Mount Sinai New York

Ranked No. 2 in the world by *Newsweek* and No. 9 in the nation by *U.S. News & World Report*, The Mount Sinai Hospital's Division of Gastroenterology offers comprehensive care for even the most complex gastrointestinal disorders as well as advanced endoscopy. With access to state-of-the-art technology, the pioneering researchers at the Susan and Leonard Feinstein Inflammatory Bowel Disease Clinical Center treat more patients with IBD than any other hospital in the nation.

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Robust Database Yields Insights Into Interplay of COVID-19 and IBD

The early days of the COVID-19 pandemic proved challenging for gastroenterologists such as Ryan Ungaro, MD. Patients with inflammatory bowel disease (IBD) wanted reassurance that their therapeutic treatments did not increase their risk for infection. But the disease was so new that little was known about its impact.

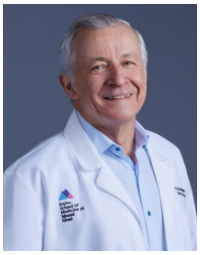
Ryan Ungaro, MD

"We know from previous coronaviruses such as SARS and MERS that steroids had been associated with adverse outcomes among patients with IBD, but we could not be confident the same was true for COVID-19," says Dr. Ungaro, Assistant Professor of Medicine (Gastroenterology) at the Icahn School of Medicine at Mount Sinai. "We needed to get solid, accurate information fast so we could provide guidance to physicians and patients as to the safety of continuing their therapeutic regimen over the course of the pandemic."

It can take years to build the robust dataset necessary to assess the risk of adverse outcomes of a disease such as COVID-19 among patients with IBD. But Mount Sinai has collaborated with the University of North Carolina at Chapel Hill to create an international registry that is making such research possible.

The Surveillance Epidemiology of Coronavirus Under Research Exclusion for Inflammatory Bowel Disease (SECURE-IBD) database is an international collaborative database that has enabled monitoring of COVID-19 outcomes among patients with IBD. Using a website portal, physicians and health care providers can report all cases of polymerase chain reaction-confirmed COVID-19 among patients with IBD regardless of severity, as well as patient demographics, clinical characteristics, and therapeutics.

"We purposefully kept the reporting mechanism simple, creating an online questionnaire that could be completed in five minutes or less," Dr. Ungaro says. "As we gathered the raw data, we made it available through the web portal, providing physicians and caregivers with a ready resource to support them in managing outcomes among their IBD patients during the COVID-19 pandemic."



Jean-Frederic Colombel, MD

"We can reassure patients who are on TNF antagonist therapy that these therapeutics appear to be low-risk to continue during the pandemic and that keeping their disease under control far outweighs the risk of COVID-19."
- Ryan Ungaro, MD

The data gathered to date has also enabled Dr. Ungaro to study the adverse effects of COVID-19 among patients with IBD. Developed in collaboration with Jean-Frederic Colombel, MD, Professor of Medicine (Gastroenterology) at the Icahn School of Medicine at Mount Sinai, the study looked at 525 COVID-19-positive cases (median age 43 years, 53 percent male) reported to the SECURE-IBD database from 28 states nationwide and 33 countries. Of those cases, 59.4 percent had Crohn's disease, and IBD disease activity was classified as remission in 58.9 percent of cases.

Learn more at:
https://reports.mountsinai.org/article/gi2021-01-secure-ibd

Endoscopic Sleeve Gastroplasty Pioneer Advances the Field Again

Nikhil A. Kumta, MD, MS

Nikhil A. Kumta, MD, MS, an Associate Professor of Medicine (Gastroenterology) at the Icahn School of Medicine at Mount Sinai, helped pioneer endoscopic sleeve gastroplasty, assisting on the first case in New York City in 2013. He says the procedure is ideal for patients, who are obese with a body mass index of 30 or higher, have obesity-related comorbidities, or have not been able to achieve their weight loss goals through diet and exercise alone.

"The procedure takes advantage of endoscopic suturing technology, which enables us to replicate a surgical sleeve gastrectomy without the need for actual surgery, thus reducing the risk of complications," says Dr. Kumta, who has performed more than 100 bariatric endoscopy procedures. "On average, patients achieve 15 percent total body weight loss six months postprocedure, 18 to 20 percent total body weight loss after one to two years, and sustained weight loss of 15 percent after five years."

Learn more here:

https://reports.mountsinai.org/article/gi2021-10-endoscopic-sleeve-gastroplasty

Specialty Report

We launched a database called SECURE-IBD that has already yielded the insight that TNF antagonists appear to be a low-risk IBD therapy where COVID-19 is concerned, and another study, called ICARUS, intended to explore the seroprevalence of COVID-19 using blood samples regularly collected from IBD patients during infusion therapy. We also repurposed wearable technology originally developed for IBD to monitor our staff for both COVID-19 infection and pandemic-related stress.

Our researchers demonstrated that the intestine plays a key role in replication of SARS-CoV-2, suggesting potential new lines of research, and that preprocedural screening of endoscopy patients combined with universal infection control protocols makes for a safe environment even if local viral prevalence is high.

Beyond COVID-19, we published several breakthrough basic research papers around IBD and demonstrated that resilience training for IBD patients can drastically lower emergency department visits and hospitalizations. We identified endoscopic findings during pouchoscopy that are associated with risk of pouchitis in asymptomatic patients with a J-pouch created after colectomy for ulcerative colitis, and our surgical colleagues pioneered a salvage procedure for failed pelvic anastomoses. We were early pioneers in, and continue to refine, endoscopic sleeve gastroplasty as a weight-loss procedure.

Our colleagues in Liver Diseases are working on new diagnostic and screening tools that include liquid biopsy for hepatocellular carcinoma, and vibration controlled transient elastography as a superior approach to detecting NAFLD.

David Greenwald, MD

Finally, we are proud that one of our division's mainstays, David Greenwald, MD, has taken over as president of the American College of Gastroenterology. You can read about his plans for his term, as well as all the research mentioned above, in this report.

https://reports.mountsinai.org/report/gi2021