I. Highlights

The GI division continues to grow both in terms of its faculty as well as in its volume of activity. Our endoscopic procedure volume has increased by 20% from the previous year and our office visits have also increased exponentially by 15% compared to the previous year. These increases result from the recruitment of Dr. Galiatsatos who is specialized in gastrointestinal oncology and also reflects our commitment to respond to the needs of the community and to the hospital staff. We have established a Post Polypectomy Clinic which is a multidisciplinary effort at reducing the incidence of colon cancer in patients who have been identified with colonic polyps. Our clinical research in the field of inflammatory bowel disease and hepatology continues to grow and we are solicited from prestigious international centers for participation in these research activities.

II. Evaluation of the Past Academic Year

1) Teaching Activities

Total clinical teaching hours

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Department</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. S. Blum, Dr. A. Cohen,</td>
<td>Gastroenterology</td>
<td></td>
</tr>
<tr>
<td>Dr. G. Friedman, Dr. N. Hilzenrat</td>
<td>consult service</td>
<td>300 hrs/yr for each</td>
</tr>
<tr>
<td>Dr. A. Szilagyi, Dr. P. Galiatsatos</td>
<td>physicians</td>
<td></td>
</tr>
</tbody>
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Post-graduate teaching hours

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. A. Cohen, Dr. G. Friedman</td>
<td>Training of Interventional Endoscopy fellows</td>
</tr>
<tr>
<td></td>
<td>400 hours/year</td>
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</tbody>
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GI Pathology Conference

Dr. Esther Lamoureux, Dr. L. Alpert

Wednesday 8-9 am (alternate week)

GI Radiology Conference

Dr. M. Rosenbloom

Wednesday 8-9 am (alternate week)

GI Medical Rounds

Fridays 12:30-1:30 pm (every alternate week)

McGill interhospital GI rounds

Wednesday 4-6 pm

MED 1:
McGill Gastrointestinal Physiology Small Group Tutor, Unit IV:
Drs. A. Cohen, G. Friedman, N. Hilzenrat and A. Szilagyi – total number of hours: 16/physician
Total Clinical Teaching hours:
Residents: CTU: 80 hours  OPD: 800
Students: CTU: 80 hours   OPD: 200

Participation in CME courses
  Digestive Disease Week: 28 hours/year
  Association des Gastroenterologues du Québec : annual meeting 12 hours/year
  Update in Liver and Inflammatory Bowel Disease: 14 hours/year
  American Congress of Gastroenterology: 12 hours/year
  American Association of the study of Liver Diseases: 20 hours/year

2) Research activities

**Dr. Albert Cohen**

-Epanova in Crohn’s Disease (Epic-1)

-A One Year, Multi-Center, Randomized, Placebo-Controlled Parallel-Groups Assessment of the Tolerability, Safety and Efficacy of Epanova Soft Gelatin Capsules 4g/day for Maintenance of Remission of Crohn’s Disease (CD).

- ACT Long term Extension phase: (closed to recruitment) A Randomized, Placebo-controlled, Double-blind Trial to Evaluate the Safety and Efficacy of Infliximab in Patients with Ulcerative Colitis – Extension phase for 3 years.

-Leukine Open-label in Crohn’s (GM-CSF) Protocol 307340 (BERLEX): An Open-label Trial of Sagramostim (Leukine), a Recombinant Human Granulocyte-Macrophage Colony Stimulating Factor, in Patients with Active Crohn’s Disease

-RESULT- UC (Advanced Biologics)


-Quebec Genetic Consortium: Identification of the Genes Responsible for Inflammatory Bowel Disease

-Apheresis in UC/Sham-controlled (Protocol 512-04-205): (closed to recruitment) A Randomized, Prospective, Double-blinded, Placebo-controlled (Sham-controlled) Study to Evaluate the Safety and Effectiveness of the Adacolumn Apheresis System for the Treatment of Moderate to Severe Ulcerative Colitis.

-Remicade in UC: (closed to recruitment) A Randomized, Placebo-controlled, Double-blind Trial to Evaluate the Safety and Efficacy of Infliximab in Patients with Ulcerative Colitis

-Leukine Induction Study in Crohn’s (GM-CSF) Protocol 308380(BERLEX): (closed to recruitment)
- A Phase III Randomized, Double-Blind, Placebo-Controlled Induction Study of Sagramostim (Leukine) in Patients with Active Crohn’s Disease

- Epanova in Crohn’s Disease (EPIC-2): (closed to recruitment)
  A Phase 111 Randomized, Placebo-Controlled, Double-Blind, Parallel Group, Multi-Center Study to Assess the Safety and Efficacy of Omega-3 Free Fatty Acids (EPANOVA) for the Maintenance of Symptomatic Remission in Patients with Quiescent Crohn’s Disease.

- Apheresis in UC/Open-label (Protocol 512-04-207)

- A Prospective, Open-label Study to Evaluate the Adacolumn Apheresis System for the Treatment of Moderate to Severe Ulcerative Colitis.

- Apheresis in CD/Sham-controlled (Protocol 512-04-206)

- A Prospective, Randomized, Double-Blinded, Placebo (Sham)-Controlled Study to Evaluate the Safety and Effectiveness of the Adacolumn Apheresis System for the Treatment of Moderate to Severe Crohn’s Disease.

- Apheresis in CD/Open-label (Protocol 512-04-208)

- A Prospective, Open-Label Study to Evaluate the Adacolumn Apheresis System for the Treatment of Moderate to Severe Crohn’s Disease

- COMMIT Study in Crohn’s

- A Phase III Randomized, Placebo-Controlled, Double-Blind, Parallel Group, Multi-Center Study to Evaluate the Safety and Efficacy of Infliximab in Combination with Methotrexate for the Long-term Treatment of Crohn’s Disease (CD)

  - A multi-center randomized double-blind placebo controlled of human anti-TNF monoclonal antibody (Adalimumab) for the induction and maintenance of clinical remission with Crohn’s disease. Anti-TNF antibody, infliximab, has had demonstrated efficacy for the induction of remission in Crohn’s disease. This new formulation will be given subcutaneously which could reduce costs and difficulties associated with intravenous infusions.

  Multicenter National trial

  Site Principal Investigator

  Co-investigator: Dr. A. Szilagyi, Dr. G. Friedman, Dr. S. Blum, Dr. N. Hilzenrat

- Quebec Genetic Consortium- Identification of the genes responsible for inflammatory bowel disease. This study represents a collaboration between gastroenterologists throughout Quebec, involving all medical faculties in conjunction with the Whitehead Institute and the National Health Institute, Bethesda, MD.

  Multicenter International trial

  Site Principal Investigator
A Phase III randomized multi-centre, double-blind, parallel group, placebo controlled study to evaluate the safety and efficacy and SPD-476 (mesalazine) given twice daily vs SPD-476 given as a single dose (4.8 g/day) in subjects with acute mild to moderate ulcerative colitis. The goal of this study is to evaluate a new formulation of mesalazine with a greater concentration and dosage/tablet as well as a modified pharmacokinetic profile which could allow a simplified mode of administration. This could dramatically improve patient compliance with this class of medication.

Multi-center International Trial
Site Principal Investigator
Co-investigator:  Dr. A. Szilagyi, Dr. G. Friedman, Dr. S. Blum, Dr. N. Hilzenrat

A Phase III randomized multi-centre, double-blind, open-labelled, 12-14 month extension study to evaluate the safety and tolerability of SPD-476 (mesalazine) given once daily vs twice daily for the maintenance of ulcerative colitis in remission. This is a continuation of the previous trial evaluating this modified medication for the maintenance of ulcerative colitis. The issue of patient compliance for maintenance therapy is even more critical than with induction therapy.

Multi-center International Trial
Site Principal Investigator
Co-investigator:  Dr. A. Szilagyi, Dr. G. Friedman, Dr. S. Blum, Dr. N. Hilzenrat

Asacol in Crohn’s Disease – A Six Week Randomized Double-Blind, Controlled Trial of Asacol 6.0 g/day Versus Asacol 2.4 g/day for the treatment of Mild to Moderate Crohn’s Disease. Dose escalation has been thought to be beneficial in mild to moderate Crohn’s disease but previous sulfa based agents limited tolerability at higher doses. Asacol is sulfa free and has not been evaluated at this higher dosage.

Multicenter
Site principal investigator
Co-investigators:  Dr. A. Szilagyi, Dr. G. Friedman, Dr. S. Blum

**Dr. Nir Hilzenrat**

-Hilzenrat N (P.I) with Idenix Pharmaceuticals, Inc. A randomized, Double Blind Trial of LdT (Telbivudine) versus Lamivudine in Adults with Compensated Chronic Hepatitis B. Protocol: NV-02B-007

-The effect of information level and coping style on pain and anxiety in needle liver biopsy.

-Psoriasis and non-alcoholic steatohepatitis-what is the association?

-Pegasys+Ribavirin for the treatment of naïve subjects with chronic hepatitis C. Supported by: Roche Research Institute.

-Pegasys + Ribavirin for the treatment of naïve subjects with chronic hepatitis C and normal liver enzymes. Supported by: Roche Research Institute
- PEG-Intron + Rebetrol for the treatment of subjects with chronic hepatitis C who failed to respond to previous combination therapy (any α-Interferon treatment in combination with Ribavirin). Supported by: Schering-Plough Research Institute.

- PEG-Intron as maintenance therapy vs an untreated control group in adult subjects with compensated cirrhosis (METAVIR F4) secondary to chronic HCV, who failed to respond to therapy with an α-Interferon plus Ribavirin. Supported by: Schering-Plough Research Institute.

- PEG-Intron as maintenance therapy vs an untreated control group for prevention of progression of fibrosis in adult subjects with chronic HCV with hepatic fibrosis (METAVIR Fibrosis score of F2 or F3) who failed therapy with PEG-Intron plus Ribetrol (in protocol P02370). Supported by: Schering-Plough Research Institute.

- Hilzenrat N and Kader T. Chronic hepatitis C liver disease and diabetes- what underlies the association?


- Hilzenrat N, Szylagyi A. The role of AMA and IgM in the natural history of PBC.

- Hilzenrat N and Karagozian R. HCV and extrahepatic cancer – what is the association?

- Hilzenrat N and Karagozian. HCV genotypes and NIDDM – what is the association?

- Hilzenrat N and Kader T. The incidence of diabetes following interferon treatment in patient with HCV.

- Hilzenrat N, Turbide C, Soulellis D, Deschenes M. Does the rapid decline in biochemical parameters induces by interferon/Ribavirin combination therapy for HCV indicate a sustained virological response?

**Dr. Andrew Szilagyi**

- Research on association of diet and probiotics as they relate to colonic disease (IBD carrier)

- The potential use of lactose as a probiotic agent in the therapy of intestinal diseases.

**Dr. Gad Friedman**

- Gastroenterology consultant for Canadian Scleroderma Registry

- Member of RUGBE (Canadian Registry of Upper Gastrointestinal Bleeding Endoscopy)
3) Clinical Activities

Dr. A. Cohen:  Monday to Friday 8-4 pm)  
Dr. G. Friedman: Monday to Friday 8-4 pm)  16 528 visits/year 
Dr. A. Szilagyi: Monday to Friday 8-4 pm) 
Dr. N. Hilzenrat: Monday to Friday 8-4 pm) 
Dr. P. Galiatsatos: Monday to Friday 8-4 pm) 

Endoscopy laboratory  
Monday to Friday:  8-4 pm  10 481 procedures/year

Cholangiopancreatography (ERCP)  
Mondays and Thursdays:  1-4 pm  245 procedures/year

Anemia Clinic  
Monday, Thursday:  1:30-4 pm  800 procedures/yr

Emergency Endoscopy  
Monday to Friday:  8-9 am  est. 500/yr

Inflammatory Bowel Disease Clinics  
Monday to Friday  8 am-12 pm  3500 visits/year

Clinical trials in inflammatory bowel disease have continued to flourish. We are participating in numerous international clinical trials under the direction of our research nurses, Stefania D’Aleo and Nathalie Desjardins with the assistance of Paula Malolepszy and Marcos Amorim.

Hepatology clinic - Dr. N. Hilzenrat  
Monday to Friday  8 am-4 pm  3504 visits/year

Maria Stavrakis and Paul Plaisir are our research nurses in Hepatology. Activities include conduction of clinical trails in Hepatology as well as teaching and monitoring of patients undergoing anti-viral therapy for chronic hepatitis.

In-patient activities revolve around the GI consulting service which is attended by our staff physician on a two week rotating schedule throughout the year. The volume of consultations is approximately 2400/year, the majority of which involve endoscopic procedures.

4) Academic Staff

There has been one new recruit in this past academic year: Dr. Polymnia Galiatsatos, specializing in gastrointestinal oncology.

5) Consulting Activities
6) **Honors, Awards and Prizes**

None reported

7) **Service to Academic Community and other contributions**

**Dr. A. Cohen**

May 9, 2007: Speaker, “Severe Atypical Reflux,” Sponsored by Abbott Laboratories, Montreal, Quebec

April 11, 2007: Speaker, “Gastroenterology for family physicians,” Sponsored by AstraZeneca, Montreal, Quebec

February 28 – March 4, 2007: AGEQ, Rivièra Maya, Mexico

November 28, 2006: POST ACG-Las Vegas, Musée McCord, Montreal, Quebec

October 12, 2006: Invited Speaker, Information Session on Gastrointestinal Disease, McGill University, Montreal, Sponsored by AstraZeneca

**Dr. A. Szilagyi**

February 2007: Poster presented at CDDW in Banff, Alberta, Laboratory Tests to diagnose Crohn’s disease during Pregnancy

February 2007: Poster presented at CDDW in Banff, Alberta, Fructose malabsoprtion may be gender dependent and fails to show compensation by colonic adaptation

8) **Publications**

**Dr. Albert Cohen**


**Dr. N. Hilzenrat**


Dr. A. Szilagyi


Dr. P. Galiatsatos


III. Objectives and Priorities

The main objectives of the division for the coming year are:

1) Resolve our critical shortage of space in the face of an exponential rise in the demand for our services. The current space limitations both for office visits but particularly for endoscopic procedures are an insurmountable obstacle to future academic and clinical growth.

2) Obtain the necessary equipment for Maximize our efforts for recruitment of a clinician scientist and a clinician teacher.

3) Recruit a physician trained in Endoscopic ultrasound. This novel procedure is undeniably pivotal for optimal integration in a comprehensive cancer center.

Respectfully submitted by:

Albert Cohen, MD, FRCPC
Chief, Division of Gastroenterology