of Medicine

Dr. Pichetshote earned her medical degree from Tufts University School of Medicine in Boston and completed her internship and residency in internal medicine at University of California, San Diego. She subsequently completed her fellowship training in gastroenterology at Yale University.

After completing her gastroenterology fellowship, she joined the faculty of Yale's GI motility program. In 2015, she was recruited to Cedars-Sinai Medical Center's GI Motility Program, where she became assistant medical director and advanced their fellowship program as associate program director.

Dr. Pichetshote's clinical interests remain in GI motility. She co-authored the book Atlas of High-Resolution Manometry, Impedance, and pH Monitoring, which has proved to be a valuable resource for gastroenterologists and trainees. She is board certified in gastroenterology.



Monica Tincopa, MD, MSc | Health Sciences Clinical Instructor of Medicine

Dr. Tincopa specializes in general and transplant hepatology. She treats a broad array of liver conditions including cirrhosis, viral hepatitis, autoimmune hepatitis, genetic forms of liver disease and alcohol-related liver disease. Dr. Tincopa has a particular interest in non-alcoholic fatty liver disease (NAFLD). She also has expertise in caring for patients before and after liver transplantation.

Dr. Tincopa completed medical school and her internal medicine residency at Johns Hopkins. She completed her gastroenterology and transplant hepatology fellowships at the University of Michigan (UM) in Ann Arbor. Dr. Tincopa also completed her master's in health and health care Research at UM. She is board certified in internal medicine, gastroenterology, transplant hepatology and obesity medicine. Dr. Tincopa has presented research at multiple national society meetings including AASLD, ATC and DDW.

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This program is designed to offer healthcare professionals novel and integrative approaches to treat common GI disorders that can easily be implemented into practice and have significant impact on patient outcomes. In addition, a video forum presented by endoscopists will show case complex cases and new technology. Interactive, lively case-based presentations and debates by experts in their field will engage attendees and enhance this learning experience. The hands-on session will provide a valuable learning opportunity, though no accredited hours will be issued for this portion.

Accreditation

The Office of Continuing Medical Education, David Geffen School of Medicine at UCLA is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The Office of Continuing Medical Education, David Geffen School of Medicine at UCLA designates this live activity for a maximum of **14 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in this activity. Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to **14 Medical Knowledge and Practice Assessment MOC points** in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for this activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

