CHAPTER 5
A Decade of Progress,
1997–2007

Women in Gastroenterology: A Prologue

When the story of women in gastroenterology in the United States is written, unbiased historians will ascribe progress to the initial impetus provided by the American College of Gastroenterology. The same may be said of our current state of knowledge about the nature, diagnosis, and remedy of digestive disorders in women. What follows is some of the relevant historical record.

An Important Conversation Births a New Committee

Drs. Jamie Barkin and Robyn Karlstadt almost certainly could not have predicted the long-term consequences of a conversation they had in late 1989. Dr. Karlstadt, a member of the College who wished to become more involved in its activities, approached Dr. Barkin, the newly installed ACG president, with a request to become a member of a standing committee; at the same time, she commented that there were not many women attending the annual meeting. Impulsively, but probably tempered by high-speed forethought, Dr. Barkin established the ad hoc Committee on Women in Gastroenterology and appointed Dr. Karlstadt as its first chair, charging her with a first assignment of sponsoring a breakfast symposium to focus on the impact of clinical practice on motherhood. She accepted the position and energetically organized a compatible group of like-minded committee members; worked with the Educational Affairs Committee to sponsor a breakfast symposium; and set the stage for the College Board of Trustees to award the ad hoc group full standing committee status in 1994 during Dr. Christina Surawicz’s tenure as chair.

Defining Objectives and Gaining a Voice

Though small in number, the committee members included Drs. Freda Arlow; Raquel Croitoru; Rosemary Fisher, member of the College’s Board of Trustees; Barbara Frank, past president of the ASGE; Valerie Jagiella; and Christina Surawicz. The president of the Auxiliary was included early and has remained a permanent member. Past College president Arthur Aufses (1986–87) asked to join the committee,
expressing the view that it was important to have a token male member; his presence afforded considerable guidance to the committee in its formative years. Dr. Patricia Raymond, a GI fellow, was added to the committee in its second year. The objectives first established by the committee were (1) to be advocates for women in gastroenterology and women with digestive disorders; (2) to train women physicians to be teachers, leaders, and role models; (3) to teach members of the committee how to function in a committee setting, and (4) to teach women how to achieve their own professional goals by learning appropriate negotiating skills and techniques. These initial purposes have been modified to be consistent with the committee responsibilities as stated in the ACG bylaws; the newer objectives include:

- To evaluate issues that concern women in gastroenterology and make appropriate recommendations.
- To accurately identify the number of women gastroenterologists and trainees in Canada and the U.S. and encourage their College membership.
- To promote educational programs (national and regional) and publications focusing on medical issues related to gender. These should be developed in conjunction with the Educational Affairs and Publications Committees.
- To promote research activities relevant to women in conjunction with the Research Committee.
Fulfilling Their Educational Mission

The members of the Committee on Women in Gastroenterology undertook their first task with enthusiasm, broadening the emphasis of the proposed symposium and giving it the title “Parenthood and Practice.” Included among the speakers were a gastroenterologist/minister who discussed the importance of family and an analyst from the Family and Work Institute who presented findings from institute studies of the impact on families of professional work. Zelda Schwartz, the Auxiliary president, had been a strong advocate for this symposium and ensured that it was publicized to her organization. A number of people expressed doubt about the topic (it was one of the first nontechnical symposia ever at an ACG scientific meeting) and predicted low attendance. Many of these same individuals challenged the concept of the committee itself as unnecessary and lightweight. Fifty College members—men and women—attended the session, which was judged an overall success.

With encouragement from a farsighted Board of Trustees and in cooperation with the Educational Affairs Committee, the Committee on Women in Gastroenterology sponsored other breakfast symposia—“Physician Burnout” and “Who’s in Control: The Physician or the Practice?”—at the following two annual meetings. The Auxiliary was extremely supportive of these seminars, which were attracting successively larger numbers of attendees. The committee also introduced afternoon seminars during the main meeting sessions, including “Pregnancy and GI Disorders” (1991) and “Managing Chronic Abdominal and Pelvic Pain” (1992). The Pregnancy and GI Disorders seminar was one of the first ACG seminars to address difficult clinical issues during pregnancy, including acceptable GI medications with alternatives that could be presented to the patient and the associated medical and legal risks for the physician; difficult surgical management problems during pregnancy; the need for and dangers of endoscopy during pregnancy; treatment options for pregnant IBD patients; and evaluating the safety of the fetus for various regimens. Approximately one thousand members attended this seminar, which was chaired by Dr. Christina Sura-wicz. A seminar-based monograph, *Pregnancy and GI Disorders*, was published in 1993 and circulated to the College membership, other GI organizations, and to those organizations whose members specialize in obstetrics and gynecology.
Early Successes Spawn Intersociety Collaboration

During a phone conversation in 1992 between Dr. Karlstadt and Dr. Jay Hoofnagle, president (1991–92) of the American Association for the Study of Liver Diseases (AASLD), Dr. Hoofnagle noted that the AASLD had many women members and wondered if there was a mechanism whereby the ACG’s Committee on Women in Gastroenterology could interact more formally with women in the AASLD. This interaction led to the establishment of the Quadripartite Women’s Committee, which was renamed the Gastroenterology Women’s Coalition (GWC) under the leadership of Dr. Christina Surawicz, its first chair. The GWC is composed of two members from each of the four major GI organizations (ACG, AGA, ASGE, and AASLD), and chairmanship rotates among the organizations every four years. The committee has worked cooperatively on projects of mutual interest: an endorsement of a parental leave policy during GI training, for example, which was signed by each of the presidents of the four organizations. Additionally, the group issued a statement outlining issues that required further effort to increase the number of women in gastroenterology.

Recognition by the Federal Government Broadens Influence

The lack of women subjects in clinical trials has historically led to a dearth of information regarding various diseases and treatments in women. In 1990, soon after the publication of a government report documenting the underrepresentation of women in medical research, the ACG received an invitation to join other U.S. medical organizations for a discussion of the issue at a conference in Washington, DC. Representing the College at the meeting was Dr. Robyn Karlstadt, who presented on GI issues affecting women. In a short time, common interests and strong commitment among the attendees led to the establishment of the Society for the Advancement of Women’s Health Research (SAWHR), which has become an extraordinarily effective lobbying group for women’s issues with Congress and maintains important connections with industry, the National Institutes of Health, national medical organizations, and a number of powerful financial organizations concerned with medical research. It publishes the Women’s Health Journal, sponsors an annual Women’s Health Congress, and conducts annual scientific advisory meetings (SAMs) on a variety of scientific topics, some of which, such as a meeting on environmental issues, have led to lobbying efforts in Congress.

In 1991 SAWHR identified the GWC as one of eight leaders among women’s groups in organized medicine that has successfully overcome obstacles. In 1992 the National Digestive Diseases Advisory Board
(NDDAB) invited Dr. Karlstadt, as a direct result of her 1990 presentation, to discuss the issue of attracting more women into the field of gastroenterology. The Medical Health Advisory Board (MHAB) was established in 1993 with the objective of providing input to the SAWHR. As the board’s first chair and a representative of the Gastroenterology Women’s Coalition, Dr. Karlstadt reviewed for the group why colon cancer screening was important in women; based in part on this presentation, a session on colon cancer and screening was included during the first Women’s Health Congress. The MHAB subsequently published a bilingual (English and Spanish) pamphlet on colon cancer in women. In the years that followed, the MHAB presented important gender-based issues during successive SAMs, and in 1995 the incumbent chair of GWC, Dr. Jacqueline Wolf of the AGA, helped organize a GI section at the SAM that covered IBS, eating disorders, and nonalcoholic steatohepatitis (NASH). The GWC prepares statements for almost every SAM and continues to have a major voice in SAWHR by raising and presenting GI-related issues to a larger audience.

Epilogue

Established in 1989, the Women in Gastroenterology Committee paved the way for collaboration among professional societies that shared common goals, those of advancing the cause of women in gastroenterology and of advancing our understanding of digestive disorders affecting women. It led to acknowledgment by the federal government of the need to advance these goals; the establishment of a coalition of medical organizations that focuses on gender-based research; and an ongoing continuing education process in the national arena.

Following is a select list of the accomplishments of the committee, its succession of outstanding women leaders, and the continuing support of the Board of Trustees:

• Presented initial results (ACG annual meeting, 1993) of a prospective ten-year study (proposed by Dr. Patricia Raymond, GI fellow and member of the Ad Hoc Committee on Women in Gastroenterology) on gender differences in career paths following completion of training (Arlow FL, Raymond PL et al. Formal Leave Policies and Gender Distribution in Gastroenterology Training Programs. [Abstract]. Am J Gastroenterol 1993; 88(9):1587). Known today as the Research Protocol on Career and Practice Patterns in Gastroenterology, its results have been presented in three poster sessions, two podium presentations at ACG annual meetings, and two publica-

- As first chair of the Gastroenterology Women’s Coalition, Dr. Christina Surawicz spearheaded the effort to obtain adoption of a parental leave policy by the four major GI societies (ACG, AGA, ASGE, and AASLD), oversaw the formation of a Women and Minority Committee by the ASGE, and witnessed the first AASLD women’s reception.
- The *Functional Abdominal Pain* monograph, based on a successful ACG seminar, was completed and distributed.
- Developed a proposal for consideration of gender-related issues in the review of research protocols and grants.
- Sponsored the development of the Fellowship Recruitment Initiative, an innovative program to encourage recruitment of excellent women candidates intended for presentation at multiple sites throughout the country. Casually known as “the roadshow” and spearheaded by Gale Fiarman, “The Scope of Gastroenterology: Career Opportunities for Women in Gastroenterology” has been held annually in concordance with the annual meeting. It invites women in medical training who are undecided about specialty to listen to women leaders in GI practice—ranging from academia, private practice, industry, and more—talk about their professional and personal experiences.
- Worked with the practice management subcommittee to develop a survey to evaluate common contracting issues in the hiring of gastroenterologists.
- Worked with the Public Relations Committee to develop a patient-oriented brochure titled “Common GI Problems in Women.” A Spanish translation was developed in conjunction with the International Relations Committee, and both English and Spanish versions of the brochure currently appear on the ACG website.
- Established the Women in Gastroenterology Committee of the ACG as well as the Gastroenterology Women’s Coalition in the National Directory for Focus on Leadership for Women. This association served to promote women’s gastroenterology issues through numerous national and international published interviews for the lay public on behalf of the committee and the College.
- Helped establish a gender-based research award for the best abstract on gender-related differences in GI. It has been renamed to honor the memory of Dr. Srinivasan, a committee chair who died during her tenure in 2005.
- Helped establish a web-based version of the *Pregnancy and GI Disorders* monograph and developed an audiotape and slide kit.
• Worked to promote awareness of women’s issues such as colon cancer, common GI problems in pregnancy, and preventative health for women.

**Committee on Women in Gastroenterology Chairs**

1989–92  
Robyn Karlstadt, MD, MACG  
(and Rosemary Fisher, MD, 1989, ad hoc status)

1992–94  
Christina Surawicz, MD, FACG  
(full committee status, 1994)

1994–97  
Raquel Croitoru, MD, FACG

1997–98  
Patricia Raymond, MD, FACG

1998–2000  
Amy Foxx-Orenstein, DO, FACG

2000–03  
Carol Burke, MD, FACG

2003–05  
Radhika Srinivasan, MD, MACG

2005–present  
Sunanda V. Kane, MD, MSPH, FACG

**Up Close and Personal**

*I am very appreciative that the College took a chance comment of mine to establish a committee that has demonstrated its value to the organization many times over. The committee and the College have identified intelligent, passionate, extremely capable women and helped develop them to become incredibly strong leaders in medicine/GI today.*

*You know my feelings toward the College. I am glad that I could be a part of this. (Remember, I am old enough to have been told, “You will never succeed because you are a woman in gastroenterology. Who would want to see a woman physician?”). We’ve come a long way.*

—ROBYN KARLSTADT, MD, AD HOC COMMITTEE CHAIR, 1989–92

**Minority Affairs and Cultural Diversity**

As health care data on the U.S. population are constantly being presented in both the medical and lay press, members of the American College of Gastroenterology have been impressed for some time by the indisputable fact that African Americans experience the poorest health outcomes of any major racial or ethnic minority group in the United States. The data indicate that Blacks have higher adult and infant mortality rates than either whites or other minority groups.

An identical view emerges when disease-specific data are reviewed. Blacks have higher age-adjusted mortality rates than whites from cancer (esophageal and colorectal cancer) and chronic liver disease.
Evolving national data reveal that Hispanics have higher rates of death than non-Hispanic whites from liver disease, diabetes, HIV, and cancer (stomach, liver). Asians and Pacific Islanders have lower overall mortality and lower mortality for each of the major causes of death, but their rates of stomach and liver cancer exceed those of whites. Compared with whites, American Indians and Alaska Natives have higher reported morbidity and mortality for gallstone disease, liver disease, and obesity.

Armed with these health data, several members of the College approached the leadership in the late 1990s inquiring how the College could be proactive in addressing these health disparities in the area of digestive diseases. After much discussion, the College leadership established an Ad Hoc Committee on Minority Affairs. Over a period of several years, its activities, accomplishments, and overall impact on health care delivery set the stage for the conversion from ad hoc status to that of standing committee in 2003. Its name was changed subsequently to the Committee on Minority Affairs and Cultural Diversity, which more accurately reflected its areas of emphasis.

The first two chairs of the ad hoc committee were Drs. Anthony Kalloo, now chief of digestive diseases at Johns Hopkins Hospital; and Duane Smoot, now chair of medicine at Howard University Hospital. Guided by their leadership, the committee began to develop an action plan that would bring to the attention of the College membership the issues of minority-related health disparities in the areas of colon cancer screening, esophageal cancers, and liver disease. Working closely with the Educational Affairs Committee, Dr. Kalloo’s group developed a morning breakfast session at the annual meeting in 1999 designed to address several digestive diseases—esophageal cancer, colorectal cancer, and hepatitis C—that disproportionately impact minority populations. Titled “Gastrointestinal Disease in Minorities: Emerging Trends for the Twenty-First Century,” it was the first session the ACG had held dedicated to educating its membership about minority-related health care issues.

The committee also sought to establish a pilot outreach program—a career day—directed to high school students from racial and ethnic minority or disadvantaged backgrounds with the purpose of increasing student interest in medicine, especially gastroenterology, as a career option. Following through on a suggestion from Dr. Surawicz and by working closely with school officials, the committee facilitated the organization of the first program, which occurred at a local high school in Phoenix, the site of the ACG’s 1999 annual meeting. Feedback from participants and attendees was strongly positive. Pleased with the success of the project, the committee has continued this initia-
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tive annually in conjunction with the ACG annual meeting. Time will be the judge as to the ultimate impact of the program, currently titled “Prescription for Success: Careers in Medicine.”

Acutely aware of the higher morbidity and mortality rates of colorectal cancer among African Americans, ACG President Douglas Rex (2003–2004) charged the committee to develop a position paper on the topic. Their report was published during Dr. Frank Hamilton’s tenure as committee chair (Colorectal cancer in African Americans. Am J Gastroenterol 2005; 100: 515–523). The authors found that African Americans were less likely to have undergone colorectal cancer screening and suggested that special measures be taken to increase screening rates among Blacks. Furthermore, because the cancer tends to present earlier in African Americans, they should be advised to seek testing at age 45 rather than 50.

Although many factors account for disparities in health and health care among different populations, an integral component of the College’s mission and commitment will be to continue to identify and bring forth the health issues and concerns of minority populations. The creation of the committee and the support for its activities underlie this commitment. The goals and responsibilities of the Committee on Minority Affairs and Cultural Diversity have evolved over its decade of existence. They include:

- Identifying and bringing forth issues that concern minorities and ways in which the College can better serve the interests of minority members;
- Promoting educational programs and providing input on research activities for the College on GI conditions that impact minority populations disproportionately;
- Serving as an advisory group to the ACG on other health-related issues that impact minority populations; and
- Assisting with efforts to actively encourage membership of minorities in the College, and developing means to increase participation and visibility of minorities in College-related activities and on the faculty of ACG educational programs.

The ACG Institute for Clinical Research & Education

In the early 1990s the idea of supporting research was not new to the ACG, an organization that was committed to and had provided support for meritorious clinical research for many years. Yet the level of support seemed insufficient considering the increase in our member-
ship, the academic institutions represented, and the expansion of interest in clinical research. It was clear that ACG’s interests would be well served by having a more robust ability to support these activities. The idea for a new entity, underwritten not only by donations from our members but—hopefully—by large unrestricted grants from industry, emerged from discussions between ACG presidents Carey and Richter in 1993 and 1994. Late in 1994, the ACG Board of Trustees voted to establish the new ACG Institute for Clinical Research & Education, naming Dr. Donald Castell as the first director. The trustees voted with their checkbooks, with many making substantial personal contributions to provide initial funding.

In his presidential address at the annual meeting in San Francisco on September 29, 1994, William Carey announced the establishment of the new ACG Institute for Clinical Research & Education. At the time of the announcement, no one could have envisioned the phenomenal impact the ACG Institute would have on the College’s future. The institute’s goals remain the same as they were in 1994: (1) to promote clinical research activities including clinical outcome studies and the development of clinical guidelines; (2) to develop the careers of young clinical investigators; and (3) to develop an intensive educational program on GI topics for gastroenterologists as well as patients, generalists, and HMO groups.

Yet if not for some bad luck and perseverance, the ACG Institute might not have been born in 1994. Drs. Carey and Richter served as presidential officers during a time when the ASGE, AASLD, and AGA were seriously negotiating to join forces and unite their fundraising efforts under one entity, the American Digestive Disease Foundation. The showcase for this effort was a $10 million grant to the AGA by Astra Merck for the development of guidelines and educational programs about *H. pylori* disease. But the ACG was going more slowly in evaluating this proposed amalgamation, not wanting to lose our voice as the society for the clinical gastroenterologist and not believing the prevailing argument that the pharmaceutical and instruments companies didn’t have enough money or interest to support the creative and educational initiatives of the four separate GI societies. Therefore, the announcement of the Astra Merck grant to the AGA came as a severe blow to Bill Carey and Joel Richter, as they were simultaneously attempting to pitch a similar program on GERD to the same pharmaceutical company. However, Tom McCourt, a close friend at Astra Merck and a strong supporter of the College, told Tom Fise and Joel Richter at a Washington dinner not to give up on ACG’s ideas. After dogged persistence and incisive discussions with Kurt Graves, then the leader of Astra Merck’s GI marketing initiatives, the first major educa-
tional program of the new ACG Institute was created: the ACG gastroesophageal reflux disease (GERD) program, supported by a major educational grant from Astra Merck. This program enjoyed continuous funding over the next ten years by the same pharmaceutical company now known as AstraZeneca, with a composite monetary payout far exceeding that of the initial AGA program on *H. pylori* disease.

During Dr. Richter’s presidency (1994–95), ACG initiated the institute’s first educational programs. Obviously the most high-profile was the GERD campaign, with its educational slide sets and magazine, radio, and television advertisements. When it was determined that a physician should convey the message, Dr. Richter had the unique honor of being drafted to serve as the physician in the first ACG GERD television advertisement. He recalls humorously that this gave him instant fame, much to his chagrin and—even more so—that of his children. Nevertheless, the program was a huge success, getting important information on GERD to over one million sufferers through our 1-800-HEARTBURN hotline in less than two years. Our endeavors were recognized by our membership, admired by our fellow GI societies, and written about in *USA Today*, and the College received a Silver Anvil Award—the highest honor in the public relations industry—for best public health campaign from the Public Relations Society of America. Other programs being created at the same time included an *H. pylori* program sponsored by TAP Pharmaceuticals and organized by David Graham, and a project on upper GI health for seniors supported by GlaxoSmithKline and organized by Seymour Katz. Countless hours were spent making these programs successful, and special thanks and acknowledgments are due to Tom Fise, Anne-Louise Oliphant, and ACG’s many friends at the public relations firm Porter Novelli.

Since the institute was founded in 1994, grants to support promising clinical research and investigators have exceeded $7.9 million and funded over 400 individual research projects. In 1997 the institute awarded for the first time an ACG Junior Faculty Award, a two-year grant designed to support young faculty-level clinical investigators of outstanding promise and assist them with salary support as they progress into independent, productive research careers in gastroenterology and hepatology. The initial awards were at the level of $30,000 per grant for two years, and Dr. Carlos DiLorenzo of the University of Pittsburgh and Dr. G. Richard Locke at the Mayo Clinic in Rochester, Minnesota, were the first two grantees. Over the next six years, the ACG Institute awarded thirteen grants to young investigators in top academic institutions throughout the United States. To date, all these clinical researchers remain in academia, and nearly 50 percent have received subsequent federal funding from the NIH, the National Institutes of Health.
Cancer Institute, and/or the Department of Veterans Affairs. Additionally, the institute began a Clinical Scholar Award program consisting of a one-time grant of $15,000 for an experienced gastroenterologist or hepatologist who has demonstrated the interest and capacity to complete an academic or scholarly work of substantial promise and potential impact on clinical GI practice or patient care. The first recipient of this award was Dr. Kevin Olden at Mayo Clinic in Scottsdale, Arizona, and five other scholars have received this award over the years. Dr. Richter, reflecting on his tenure of several years as director of the ACG Institute, identified its most memorable accomplishments as its contributions to clinical research and its support of the clinical investigators of the future. (See Appendix VII.)