

## *Evidence-Based GI: One-Year Review*



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*Evidence-Based GI: An ACG Publication (EBGI)* launched in October 2021. During the past year, we've created multiple initiatives to enhance the educational value to members of the American College of Gastroenterology (ACG) while remaining faithful to our core mission: providing evidence-based summaries of the best GI clinical research. GI research published in top general medicine journals, including *New England Journal of Medicine*, *JAMA*, *Annals of Internal Medicine*, and the *Lancet* is highlighted since these journals aren't routinely reviewed by many ACG members. We're dedicated to filtering the "wheat from the chaff" to identify the 1%-2% of published GI research that is relevant to your practice<sup>1</sup> by utilizing evidence-based medicine (EBM) critical appraisal techniques to identify well-designed studies that pro-

duce unbiased and clinically important results.<sup>2</sup> This approach was pioneered by the work of Brian Haynes and his colleagues at the American College of Physicians Journal Club for general internists. Of course, the philosophy of EBM recognizes that each individual patient is different and every question may not be answered by a randomized controlled trial (RCT). Therefore, we hope that our expert commentaries provide important context about the application of study results to patient care, as we highlight in the "Caution," "My Practice," and "For Future Research" sections.

Clinical practice guideline development has been greatly enhanced by EBM, and the ACG guidelines rely on high-quality RCTs to make strong recommendations. Therefore, we started the *In Case You*

*Missed It (ICYMI)* series which summarizes landmark RCTs from the past 3 years that are the basis for recommendations in new ACG clinical practice guidelines. This month's issue adds to this series by summarizing the seminal 2019 VA Cooperative Study<sup>3</sup> comparing laparoscopic Nissen fundoplication to aggressive medical therapy for heartburn, which is the foundation for recommendations about surgical management of GERD in the 2022 ACG Clinical Guideline for the Diagnosis and Management of Gastroesophageal Reflux Disease.<sup>4</sup>

We recognize that ACG members may use multiple different platforms to access educational material. Under the guidance of our Associate Editor for Social Media, Joseph Sleiman, we've created a social media team that produces weekly tweetorials of EBGI summaries. This has led to collaborations with @TuesdayNightIBS and @ScopingSundays that utilize our content as the foundation for their discussions. We look forward to expanding these collaborations with @MondayNightIBD, @GIJournal, and other live Twitter discussions. Podcasts of each summary are now featured on Spotify, Stitcher, Google and iTunes, and the publication is formatted for optimal reading on your smartphone. We encourage you to download the ACG Mobile App, which will facilitate this as well as providing easy access to other ACG educational material.

In 2023, we'll focus on outreach to GI fellows. *EBGI* is a natural resource for journal clubs at fellowship programs, and we hope to become an indispensable resource for this. We will be reaching out to GI fellowship program directors in our new venture of developing *EBGI*-branded slides to facilitate this. We'll also provide new links to other EBM resources, like the EQUATOR network, on our homepage. Also, look for issues devoted to specific themes, including a colorectal cancer (CRC) screening and prevention issue in March 2023.

Finally, this issue of *EBGI* is being released on Friday, November 11—Veteran's Day. As a Navy veteran and a physician at a Veterans Affairs Medical Center, I'm so thankful for the service of our active-duty military and our Veterans. Let's also remember the VA and military gastroenterologists who have conducted groundbreaking research. The implementation of screening colonoscopy is largely due to the results of VA Cooperative Study 380<sup>5-6</sup>, and its associated studies guide much of our approach to CRC screening. The CARE study highlighted the frequency of incomplete polyp resection.<sup>7</sup> The VA Cooperative Study program has also produced the RCT<sup>3</sup> comparing laparoscopic Nissen fundoplication versus medical therapy for PPI-unresponsive GERD highlighted in this issue of *EBGI* as well as producing the definitive RCT to determine if screening colonoscopy is superior to annual fecal immunochemical testing for CRC screening<sup>8</sup>, which

will report out results in the coming years. We owe a great debt to the Veterans who participate in this research as well as these researchers.

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