



Bridge the GHAPP

Gastroenterology & Hepatology
Advanced Practice Providers

NEWSLETTER

VOLUME 13



Dear Reader,

Summer is in full swing! To me, this is an uplifting time of year – the warmth, the daylight, and all the fun. I also see these months as my own kind of “summer break” where the yearly liver conferences take a pause, and we can all catch our breath. But not for long!

Our GHAPP National Conference will quickly be upon us (or is upon us now if you are reading this in Las Vegas!) and we have new things to look forward to. The festivities kick off on Thursday, September 4th, with our Workshops and Boot Camps – we have everything from discussions on SIBO to the Liver in Pregnancy, from Obesity to Inpatient care for GI or Hepatology. Friday September 5th our plenary sessions begin, filled with GI, Gut-Brain Interaction and Hepatology talks (with your very own Director of Newsletter joining in the lectures). We wrap it up Saturday September 6th with more Workshops, then our plenary on IBD, Upper GI, and Advanced Liver Disease.

Between the fun of lectures will be even more fun with our Welcome Reception on Thursday and New Attendee Welcome Reception on Friday. Our 8th National Conference is shaping up to be the best one yet, and I look forward to seeing you all there!

In Health,
Allysa Saggese, NP

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Trivia Questions

Here are a couple of trivia questions for you:

?

Which Scoring system is used to predict 30-day mortality in upper GI bleed?

A) Child-Pugh

B) MELD

C) Rockall

D) Ranson

?

Which of the following medications is contraindicated in patients with decompensated cirrhosis due to increased risk of renal injury?

A) Acetaminophen

B) Beta blockers

C) NSAIDs

D) Statins

Answers are located at the end of the newsletter!

Featured Article

Publication Review: Management of MASH by APPs Allysa Saggese, MSN, AGPCNP-BC

Earlier this year the Journal of Clinical Gastroenterology published a clinical review article, “Focused Recommendations for the Management of Metabolic Dysfunction-Associated Steatohepatitis (MASH) by Advanced Practice Providers in the United States”, with some of our very own here at GHAPP contributing as authors. This paper reviews the knowledge and tools to identify and manage “at-risk MASH” patients by Advanced Practice Providers (APPs). Here are some highlights and summaries from the article.

Defining Steatotic Liver Disease (SLD)

- MASLD: Metabolic dysfunction-associated steatosis liver disease is fat (steatosis) in the liver, it is diagnosed by the presence of steatosis and a concomitant cardiometabolic risk factor (CMR)
 - CMRs: obesity, pre-diabetes/diabetes, hypertension, high triglycerides, or low HDL-cholesterol
 - This is in the setting of little to no alcohol use
- MASH: Metabolic dysfunction-associated steatohepatitis is fat with inflammation; it has the same diagnosis pathway as MASLD, but can lead to fibrosis/cirrhosis or cancer over time.
- Met-ALD: Metabolic Alcoholic Liver Disease is a combination of MASLD/MASH, CMRs and above minimal alcohol use
- ALD: Alcoholic Liver Disease is consumption of > 50g a day for females, > 60g a day for males
 - Does not have to have concomitant CMRs

Risk Stratifications

- Those who need risk stratification:
 - Type 2 Diabetes
 - Obesity with 1 CMR
 - Any other 2 CMRs together
 - Chronically elevated liver tests (ALT and AST)
- “Low-risk MASLD” is steatosis without inflammation
- “At-risk MASH” is those with fibrosis stage 2-3
- To determine MASLD/MASH type:
 - Step 1: Calculate Fib-4
 - Step 2: Use Elastography or ELF
 - Step 3: Assess for cirrhosis

Management of MASLD

- First line treatment is healthy diet and exercise
 - Body weight loss of $\geq 10\%$ can improve fibrosis
 - Body weight loss of any amount can improve steatosis
 - Mediterranean diet is recommended
 - CDC guidelines for activity are recommended
- CMR-focused management
 - Reduce overall cardiometabolic risk burden through treatments or interventions, which likely involves a multidisciplinary team
 - Statins are ok in MASLD/MASH
 - Antidiabetic medications are ok in MASLD/MASH

Antidiabetic Medications

- Glucagon-like peptide-1 (GLP-1) receptor agonists are not yet approved for the treatment of MASH, but have promising early trial results
 - This is a preferred medication to treat those with both diabetes and MASH
- Pioglitazone shows potential benefit for MASH in small trials
 - Could be an option for those with both diabetes and MASH
- Other antidiabetic medications such as sulfonylureas and metformin have not shown any liver benefits.

Weight Loss

- Lifestyle modification alone may not be enough for most people for weight loss or sustained weight loss
- Anti-obesity medications are part of the clinical management of obesity
 - GLP-1 agonist receptors are a good choice for patients with obesity, diabetes and/or MASLD/MASH
 - GLP-1s also have cardiometabolic benefits
 - Dual glucose-dependent insulinotropic polypeptide (GIP)/GLP-1 RAs work well on weight reduction and have early trial benefits for MASH
 - Dual GIP/GLP-1 RAs also have cardio-metabolic-kidney benefits
- Bariatric surgery and endobariatric procedures can be considered for those with non-cirrhotic MASLD/MASH
- Bariatric and endobariatric procedures have the highest weight loss results out of all the treatments

Approved Treatments: Resmetirom

- Rezdiffra, approved in March 2024, is specifically for MASH with fibrosis stage 2-3, or “at-risk MASH”
- NITs are used to identify “at-risk MASH” patients who are eligible for treatment, no liver biopsy is needed
 - Must do your due diligence in assessing for any signs or symptoms of cirrhosis or portal hypertension, as it is not indicated for these patients
- Drug interactions: strong CYP2C8 inhibitors such as gemfibrozil, cyclosporine, clopidogrel
- Statins: interactions at high doses, reduce doses before starting
- Adverse effects: upset stomach, nausea, diarrhea, vomiting, pruritus, or abdominal pain, among other less commonly reported ones
- Assess for significantly elevated liver enzymes/drug-induced liver injury (DILI) throughout treatment
- Response monitoring:
 - Can assess as early as 6 months for response
 - At 12 months assess for improvement, tolerability and therefore consideration to continue treatment
- Currently, this is a long-term medication, no specific recommended stopping point.

Other Management

- MASH cirrhosis: HCC screening with labs including AFP and INR, and abdominal imaging (usually ultrasound) every 6 months.
 - Can consider this treatment plan for those with MASH F3 fibrosis level, or with evidence of portal hypertension
- Vaccinate against Hepatitis A and B at every opportunity in those not immune

Reference:

Lam BP, Bartholomew J, Bau S, Gilles H, Keller A, Moore A, Nader K, Richards L, Henry L, Younossi ZM. Focused Recommendations for the Management of Metabolic Dysfunction-Associated Steatohepatitis (MASH) by Advanced Practice Providers in the United States. *J Clin Gastroenterol*. 2025 Apr 1;59(4):298-309. doi: 10.1097/MCG.0000000000002140. PMID: 39889206.

How to Submit to Your GHAPP Newsletter!

The GHAPP Newsletter is an informal, quarterly/tertiary summary of anything and everything that may interest a GHAPP member. For instance, we have written about weight loss medications, the basics of anal manometry, and new medications on the market for all GI subspecialties.

We encourage you to find a question you have about practice (for instance, what is the best PPI to start with for patients with new GERD?) and dig a little deeper to write up the answer that you find. Or, if you work in a subspecialty, tell us about the basics of what you want other providers to know, or perhaps some common misconceptions, or even just what to do when referring (i.e., do you like a workup to be sent before the patient sees you, or do you prefer to do it yourself?). Any idea for an article is likely an idea that someone else has wondered about, so you can't go wrong by exploring your thoughts and the information out there.

The possibilities for articles are endless. Since this is informal, you do not have to adhere to journal-level guidelines for your writing or citing, though we do ask that you provide the source of your information, and we will include it at the bottom for quick reference.

We are also looking for Professional Development shoutouts and Trivia Questions! Do you or your colleague have news to share, like a new leadership position or a recently won award? We want to celebrate! Do you have a great idea for a Trivia Question? Bring it on and stump the readers!

When an article is written, I will review it, edit it, let you know if any changes need to be made, and send it along to the newsletter team for you. So, all you have to do is write up your ideas!

Please email any questions or submissions to me at: als9267@med.cornell.edu

Thank you for your time and submissions!

Allysa Saggese

Director, Bridge the GHAPP Newsletter



Member Engagement and Communications Committees Update

A Milestone Year for GHAPP

Since its founding in 2017, the GHAPP organization has been a trailblazing force in the field. What began with just a handful of dedicated participants has grown into a dynamic national community of over 3,000 members, representing advanced practice providers across gastroenterology and hepatology in academic and community practices.

This year marks an exciting new chapter for our organization, one that many would say is long overdue. We are proud to introduce our inaugural **APP Clinical Excellence Awards**, developed through the collaborative efforts of our **Awards Task Force** within the **Member Engagement and Communications Committees**.



A few months ago, we invited you—our members—to submit nominations for outstanding APPs who exemplify excellence in our field. We were thrilled to receive **20 nominations**, showcasing the incredible talent and dedication within our community. The task force undertook the challenging job of reviewing each submission carefully. While the decision was not easy, we are excited to announce that winners have been selected—one in **Gastroenterology** and one in **Hepatology**.

These award recipients will be officially announced on **Saturday, September 6th, at 9:25 AM in Red Rock Ballroom**. We hope you will be there to help us celebrate and cheer on these deserving honorees.

Thank you to everyone who submitted nominations, and to all who continue to advance our mission and community each day.

Education Committee

This year, the GHAPP Education Committee proudly launched its new **Speaker Training Series**, an exciting milestone in our commitment to professional development. More than **60 faculty speakers** participated in the program, led by Harvard faculty member and public speaking coach, **Jill Slye**. The series is designed to sharpen communication skills and build speaker confidence. We're thrilled with the positive feedback and look forward to expanding this initiative for seasoned and emerging speakers in the year ahead.



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Earn 1.5 AAPA credit hours or
1.50 ANCC contact hours!

Hot Topics in Chronic Liver Disease and GI Disorders

A 2025
GHAPP Regional
Conference
Series

4 MEETINGS LEFT!

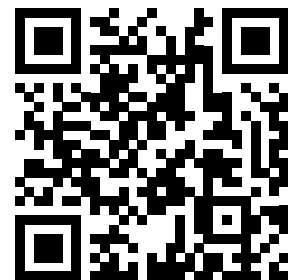
Miami, FL – October 9, 2025

New York, NY – October 16, 2025

New Orleans, LA – November 13, 2025

Scottsdale, AZ – November 20, 2025

**SCAN QR CODE FOR
REGISTRATION AND DETAILS!**



EIGHTH ANNUAL National Conference

SEPTEMBER 4-6, 2025

Red Rock Resort & Spa • Las Vegas, NV

ANCC & AANP Contact Hours and AAPA credits
will be available.

REGISTER NOW!

@ Email info@ghapp.org

📞 Call **877-782-4532**

🌐 Visit www.ghapp.org



NEW BOOT CAMP AVAILABLE!

Registration Open

EoE BOOT CAMP

Thursday, September 4: 4:00 PM-6:00 PM

Hilary Ugras, NP

Beth Israel Lahey Health

Amy Stewart, NP

Capital Digestive

Tedra Gray, NP

Sinai Health System

COMPLIMENTARY HEADSHOTS

The Ultimate Conference Swag!

Headshot Booth Hours:

Thursday, September 4: 12:00 NOON-8:00 PM

Friday, September 5: 11:00 AM-7:00 PM

Saturday, September 6: 8:00 AM-12:00 NOON



CHEERS FOR PEERS

My colleague **Danica Adkins, NP** has been selected to receive the UCLA Health Nursing **Interprofessional Colleague in Care Award!** This prestigious honor recognizes dedication, compassion, and leadership in patient care. Danica exemplifies the highest standards of professionalism and collaboration, making a meaningful impact on our team and the lives of our patients. The award was presented to Danica at the Nursing Award ceremony on May 12.

Submitted by **Edith Johannes, NP**

TRIVIA ANSWERS

?

Which Scoring system is used to predict 30-day mortality in upper GI bleed?

C) Rockall

Answer: C) Rockall

The Rockall Score predicts mortality in upper GI bleeding; the Glasgow-Blatchford Score is used for risk stratification before endoscopy.

?

Which of the following medications is contraindicated in patients with decompensated cirrhosis due to increased risk of renal injury?

C) NSAIDs

Answer: C) NSAIDs

NSAIDs can severely impair renal perfusion in cirrhosis by inhibiting prostaglandins, increasing risk of hepatorenal syndrome.



DOWNLOAD THE NEW GHAPP ACE 2.0!

The essential app for NPs and PAs in gastroenterology and hepatology.

- ▶ Access educational resources like FAQ videos, medication reviews, journal clubs, and podcasts.
- ▶ Stay updated on GHAPP events, connect with peers in the forum, and get the latest newsletter.
- ▶ Find practical tools like treatment algorithms and more.

Join today to elevate your practice with the latest in GI and liver health education.



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