

Digestive Health & Diseases

CRAIG MELVIN

The “Today” host discusses turning grief into advocacy after losing his brother to colorectal cancer

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“We’ve learned that smart people with ingenious solutions may not be enough, especially if those tools don’t reach patients.”

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Esophageal Cancer Action Network

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“The use of AI is poised to dramatically accelerate our ability not only to diagnose disease but also to predict it before it occurs.”

Amy Oxentenko,
M.D., FACC,
President, American
College of
Gastroenterology



Gut Instinct: Katie Couric's Tips for Better Overall Health

Journalist Katie Couric, co-founder of Stand Up To Cancer, has become a leading advocate for better public health, using her platform to raise awareness of what women can do to improve their overall wellness.



INTERVIEW WITH
Katie Couric,
Co-Founder,
Stand Up To
Cancer

How have the dietary choices you've made impacted your digestive health and overall quality of life?

I try to eat foods that are high in nutrients and fiber. I also need calcium to stave off bone loss as I age. Red meat is a treat for me, and I try to stay away from processed foods in general.

How do we shift the conversation from "diet culture" to healthy, long-lasting nutritional choices?

I think we are witnessing that now. Many people I know are focused on overall health and not necessarily weight loss. Being strong is the new skinny!

What tools can women use to take a healthy, holistic approach to improving their diet?

I think drinking a ton of water and really focusing on fiber and protein is the way to go. I think avoiding anything in a wrapper or bag is a good policy if you can do it.

To Supplement or Not to Supplement? That Is the Question

Are you confused about which supplements are science-backed and worth your time? Dr. Megan Rossi, founder of The Gut Health Doctor, is here to cut through the noise.



Megan Rossi | Photo by Asthon Leach

While it's exciting to see the growing awareness of gut health, it's also frustrating to watch companies hop on the trend with misleading products that lack scientific backing. For most people, optimal gut health cannot be achieved with supplements alone, but instead requires a plant-rich, diverse diet that acts as a natural fertilizer for your "good" gut bacteria, helping them thrive.

Probiotics

There is strong evidence to support a number of condition-specific probiotics that can help manage specific symptoms or conditions. However, here's the thing: You need to take the right strain (i.e., type of bacteria), at the right time (e.g., if you need to go on antibiotics), and you need to take it in the right way (i.e., for the right length of time and dose).

Psyllium husk

For those struggling with bowel irregularities, psyllium husk is a simple, evidence-based supplement that can help manage both constipation and diarrhea. Research shows psyllium is unique because gut bacteria don't digest it like most fibers. Instead, it absorbs water, helping soften hard stools or thicken loose ones. Psyllium can also alleviate other

symptoms, like incomplete evacuation. Start with half a tablespoon daily, and gradually increase to a maximum of 3 tablespoons per day, ensuring you add an extra 150 ml of water per tablespoon to support psyllium's role.

Vitamin D

Vitamin D is another supplement worth considering, not just for your immune health (as commonly advertised), but your gut health, too, particularly during the darker months. Vitamin D3 (cholecalciferol) is the most effective form for raising your levels. Also, vitamin D is fat-soluble, meaning it's best taken with a meal that includes healthy fats to aid absorption. Think oily fish (like salmon or mackerel), extra virgin olive oil, avocado, nuts, seeds, or full-fat yogurt.

As a general rule, aim to meet your nutritional needs through a diverse, plant-rich diet, fermented foods, and oily fish before turning to supplements. If you have specific health concerns or suspect you might need supplementation, consult a healthcare professional or registered dietitian who can provide personalized, science-backed advice tailored to your needs.

Written by **Megan Rossi, Ph.D., RD, APD, Founder, The Gut Health Doctor (@theguthealthdoctor)**

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Survey Shows Americans Prioritize Household Chores Over Lifesaving Screening

New survey data from the Colorectal Cancer Alliance reveals a dangerous trend: Americans are delaying or avoiding potentially lifesaving colorectal cancer screenings due to distractions, fear, and lack of information.

Colorectal cancer is the second leading cause of cancer death in the United States, and the disease is rising in younger adults. As the leading nonprofit dedicated to ending this disease, the Colorectal Cancer Alliance aims to raise awareness that screening is crucial for preventing the disease or detecting it early, when it is most treatable. Colorectal cancer has a 91% survival rate when caught early.

Among those whose doctors recommended screening, 72% admitted that everyday tasks got in the way. However, people with busy schedules can choose from a variety of screening options that are convenient, quick, and easy, including at-home stool tests, which are widely covered by insurance.

Survey findings also uncovered serious disparities among minority communities. Only 29% of Black adults and 36% of Hispanic adults know colorectal cancer is highly preventable. Even more concerning, 58% of Black adults and 51% of Hispanic adults have never had a doctor recommend screening.

Awareness saves lives. The Colorectal Cancer Alliance urges all Americans to learn the symptoms, know their risk, and take action.

Written by **Michael Sapienza, CEO,**

Craig Melvin's Mission to Prevent Colorectal Cancer

After losing his brother to colorectal cancer, "Today" host Craig Melvin turned grief into advocacy, raising millions of dollars and promoting lifesaving screenings.



Craig Melvin and his brother, Lawrence
Photo courtesy of NBC/Today

Can you share your personal experience with colorectal cancer and how it has impacted your life?

My older brother, Lawrence, was diagnosed with late-stage colorectal cancer when he was 39. As a result, both my younger brother and I went to get colonoscopies at the suggestion of the doctor, and Lawrence fought valiantly for four years. During his fight, we became involved with the Colorectal Cancer Alliance because he wanted to use his battle to raise awareness, get more people screened, and raise money for screenings and research. It started when he was alive, and he asked that when he died, I would continue the work, and so we have.

What information do you feel is not commonly known about colorectal cancer that you believe can help save lives?

I don't think a lot of folks realize that dying from colorectal cancer is largely preventable. If you get screened and, during the course of the colonoscopy, they find a tumor, they zap it. Once they zap those polyps, the survival rate is north of 99%.

The idea is to just get more people screened. The guidance is 45 years or older, unless you have a family history or some preexisting condition that might make you more susceptible to colorectal cancer. If more people knew that screening would prevent death from colorectal cancer, I think more people would get screened.

What proactive steps do you take for your own health and well-being that you recommend others take as well?

I've already had two colonoscopies. I encourage every 45-year-old person that I come in contact with to get a colonoscopy. There's also been some preliminary research done on the correlation between processed food and the rise in early-onset colorectal cancer, so I don't eat a lot of processed meat. Additionally, I've worked to reduce the amount of microplastics I use. There has been some research that has looked at the correlation between our increased reliance on microplastics and the increased number of young people getting colorectal cancer, so we're doing more in our household to try to reduce the amount of microplastics that we use.



Photo courtesy of Adobe Stock

When It Comes to Colon Cancer Screening, Early Detection Is Key

The Cologuard® test screens for the most preventable but least prevented cancer.

Anne grew up in a small farm town in southeast Nebraska, where her upbringing was filled with lessons on problem solving, teamwork and the importance of giving back. These qualities have carried her through life. From her days as a track athlete to her current role as a founder and entrepreneur, Anne works closely with student athletes, helping them share their stories and prepare for life after sports. By sharing her own experiences and helping athletes see their value, Anne has truly become the ultimate “coach.”

When she turned 46, Anne’s gynecologist recommended she start screening for colorectal cancer, mentioning the ease and convenience of the Cologuard® test. Anne, who has always prioritized her health since her running days, decided to act immediately. “It seemed pretty easy to do,

and I figured it was time to get screened,” Anne recalled.

Within days, Anne received a positive result from her Cologuard test, requiring her to undergo a colonoscopy. The colonoscopy revealed three polyps, two of which were precancerous — abnormal cells that have the potential to become cancerous. “It was really good that we caught this. I felt lucky,” Anne reflected. “What would have happened if I had waited until I was 50?”

The primary goal of colon cancer screening is to prevent cancer by detecting and removing pre-cancerous lesions and polyps. When pre-cancer is caught, or cancer is detected in its earliest stages (Stage I or II), it’s typically most treatable.* Early detection is key to improving outcomes.

Anne believes the decision to screen early changed the trajectory of her life. “We caught them early, before they had the chance

to become cancerous. Early detection is crucial,” she emphasized. Anne shares this story to motivate and inspire others, similar to how she has shared her life experiences with her athletes. “When I tell people about my journey, it makes a difference. It’s important to get screened.”

For Anne, receiving a positive result required quick action and a follow-up colonoscopy. Most people who use the Cologuard test receive a negative result and can screen again in three years.

The ease of the Cologuard test, done in the privacy of her home and sent back to the lab for results, made the process straightforward and less intimidating than a colonoscopy. As a test included in U.S. Preventive Services Task Force recommendations and FDA-approved for CRC screening, detecting both precancer and cancer, the Cologuard test is available for average-risk adults,

45 years and older. A collection kit is sent to a person’s home and 96% of eligible patients have no out-of-pocket costs.

For Anne, early detection means a life free of worry. “I didn’t have cancer, but knowing we caught something early is reassuring,” she said. “Early detection buys you time and peace of mind.”

**Based on 5-year survival rates.*

Written by **Laura Anderson,**
Employee, **Exact Sciences**

The Cologuard test is intended to screen adults 45 and older at average risk for CRC. Rx only. Results may vary. Talk to your health care provider or visit Cologuard.com for more information.



To learn more about the Cologuard testing kit, visit Cologuard.com.

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The Need for Increased Awareness and Early Detection of Esophageal Cancer

As we work to end a deadly but preventable cancer, we see significant opportunities to save lives. But so far, progress has been slow, and it needn't be that way.

Esophageal cancer is an often-neglected cancer usually caused by acid reflux that leaves disproportionate tragedy in its wake. Although considered a rare cancer because it accounts for only about 1% of cancer cases in the United States, esophageal cancer causes more than 2.6% of U.S. cancer deaths.

Esophageal cancer is the fastest increasing cancer among American men, and one of the deadliest. In recent years, the type of esophageal cancer caused by reflux disease has tripled among younger patients, and they are often diagnosed at hard-to-treat late stages.

Facts about esophageal cancer

- Most cases of esophageal cancer in the United States are caused by acid reflux.
- Reflux symptoms include heartburn, chronic cough, sore throat, hoarse voice, choking when lying down, and erosion of tooth enamel.
- Only about 1 in 5 patients diagnosed with esophageal cancer will survive five years, largely because it is usually discovered at late stages when treatment is rarely effective.
- Esophageal cancer can be prevented if its precursor,

a condition called Barrett's esophagus, is detected and treated.

- Barrett's esophagus causes no symptoms. In fact, many patients will get a false sense of security because their reflux symptoms often go away when they develop this condition.

Glimmers of hope

The Esophageal Cancer Action Network is proud that its advocacy has played an important role in laying the groundwork for immunotherapy for esophageal cancer patients, and our advocacy continues to increase federal research funding for this deadly cancer by about \$5M each year.

The pharma, device, and diagnostics industries have developed tools that could dramatically reduce the devastation caused by esophageal cancer. However, we've learned that smart people with ingenious solutions may not be enough, especially if those tools don't reach patients.

Minimally invasive screening tests that can accurately identify if a patient is at risk for esophageal cancer before cancer develops should have changed the game years ago. That's because if Barrett's esophagus is discovered, it can be treated and eliminated, stopping cancer before it starts. However, millions of Americans with Barrett's esophagus today



are unaware they have the condition.

To take advantage of the spectacular opportunities we have to save the lives of thousands of patients each year, we must continue to increase public understanding that reflux disease can cause cancer, so patients can advocate for themselves. We must also ensure that healthcare providers become aware of the risk factors leading to esophageal cancer and are able to refer patients for testing when warranted. We also need to push to make minimally invasive testing available to and affordable for all patients at risk for this deadly cancer.



WRITTEN BY
**Mindy Mintz
Mordecai**
President and CEO,
Esophageal Cancer
Action Network

“We Can Eradicate Esophageal Cancer:” One California Health System’s Quest to End a Deadly Disease

Kenneth J. Chang, M.D., and Hoag Memorial Hospital Presbyterian are on a mission to make esophageal cancer a thing of the past.

Digestive cancers, especially esophageal cancer, are among the deadliest, yet gastrointestinal esophageal reflux disease (GERD) is a common, treatable precursor,” Dr. Chang said. “This makes esophageal cancer highly preventable. With the right strategy and implementation, we could make Orange County an esophageal cancer-free zone.”

A renowned digestive health expert, Dr. Chang outlines how emerging technologies, diagnostic tools, and multidisciplinary care models are reshaping how we detect and manage digestive diseases.

Why is early detection of esophageal cancer so important?

KC: Esophageal cancer continues to rise in incidence, largely due to ineffective screening methods and low public awareness. GERD, if left untreated, can lead to Barrett’s Esophagus (BE), a known precursor to esophageal cancer. Research shows that treating BE can reduce the risk of cancer by up to 90%.

Endoscopy is the gold standard for diagnosing these conditions but has limitations as a screening tool — many people at risk don’t get an endoscopy until symptoms like difficulty swallow emerge, which is often too late.

Hoag is the first health system in the United States to offer a comprehensive, on-site screening program using a breakthrough non-invasive technology, EsoGuard®. Recommended for individuals with multiple risk factors — such as GERD, male sex, age, white ethnicity, obesity, smoking, family history of BE or esophageal cancer — EsoGuard is a DNA-based test that takes two minutes to administer without sedation. A positive test is 90% accurate and confirmed by endoscopy; a negative test has a 99%

confidence rate confirming a healthy esophagus.

Combining risk-based screening, innovative tools like EsoGuard, and evidence-based care protocols, Hoag aims to prevent esophageal cancer before it starts.

How is technology being used to prevent or manage esophageal and digestive diseases?

KC: We live in the Information Age, but the quality of that information is highly variable. Hoag has invested significantly in developing a first-of-its-kind assessment platform to provide much-needed medical guidance for patients with all levels of GERD symptoms.

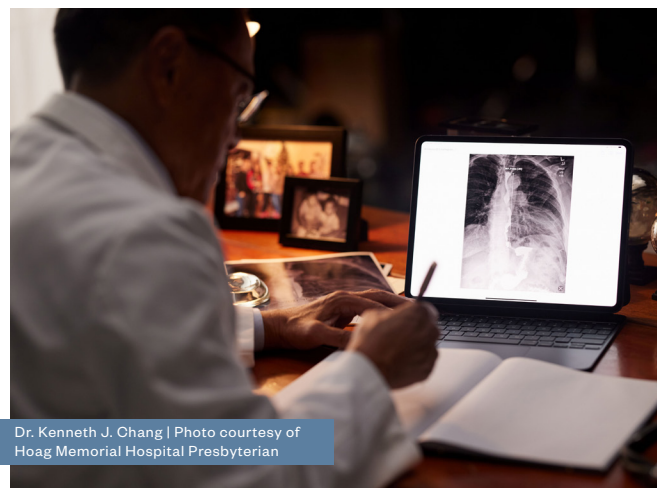
Hoag’s GERD Hub includes an interactive 20-question risk assessment tool, which covers lifestyle, symptoms, and family history. Using this information, the platform generates a personalized plan that is approved by our Digestive Health Institute clinical experts so patients can have peace of mind that they are receiving information from a trusted source.

By combining GERD Hub for early risk detection with EsoGuard for targeted screening, we can prevent esophageal cancer and improve health outcomes in our community and beyond.

What makes Hoag’s Digestive Health Institute unique?

KC: Hoag is a unique place where innovation is fueled by compassion. Our institute brings together nationally recognized physicians across digestive subspecialties who are committed to innovation, prevention, and cutting-edge care.

I have the privilege of leading this multidisciplinary institute of



Dr. Kenneth J. Chang | Photo courtesy of Hoag Memorial Hospital Presbyterian

subspecialists across our Centers of Excellence: Heartburn and Foregut, Weight and Metabolic, IBD and Colon Health, Digestive Oncology, as well as our Liver and Motility programs. These teams include surgeons, gastroenterologists, hepatologists, advanced interventional endoscopists, radiologists, pathologists, advanced practice providers, nurses, psychologists, dietitians, and social workers who work collaboratively to improve people’s lives every day.

As Orange County’s top-ranked health system, Hoag is leading the “privademic” model — combining private innovation with academic-level expertise. Hoag’s Sun Family Campus in Irvine is undergoing a \$1 billion expansion and will feature a new Cancer & Digestive Hospital Pavilion, the only one of its kind in Orange County. This facility will further augment our ability to bring the latest medical, interventional, and surgical break-through technologies to the region.

Our audacious goal of ending esophageal cancer in Orange County may be bold, but is achievable, and we’re well on our way.

Written by **Hoag Memorial Hospital Presbyterian**



INTERVIEW WITH
Kenneth J. Chang, M.D.
James & Pamela Muzzy Executive Medical Director, Endowed Chair in Gastrointestinal Cancer, Digestive Health Institute, Hoag Memorial Hospital Presbyterian



To learn more about Hoag Memorial Hospital Presbyterian and the Hoag Digestive Health Institute, visit hoag.org/digestivehealth

hoag.
Digestive Health Institute

Early Detection Can Save Lives: How a Precision Medicine Test May Help Predict the Development of Esophageal Cancer

Craig Griffeth, 74, has always worried about cancer. “My aunts and uncles, almost all of them on both sides, died of cancer,” he said. “So, I figured that one day I’m going to get cancer, and I’ll probably die of cancer.”

Previously, Griffeth had been diagnosed and treated for non-Hodgkin’s lymphoma and prostate cancer. Now, he was worried about what was causing his gastrointestinal symptoms, including reflux.

Craig asked his son, Jordan Griffeth, a gastrointestinal (GI) nurse practitioner, what he should do about his upper GI discomfort. Jordan encouraged his father to get evaluated by the doctor with whom he worked.

“We decided to send him for an upper endoscopy, and our gastroenterologist took biopsies and found that he had Barrett’s,” Jordan said.

Understanding Barrett’s Esophagus

Every year, more than 22,000 esophageal cancer cases are diagnosed in the United States.¹ It’s the 11th most common cancer globally with a grim five-year survival rate of less than 22%.^{2,3}

BE is the only known precursor to esophageal cancer. The condition is caused by prolonged exposure of the esophagus to

stomach acid from chronic gastroesophageal reflux disease (also known as GERD). The lining of the lower esophagus changes to look like the lining of the intestine. Over time, the damage can lead to abnormal, precancerous cell growth called dysplasia, which could lead to esophageal cancer in the future. A small percentage of patients with BE may develop esophageal cancer, specifically esophageal adenocarcinoma.

“

The risk of progressing to cancer despite no physical signs is why **BE can be such a challenging condition for doctors to manage.**

There are many risk factors for BE, including long-standing GERD, obesity, being over the age of 50, white, male, having a hiatal hernia, tobacco and alcohol use, and family history of BE. The American Gastroenterological Association recommends upper endoscopy screening for patients



Craig and Jordan Griffeth
Photo courtesy of Castle Biosciences

who have at least three established risk factors.⁴ During an upper endoscopy, doctors take small biopsies (samples of esophageal tissue) to look for dysplasia.

Those biopsies are sent to a pathologist to confirm whether BE is present and assign it to one of four grades: non-dysplastic, indefinite for dysplasia, low-grade dysplasia, or high-grade dysplasia. The patient’s gastroenterologist will use the pathology grade to determine the patient’s risk of progression to more advanced dysplasia and discuss the next steps, which may include routine surveillance or discussion of BE treatment with endoscopic eradication therapy (EET). Even though some patients may not show signs of dysplasia at the time of endoscopy, they could still be at high risk of progressing to esophageal cancer in the future.

The risk of progressing to cancer despite no physical signs is why BE can be such a challenging condition for doctors to manage. Predicting which patients among the estimated

4 million with BE in the United States who may ultimately develop esophageal cancer down the road is like trying to find a needle in a haystack.⁵

Jordan was well aware of this challenge and was familiar with an AI-driven test called TissueCypher® designed to detect molecular changes in esophageal tissue to predict a patient’s risk of developing esophageal cancer. Jordan insisted on having the test run on his dad’s biopsy. That test may have helped saved his father’s life.

Early warning

Craig’s endoscopy showed he had a 2-cm region in the esophagus that was consistent with BE and a hiatal hernia, which is not uncommon for patients with BE.



INTERVIEW WITH
Emmanuel Gorospe, M.D., M.P.H., FACP, FASGE;
Gastroenterology
Medical Director,
Castle Biosciences

“

...it saved my dad from having to go through chemotherapy again, or radiation or surgeries again. **We could nip it in the bud and make him as healthy as possible without so many more interventions in his life.**

Based on just standard pathology review, a patient like Craig might have been placed in BE surveillance; a watch-and-wait approach that hopes to detect disease progression before it becomes malignant.

But testing with TissueCypher helped show that Craig had an elevated risk of developing esophageal cancer. That early information prompted his care team to intervene with an EET procedure called radiofrequency ablation, used to remove the precancerous cells before they can progress to esophageal cancer.

Craig was relieved. TissueCypher gave him an early warning, and he was able to avert esophageal cancer before it developed.

“It was nice to know that it wasn’t cancer yet — that something could be done to correct the disease and eradicate it so that I didn’t have to worry about having cancer again,” Craig said.

Game-changing technology

TissueCypher, a test offered by

Castle Biosciences, is designed to look deeply into a patient’s esophageal biopsy to predict their specific calculated risk of developing cancer over the next five years, much more than a traditional pathology review of biopsies can do. It can potentially spot molecular changes in a patient’s tissue, which is designed to predict which patients may develop cancer over time. The AI platform used by the TissueCypher test was trained by analyzing data points from patients whose BE didn’t progress to cancer, as well as those whose did progress to cancer. This provided a “signature” that may identify disease progression and give patients a risk score for potential development of cancer.

“The TissueCypher test is designed to identify nine biomarkers and the structure of the tissue,” said Emmanuel Gorospe, M.D., M.P.H., FACP, FASGE, gastroenterology medical director at Castle Biosciences. “It looks at those together to produce a risk class for each patient — either low, intermediate, or high — as well as a score; a numerical figure that has a corresponding probability of cancer progression. It’s a game-changer that may lead to earlier detection, earlier treatment, and better patient outcomes.”

The technology is also a game-changer for patients like Craig and their families.

Potentially life-saving test

Jordan credits the test with saving his father’s life. He says that without TissueCypher, Craig probably would have waited years for another biopsy, but by then, it could have been too late.

“That’s what TissueCypher has done for our family; it saved my dad from having to go through chemotherapy again, or radiation or surgeries again. We could nip

it in the bud and make him as healthy as possible without so many more interventions in his life,” Jordan said.

Getting more patients with chronic heartburn or GERD screened for BE is key to helping reduce the development of esophageal cancer. TissueCypher can then be used to potentially identify which patients with BE are at high or low risk of progression to cancer. High-risk patients may receive escalated care to help prevent a future cancer diagnosis, while low-risk patients can potentially avoid unnecessary and costly procedures due to their low risk of developing cancer. The potential result? Better care for patients while ensuring healthcare resources — including a physician’s time and ability to appropriately triage care — are allocated to the patients who need them most.

Craig’s son Jordan encourages patients and their loved ones to be proactive about getting symptoms checked. “When you have these symptoms, go get help,” Jordan said. “Go check, make sure, because if we can catch it before it progresses, it’s going to be so much easier on you and us.”

Now, Craig, a retired father of five who lives in Utah, has more

time to spend with his wife, kids, and 20 grandchildren.

“Nothing can bring you more joy than to know your loved one is going to be around a little bit longer,” Jordan said. “Have him be a grandpa, continue to be a grandpa, and not have to worry about Barrett’s esophagus or the plague of cancer being on our family again.”

Written by **Kristen Castillo**

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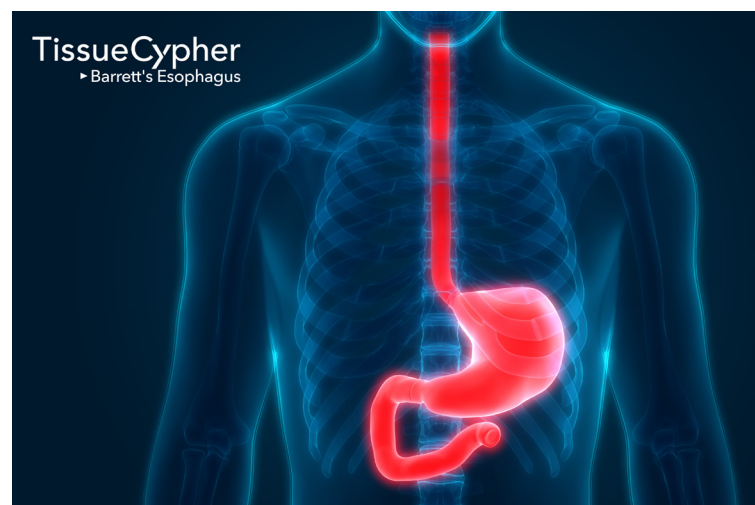
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Find out more about the TissueCypher test and how it can help BE patients understand their risk of developing esophageal cancer:



CASTLE
BIOSCIENCES



Revolutionizing GI Care Through Equity, Innovation, and Prevention

Our panel of GI experts highlights the urgent need for equitable care, workforce solutions, and breakthrough technologies like AI.



INTERVIEW WITH
Harish K. Gagneja, M.D., MACG, AGAF, FASGE
Physician Executive
Board Member,
GI Alliance



INTERVIEW WITH
Sita S. Chokhavatia, M.D., MACG
Chair, Board of Governors, American
College of Gastroenterology;
Gastroenterologist, Valley Health
System, Ridgewood, N.J.



INTERVIEW WITH
Amy S. Oxentenko, M.D., FACC
President, American College of
Gastroenterology; Professor of
Medicine, Vice Dean of Mayo Clinic
Practice, Mayo Clinic, Rochester, Minn.

What do you feel are the biggest gaps that need to be addressed in gastrointestinal (GI) care right now?

Harish Gagneja: The GI physician shortage is critical, and it is going to get worse over the next few years. Over half the U.S. counties don't have a qualified gastroenterologist. The impending retirement of physicians over age 55 is going to make it worse.

Sita Chokhavatia: It's important to ensure that there is an adequately skilled and talented gastroenterology and ancillary workforce. There is a well-documented shortage of GI physicians due to post-pandemic burnout and retirement, while demand for GI care and procedures has increased. Strategies to address this shortage include recruitment and

retention of gastroenterologists, anesthesiologists, and endoscopy nurses; increasing GI training programs; and implementing reforms in reimbursement to better reflect current costs and inflation.

What is the most innovative technology in the GI space right now?

Amy Oxentenko: The use of artificial intelligence (AI) is poised to dramatically accelerate our ability not only to diagnose disease but also to predict it before it occurs. Whether through advanced endoscopic tools that enhance the visualization of abnormalities or data platforms that correlate a patient's medical history with their risk of developing certain conditions, AI holds transformative potential.

SC: AI in GI is rapidly evolving. In endoscopy, this

includes computer-aided polyp detection and diagnosis for colonoscopy, which aids in quality measures, patient care, and reporting. AI also helps to document conversations during patient appointments, which reduces the administrative burden of completing notes in the electronic medical record.

What is one thing you want the healthcare community to rally behind to help drive change in the field together?

HG: One unifying initiative the healthcare community can rally behind is advocating for equitable access to colorectal cancer screening. In spite of all the progress we have made, colorectal cancer remains a leading cause of cancer-related deaths, and disparities in screening access contribute significantly to preventable morbidity and mortality. We

need to form partnerships among healthcare providers, policymakers, and patient advocacy groups to develop and promote strategies that increase screening rates and reduce disparities.

AO: We should rally to ensure equitable access to GI care for all patients, regardless of geography, socioeconomic status, or background. Whether it's timely colorectal cancer screening, access to diagnostic procedures, or availability of specialists, we must collectively work to remove the barriers that prevent patients from receiving the care they need. By aligning around this shared goal, we can drive meaningful change that improves outcomes, reduces disparities, and strengthens the foundation of gastroenterology care across the country.

Innovation in Practice: How Artificial Intelligence Is Transforming Gastroenterology and Patient Care

As the healthcare industry increasingly explores the transformative potential of artificial intelligence (AI), gastroenterology stands out as a specialty ripe for innovation.

Digestive health plays a central role in overall wellness and remains one of the most critical areas in modern medicine.

With the prevalence of conditions like colorectal cancer, inflammatory bowel disease, and obesity on the rise, our field is overdue for smarter, faster, and more connected solutions. Enter AI.

AI's many roles in gastroenterology

No longer a distant concept, AI is a present-day tool that is dramatically changing how we deliver care in the ever-evolving healthcare landscape. In the procedure room, the AI-powered GI Genius™ supports our physicians by helping identify precancerous polyps during colonoscopies. This tool serves as a second set of eyes, improving detection rates and saving lives by catching abnormalities earlier than ever before. This is critical, as early intervention of colorectal cancer yields a 91% five-year survival rate, according to the American Cancer Society.

Outside the procedure suite, ambient listening technology is already reducing the documentation burden for providers

by capturing visit notes and translating different languages during televisits in real time. This not only improves efficiency but also allows clinicians to focus more on the human connection. In the future, this technology will also aid in documenting procedures, further enhancing efficiency in the endoscopy suite.

On the administrative side, AI is being utilized to summarize large clinical documents for concise provider review, extract key patient details like lab and test results, and could eventually automate the filing of external records into medical charts, saving countless hours for clinical and administrative staff.

A complement, not a replacement

These are not future dreams; they are solutions we are actively building and using today.

Of course, it is important to note that AI is not a replacement for clinical judgment. Rather, it is a tool that enhances the expertise and empathy that define excellent medical care. As technology progresses, we must remain vigilant about implementation, data integrity, and privacy, ensuring these technologies serve the best interests of our patients.

The promise of AI in gastroenterology is enormous. It can help providers deliver more precise care, reduce burnout, and increase access to life-saving procedures. More importantly, it can help patients feel seen, heard, and cared for more efficiently and effectively than ever before.

At United Digestive, we are proud to be leading the charge. When we put innovation into practice, everyone benefits.

Written by **John Suh, M.D., M.P.H., Chief Medical Officer, United Digestive**

When Going Gluten-Free Isn't Optional

Cutting out gluten from the diet is a common wellness fad. However, there are certain people who need to avoid this protein to preserve their long-term health.

This group includes people with celiac disease, an autoimmune condition that causes inflammation and damage to the intestine if exposed to gluten. When someone with celiac disease eats gluten, their immune system fires off inappropriately, damaging the cells that line the small intestine and other body parts.

The good news is that getting a diagnosis and adopting a diet free of gluten — which is in foods like cereal and pastries, some soups and sauces, and drinks like beer — can help mitigate symptoms.

Symptoms of celiac disease

If untreated, celiac disease can cause serious damage to the small intestine, triggering symptoms in the short term and increasing the risk of nutritional deficiencies in the long term.

Symptoms of celiac can overlap with other gastrointestinal problems, such as irritable bowel syndrome, so testing for celiac disease should be performed when evaluating a variety of symptoms, including:

- Abdominal pain
- Bloating
- Constipation
- Diarrhea
- Vomiting
- Nausea
- Fatigue
- Cognitive impairment (sometimes called “brain fog”)
- Joint pain
- Weight loss

Although people with celiac disease often find that these symptoms may subside within weeks of following a gluten-free diet, it is important to get tested for celiac disease via blood tests (and sometimes an endoscopy) prior to cutting out gluten.

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