After a relentless winter, it's good to have the longer days of spring and to see signs of new growth in the trees and flowers.

As you'll read in this spring edition of *Retroflections*, there are many signs of new growth at Stony Brook University Digestive Disorders Institute too. We've been busy over the winter, adding physicians to our team, forging deeper working relationships with other departments within Stony Brook Medicine and introducing treatments and services to better serve our patients.

A major focus of the Digestive Disorders Institute is caring for patients with inflammatory bowel diseases (IBD). Our adult patients are diagnosed and treated in the recently established Inflammatory Bowel Disease Center. Jeffrey Morganstern, MD, leads the team that takes care of our pediatric patients as the Director for the Pediatric IBD Center at Stony Brook Children's Hospital. Both teams are readily accessible to each other and available for collaborative consultations. We always welcome any questions you may have about your patients' conditions.

We're happy to welcome Mark Talamini, MD, Professor and Chair,
Department of Surgery at Stony Brook University School of Medicine, and Founding Director of the Medical Innovation Institute. Dr. Talamini, a specialist in the surgical treatment of inflammatory bowel diseases, comes to us from the University of California, San Diego, School of Medicine, where he was the M.J. Orloff Family Endowed Chair in Surgery and Professor and Chairman of the Department of Surgery. He spent many years at Johns Hopkins Medicine in Baltimore caring for patients with IBD who require surgery in the Meyerhoff Digestive Disease Center. We look forward to his leadership and working with him to treat adult and pediatric patients.

Our patients with IBD have a heightened concern for colon cancer. We feel fortunate to have a great working relationship with the Colorectal Oncology Management Team at Stony Brook University Cancer Center. The surgeons are just a phone call away when a patient’s case warrants their expertise.

Additionally, we are leading research efforts on analyzing the role of the intestinal microbiome in inflammatory bowel diseases. We are collaborating with Anupama Chawla, MD, Chief, Division of Pediatric Gastroenterology, in recently launching a clinical trial of colonoscopic fecal microbial transplantation in adult and pediatric patients for the following two conditions: ulcerative colitis resistant to medical management and recurrent Clostridia difficile infections.

Most important, please be assured that the entire Stony Brook team and I are here as a resource for you. We encourage you to bring your questions to us, so we can assist you in providing optimal patient care.

Comprehensive Care of Inflammatory Bowel Diseases at Stony Brook Medicine

There are many physicians and professionals who contribute to the care of those with inflammatory bowel diseases. At Stony Brook Medicine, we can access the expertise of various disciplines in order to offer the full spectrum of patient care in one place. These include gastroenterologists, surgeons, oncologists, radiologists, urologists, rheumatologists and
nutritionists.

Within the Stony Brook University Digestive Disorders Institute, the Inflammatory Bowel Diseases Center is headed by Ellen Li, MD, PhD, a board-certified gastroenterologist and research scientist with expertise in Crohn's disease, ulcerative colitis (UC) and other inflammatory bowel diseases (IBD). Our team of highly skilled gastroenterologists provides advanced evaluation, diagnosis and treatment for the full spectrum of IBD. The team, which includes advanced endoscopists, utilizes gold-standard gastroenterological tools, techniques and therapies. To speak to one of our physicians, call (631) 444-5220.

Jeffrey Morganstern, MD, leads the team for pediatric patients with IBD. Dr. Li and the DDI staff work in close collaboration with the team of gastroenterologists at Stony Brook Children's Hospital to treat children suffering from IBD. "We are committed to delivering comprehensive, collaborative care to children and teens with IBD," said Dr. Li. "We've developed a strong working relationship with Anupama Chawla, MD, Chief, Division of Pediatric Gastroenterology, and her team of specialists in children's digestive disorders to ensure that the pediatric patients you refer to us are well cared for." To contact a pediatric gastroenterologist, call (631) 444-KIDS (5437).

If you think you've been seeing more Crohn's and UC cases, you're probably right. In the United States, as many as seven out of 100,000 people develop Crohn's, and 10 to 15 out of 100,000 develop UC.

As you may know, Crohn's disease and ulcerative colitis are the two most common forms of IBD, but each has unique complications. Crohn's disease is a chronic inflammatory condition that can affect any part of the digestive tract from the mouth to the anus. The inflammation can extend deep into the layers of the intestinal walls. Each person may experience different symptoms, some of which are painful, depending on where the inflammation is located in the gastrointestinal tract. One complication of Crohn's disease is the development of an obstruction of the intestines, which may lead to the formation of scar tissue.

For a patient with UC, only the innermost lining of his or her large intestine is affected. The lining becomes inflamed, and ulcers may form on the surface. Common symptoms can include abdominal pain, loosened stools, periodic diarrhea and loss of appetite, but they also vary among patients.

Younger patients may have all of the above symptoms, but have their own unique issues as well. Managing IBD in children is important not only for symptom relief, but also for growth and development. The disease often strikes during the crucial and limited window for childhood growth. If not treated promptly and properly, IBD can rob children of their growth potential. Many of the medications that are
used to treat IBD have limited experience in children. Thus, we must carefully evaluate each child and balance treatment benefits versus potential side effects.

When a chronic illness is diagnosed at a young age, it not only affects the child's physical health, but can be an emotional strain on the entire family. At the Pediatric IBD Center, we work with each family, explaining differences in treatment options, providing help with nutritional needs and dealing with the emotional and psychological issues that will undoubtedly arise.

**Our team of IBD gastroenterology specialists**

Jeffrey Morganstern, MD, is Director of the Pediatric IBD Center and an Assistant Professor of Pediatrics in the Division of Pediatric Gastroenterology. A graduate of Dartmouth College, Dr. Morganstern attended Stony Brook University School of Medicine and completed his residency in general pediatrics at Schneider Children's Hospital (now Cohen Children's Medical Center) in 2003. A fellowship in pediatric gastroenterology followed at The Children's Hospital at Montefiore. Dr. Morganstern returned to Stony Brook in 2006, where his expertise in pediatric gastrointestinal conditions serves him well in his busy practice. Because of his special interest in inflammatory bowel diseases, Dr. Morganstern is involved in a multicenter patient registry dedicated to better defining the natural history of IBD in children and adolescents.

Ramona Rajapakse, MD, is Clinical Director for the Division of Gastroenterology and Hepatology. She is board certified in gastroenterology and hepatology, and has expertise in Crohn's disease, ulcerative colitis and other inflammatory bowel diseases. She is skilled in colon cancer screening, gastroesophageal reflux disease (GERD) and irritable bowel syndrome, and has advanced training in fertility issues and pregnancy with IBD. At Stony Brook University School of Medicine, she holds
the title of Associate Professor of Clinical Medicine, Division of Gastroenterology and Hepatology.

Robert J. Richards, MD, MSc, is board certified in gastroenterology and hepatology with more than 15 years experience in treating gastrointestinal disorders, and an expert in Crohn's disease and ulcerative colitis. His experience also includes cancer screening, GERD, complex abdominal pain and anemia of gastrointestinal origin. Dr. Richards is an Associate Professor of Clinical Medicine, Division of Gastroenterology and Hepatology, at Stony Brook University School of Medicine.

IBD surgical specialist

For patients requiring surgical intervention, we're fortunate to have the expertise of Mark Talamini, MD, Chair, Department of Surgery at Stony Brook University School of Medicine. Dr. Talamini, who joined Stony Brook in September 2013, specializes in GI surgery, with an emphasis on the treatment of IBD. He is a pioneer in minimally invasive abdominal surgery and is recognized as one of the leading authorities on laparoscopic and robotic-assisted surgery in the United States. He has already seen and operated on patients from out of state, some from his previous east coast practice.

"I'm happy to have the opportunity to work with the impressive team at the Digestive Disorders Institute," said Dr. Talamini. "The leadership shown by Basil Rigas, MD, DSc, the previous Chief of the Division, and continued by current Chief Ellen Li, MD, PhD, means that Stony Brook offers the full spectrum of care for adults and pediatric GI patients."

Cancer concerns for those with IBD

All healthcare professionals advocate diagnostic screenings for colorectal cancer at the appropriate age. For those with IBD, it is important to be diligent enlisting early detection methods, because
some of the symptoms of colorectal cancer mimic IBD. Even though IBD-related colon cancer accounts for only one to two percent of the total colon cancer cases, patients with longstanding IBD colitis should undergo routine surveillance after they have had the disease for greater than eight years because of their increased risk (six times) of developing colon cancer. Some of these patients may develop multiple cancers in the colon.

At Stony Brook, if a polyp or lesion is seen during a colonoscopy, one of the surgeons of the Colorectal Oncology Management Team can evaluate the patient the same day as his or her colonoscopy. The strong collaborative connection between teams expedites this process.

To contact us at our new direct book line, call (631) 444-COLON (444-2656).

For more information, read the article by the Crohn's & Colitis Foundation of America: Bringing to Light the Risk of Colorectal Cancer among Crohn's & Ulcerative Colitis Patients

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**Research Update**

**Role of an abnormal gut microbiome in inflammatory bowel diseases**

Ellen Li, MD, PhD, is one of the leading experts on the role of the gut microbiome in inflammatory bowel diseases. In studies conducted by her and other investigators, it has been clearly demonstrated that patients with inflammatory bowel diseases have imbalances in their intestinal microbiome. Dr. Li was also one of the first to connect this imbalance in human patients with changes in human genes and the intestinal lining.

Another emerging infectious complication, in patients with and without inflammatory bowel diseases, is the infection with Clostridia difficile, a bacterial pathogen that can cause diarrhea and colitis. Clostridia difficile infections may be difficult to eradicate. It has been shown that fecal microbial transplantation of healthy human stool can effectively treat recurrent Clostridia difficile infections (>95 to 98 percent). Unfortunately, patients with Crohn's colitis and ulcerative colitis are more susceptible to Clostridia difficile infections, perhaps due to imbalances in their gut microbiome.
We have launched a clinical study in collaboration with Anupama Chawla, MD, Chief, Division of Pediatric Gastroenterology. We are offering colonoscopic fecal microbial transplantation for selected patients with either recurrent Clostridia difficile infections (with and without inflammatory bowel diseases) or with ulcerative colitis resistant to medical management.

**Fecal microbial transplant for children and adults**

**Principal Investigator:** Anupama Chawla, MD  
**Goal:** To investigate the efficacy and tolerance of colonoscopic fecal microbial transplant (FMT) and the optimal modality for transplantation in children and adults (age > 7) for the treatment of:

- ulcerative colitis resistant to medical management  
- recurrent Clostridia difficile infections

**Research Notes:** This research focuses on fecal microbial transplantation, a process in which bacteria in stool collected from a healthy human donor are inserted into the intestines of the patient in order to recolonize the colon with healthy microbial flora. Stool samples and clinical data from the patient and donor will be archived in the Stony Brook University Digestive Diseases Research Tissue Procurement Facility (see "What's New in Clinical Trials") to determine whether the patient's microbiome has been modified. These results will be correlated with the patients' clinical outcome.

**Dr. Chawla's Comments:** Ulcerative colitis affects about two of every 100,000 children (ages 10 to 19) in this country. It is not only painful and embarrassing, but in youngsters it can also affect growth as well as physical and social development. Our goal is to find a safe, well- tolerated, effective way to replace abnormal bacteria in a child's system with normal bacteria, to reduce or eliminate UC symptoms.

**Dr. Li's Comments:** Patients with IBD are more likely to have recurrent Clostridia difficile infections. We are currently studying the microbiome in patients with IBD and following how the microbiome is altered by fecal microbial transplantation.

**What’s New in Clinical Trials?**

**Stony Brook University Digestive Diseases Research Tissue Procurement Facility**

Working in collaboration with investigators in the Departments of Medicine, Surgery, Pathology and Pediatrics, Ellen Li, MD, PhD, Chief, Division of Gastroenterology and Hepatology, has built a Stony Brook University Digestive Diseases Research Tissue Procurement Facility. The purpose of this facility is to obtain clinical data that can be used for translational research of digestive diseases. All adult...
patients who are treated by the Colorectal Oncology Management Team and eligible pediatric gastroenterology patients have been asked to donate clinical data, including resected tissue, endoscopic biopsies, and blood and stool. For the past three years, the team has recruited more than 400 participants.

The clinical information and patient-based samples are de-identified and coded with subject and sample identifiers prior to being archived within this facility, thus protecting the privacy of the individuals who have so generously contributed to the collection effort. This facility works in conjunction with the Biobank, as well as the Histology Research Core, directed by Kenneth Shroyer, MD, PhD, Chair, Department of Pathology. The Biobank and Histology Research Core staff obtain the consents of patient donors and work to efficiently and properly process donated tissues and body fluids.

These samples have been used by multiple investigators at Stony Brook University, Cold Spring Harbor Laboratory and the New York Genome Center in conducting research on colon cancer, inflammatory bowel diseases and functional gastrointestinal diseases, such as irritable bowel syndrome. This facility has helped investigators develop new colon cancer stem cell lines, identify novel micro-RNA colon cancer biomarkers and generate linked high-throughput DNA and RNA sequencing datasets. Analysis of these datasets is being carried out in collaboration with investigators in Stony Brook's Department of Applied Mathematics and Statistics and the newly formed Department of Biomedical Informatics led by Joel Saltz, MD, PhD.

**Working Together to Find a Cure for IBD**

Join us for Stony Brook Medicine's Take Steps for Crohn's & Colitis event on Sunday, Oct. 19. In our continued partnership with the Long
Island chapter of the Crohn’s & Colitis Foundation of America (CCFA), we share in their dedication to eradicating these diseases.

About the event

This family-friendly community walk celebrates all of the efforts of raising awareness and funds toward the mission of finding a cure for these diseases. There will be live music, food, kids’ entertainment and educational materials. Come take a walk with Wolfie leading the way!

Date: Sunday, Oct. 19
Check in and registration: 11:30 am
Pre-walk festivities: 11:30 am to 12:20 pm
Program: 12:20 pm
Walk start: 1 pm
Register Now: http://online.ccfa.org/goto/stonybrookmedicine
Location: Stony Brook University Campus
Student Activity Plaza
100 Nicolls Road
Stony Brook, NY

A natural partnership

Stony Brook Medicine is teaming up with the Long Island chapter of the Crohn’s & Colitis Foundation of America to provide patients and families with the latest information about Inflammatory Bowel Disease (IBD). Through fundraising events like the Take Steps for Crohn’s & Colitis Walk, we can help support local patient programs, as well as important research projects. The more money raised, the closer we will be to making life more manageable for patients suffering with IBD.

For referrals or questions
To contact a gastroenterologist at the Digestive Diseases Institute, call (631) 444-5220.

For More Information
Tell us what you'd like to see. Please send content for consideration and recommendations to:
Joan Garvey
Communications Specialist, Office of Communications
188 Belle Mead Road