



 **WVU**Medicine

Advanced Center for Endoscopy

2024
Annual Report



Overview from ACE Physicians

Moving medicine forward with collaborative care, growth in underserved areas, and emphasis on education within — and beyond — the region

In 2024, our team broke barriers and made first-in-world headlines for advancements in endoscopic therapies and treatments.

But at the heart of this recognition lies a commitment to move medicine forward for patients in need of lifechanging endoscopic care. We do this by:

- Collaborating with multidisciplinary teams to bring advancements in preventive, diagnostic, and therapeutic initiatives to patients with gastrointestinal illness, cancer, and more. Our use of EUS-guided radiofrequency ablation — a first in the state — and the latest Cryoballoon device — a first in the world — are both examples of how endoscopic technology can offer new pathways for healing in collaboration with teams across WVU Medicine. Moving forward, we plan to continue our close partnership and support with the WVU Cancer Institute as it pursues National Cancer Institute designation, the gold-standard for cancer institutes.
- Educating others, as leaders in the industry, on endoscopic treatments and standards that improve patient outcomes, prioritize safety, and pioneer new strategies in endoscopic medicine. We succeeded in bringing the state's first advanced endoscopy conference to fruition with the WVU Interventional and Surgical Endoscopy Conference, which drew in more than 250 participants with the goal of improving access to endoscopic education in the underserved tri-state region. We look forward to continuing our commitment to education with the expansion of our Advanced Endoscopy Fellowship, which can train up to two fellows in various endoscopic procedures in an environment with high and complex patient volumes.

- Growing to reach not only patients in Morgantown, but also communities with limited access to lifesaving endoscopic care. When a 2024 flood threatened to destroy ACE equipment and endoscopy rooms, our teams pulled together resources to create a space even better and more capable of serving patients than ever before. Our team further prioritized increasing access to care by traveling to rural areas of the state as a supplement to our Round-Trip ERCP Program and through placing the first-ever endoscopist at WVU Medicine Berkeley Medical Center in Martinsburg.

Heading into 2025, we plan on breaking additional barriers in medicine with a core promise to our patients at home in Morgantown and beyond the tri-state region to serve them with compassionate, world-class endoscopic care.



Shyam Thakkar, MD
Director of Advanced Therapeutic Endoscopy



Shailendra Singh, MD
Director of Bariatric Endoscopy



Matthew "Skip" Krafft, MD
Advanced Endoscopy Fellowship Director

2024

Highlights at a Glance



5,370

Total Advanced Procedures

35 Total Presentations

20 Total Publications

11 Awards & Recognitions

First in the world: Global leaders in esophageal cancer prevention methods

The WVU Medicine ACE team trailblazed new methods in treating Barrett's esophagus, a common, precancerous condition that can lead to esophageal cancer. As the first team in the world to use the FDA-approved 180° C2 Cryoballoon, ACE is leading the way in introducing new methods for cancer prevention and advancement. Learn more about this new technology in our Innovations in Surgical Endoscopy section.

More than 200
round trips to
underserved
areas in 2024

Average end of
recovery to
discharge time:
70 minutes

Average arrival to
operating room
completion:
136 minutes



“It’s incredible to know that our patients across the state have access to the most advanced endoscopic care in the country — regardless of where they live — and can return to their home communities within the same day.”



Albert L. Wright, Jr.
President and CEO of the WVU Health System

World-Class Endoscopic Care in Rural Communities

Endoscopic care offered in Wheeling and Martinsburg

ACE expands to Northern Panhandle



In 2024, ACE physicians began traveling to WVU Medicine Wheeling Hospital to provide in-house advanced endoscopy procedures on a weekly basis. Through this service, WVU ACE has provided endoscopy services to residents of the Upper Ohio Valley who otherwise encounter hardships to undergo endoscopy at our flagship, J.W. Ruby Memorial Hospital.

ACE expands to Eastern Panhandle

In October, Yousaf Hadi, MD, joined the WVU Medicine ACE Team at WVU Medicine Berkeley Medical Center in Martinsburg. Dr. Hadi's new role opens doors for patients in need of several endoscopic therapies and treatments, including:

- Deep enteroscopy
- Endoscopic mucosal resection
- Endoscopic submucosal dissection
- Endoscopic ultrasound
- ERCP
- Third space endoscopy



The arrival of Dr. Hadi means the latest endoscopic treatments are available for Eastern Panhandle residents without the need for long-distance travel. Dr. Hadi completed his general GI training at WVU Medicine J.W. Ruby Memorial Hospital, followed by his Advanced Endoscopy Fellowship at Mount Sinai Medical Center in New York.

What's in Store for 2025

- **Expansion** of our endoscopy resources at J.W. Ruby Memorial Hospital in Morgantown will increase our capabilities of serving additional patients in new ways. Construction began in 2024 for 12 additional pre- and post-recovery bays as well as three additional state-of-the-art procedural rooms.
- **Growth** of our satellite programs beyond Wheeling and Martinsburg will break barriers in access to endoscopic care. This initiative connects the endoscopic resources of our team in Morgantown with the needs of patients in other areas of the state.
- Our team will continue to represent groundbreaking endoscopic **research** at Digestive Disease Week 2025, the world's largest research meeting and educational forum for gastroenterology, bariatrics, GI endoscopy, gastrointestinal surgery, and related fields.
- The **state's first-ever advanced endoscopy conference**, WVU Interventional and Surgical Endoscopy (WISE) Conference, is gearing up to have its largest and most successful year yet. Our team is hard at work planning and preparing to host an optimal environment for participants to learn the latest in endoscopic strategies. **WVUWISE.com**



DDW 2025 (San Diego, CA)

Please Join Us!

Oral Presentation

Comparison of outcomes of endoscopic sleeve gastroplasty with and without extensive argon plasma coagulation

Saturday, May 03 • 10:52 am • 5

Oral Presentation

EUS guided radiofrequency ablation (RFA) of celiac ganglion using a novel RFA needle for pain management in patients with pancreatic cancer: a pilot study

Sunday, May 04 • 10:13 am • 6DE

ASGE Video Plenary Session 1

EUS-directed enteroenterotomy and endoscopic submucosal dissection for a refractory hepaticojejunal anastomotic stricture in a liver transplant recipient

Monday, May 05 • 8:26 am • 6AB

Oral Presentation

Glucagon-like peptide-1 receptor agonist therapy is associated with elevated risk of gallbladder and biliary tract disease in individuals with overweight or obesity: a propensity matched multi-institutional network analysis

Monday, May 05 • 2:00 pm • 6C

Oral Presentation

Randomized trial comparing treatment of malignant gastric outlet obstruction by surgery versus endoscopic ultrasound (EUS)-guided gastroenterostomy (Goose Trial)

Tuesday, May 06 • 8:24 am • 6DE

WVU ACE will have 14 additional presentations, including posters and evening symposia at DDW 2025.



Research and Awards

20

Peer-reviewed journal and textbook publications in 2024

35

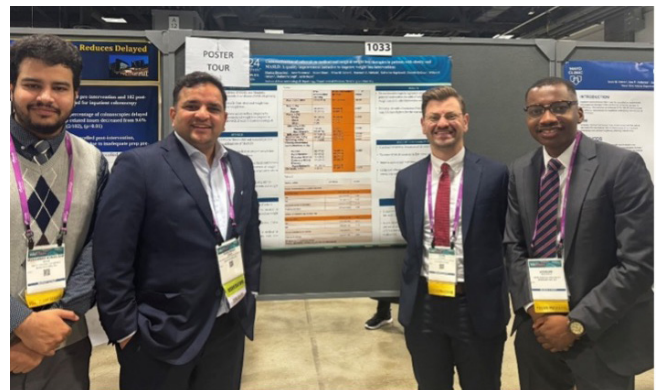
Abstracts presented at conferences in 2024, including:

- Digestive Diseases Week
- American College of Gastroenterology's Annual Scientific Meeting (ACG)
- Pennsylvania Society of Gastroenterology (PSG) Conference

Digestive Disease Week (DDW) and Beyond

WVU Medicine ACE presented 15 posters and seven oral presentations at the 2024 DDW Conference, the largest gastroenterology conference in the world.

ACE also showcased its skill and expertise by participating in the ASGE Video Plenary session with a lecture titled, "Creation of EUS-guided fresh anastomosis between gastric pouch and Roux limb for management of refractory gastrojejunal strictures in Roux-en-Y gastric bypass patients: a case series."



Noteworthy, national consensus guidelines and best practices from ACE faculty:

- Clinical practice guideline on Barrett’s esophagus, co-authored by Dr. Singh

Rubenstein JH, Sawas T, Wani S, Eluri S, Singh S, et al. AGA Clinical Practice Guideline on Endoscopic Eradication Therapy of Barrett’s Esophagus and Related Neoplasia. *Gastroenterology*. 2024; 166(6): 1020-1055.

- Consensus statement on artificial intelligence in endoscopy, co-authored by Dr. Thakkar

ASGE AI Task Force; Parasa S, ..., Thakkar S, et al. Consensus statements on the current landscape of artificial intelligence applications in endoscopy, addressing roadblocks, and advancing artificial intelligence in gastroenterology. *Gastrointest Endosc*. 2025; 101(1): 2-9.

- Adverse Events of ERCP: Prediction, Prevention, and Management: chapter co-authored by Dr. Krafft

In the 4th edition of ERCP Bilal M, Krafft MR, Freeman ML. (2024). *Adverse Events of ERCP: Prediction, Prevention, and Management*. In TH Baron, DL Carr-Locke, RA Kozarek, DN Reddy (Eds.), *ERCP: Fourth edition*. (pp. 67-77). Elsevier.

2024 ACG Annual Scientific Meeting

- 2 Outstanding Poster Presenter Awards
- 1 Presidential Poster Award
- 1 Outstanding Research Award



ACG Social Media Acumen Award

2024 Pennsylvania Society of Gastroenterology

WVU ACE fellows received five travel awards for trainee research presentations and brought home the “Gastro Cup.”



ASGE 2024 World Cup of Endoscopy		
Alexandre Bestetti		8.00
Hany Shehab		7.33
Prakash Zacharias		7.25
Shailendra Singh		6.83
Sarang Gupta		6.50
Xiaoyue Xu		6.33
Sunil Gupta		6.00
Shunsuke Kamba		5.50

Shailendra Singh, MD, and the ACE research team placed fourth in the 2024 ASGE World Cup of Endoscopy with the novel procedure Endoscopic Braun Enteroenterostomy for management of severe bile acid reflux following Whipple surgery.

The innovative procedure provided relief to a patient suffering from bile reflux, which can occur after Whipple surgery. While the Braun enteroenterostomy could historically only be performed surgically, Dr. Singh demonstrated the ability to perform this procedure endoscopically.

Cohen EM et al. Endoscopic Braun enteroenterostomy for the management of severe bile acid reflux following Whipple surgery. *VideoGIE*. 2024; 9(9): 405-407.



Wise Conference WVU Interventional and Surgical Endoscopy (WISE) Conference



“Wising up:” West Virginia’s first advanced endoscopy conference

In spring 2024, ACE debuted the inaugural WVU Interventional and Surgical Endoscopy (WISE) Conference.

This CME-sponsored, two-day event drew in over 250 participants and featured 15 distinguished guest faculty from academic centers across the United States.

Participants learned about cutting-edge advanced endoscopy while procedures were broadcast in real time from J.W. Ruby Memorial Hospital to Nemaocolin Resort with a synchronous live panel discussion.

Faculty presented didactic lectures conveying medical concepts and practical tips to course participants.

The conference concluded with the WISE Hands-on Workshop, a training session (wet lab) in which participants practiced the newest advanced endoscopic procedures on ex-vivo (pig) gut specimens.

WVU GASTROENTEROLOGY & HEPATOLOGY

WISE CONFERENCE

April 11-12, 2025

Nemaocolin / Farmington, PA

Who: Gastroenterologists, surgeons, internal medicine physicians, nurse practitioners, nurses, and endoscopy technicians

What: WISE will feature a comprehensive demonstration and review of various endoscopic procedure techniques and technology. Multiple live procedures combined with extensive discussions will demonstrate cutting-edge advances in luminal endoscopy – third space, bariatric and surgical endoscopy, EUS, and ERCP.

WISE will also feature various lectures by leaders in the field of endoscopy and dedicated fellows and nurses’ sessions with intensive hands-on training to help them improve their skills and stay up to date with the latest techniques and technologies.

Where: WISE will be hosted at the luxurious Nemaocolin in Farmington, Pennsylvania. Nemaocolin is a five-star resort featuring fine dining, spas, golf, and other amenities. Learn more at Nemaocolin.com.



Topics Include:

- Per Oral Endoscopic Myotomy
- Endoscopic Bariatric Therapies
- Therapeutic EUS
- Third Space Endoscopy
- Pancreas and Biliary Endoscopy
- Challenges and New Frontiers
- Artificial Intelligence
- Expanding Horizons of Endoscopic Surgery
- Endoscopic Resection
- Endoscopic Surgery
- Multidisciplinary Care
- Endoscopic Management of Leaks, Fistulas, and Perforations
- Hands-On Workshops
- Endoscopic Innovations Industry Symposium

Following this conference, participants should be able to:

- Discuss the current optimal endoscopic techniques
- Discuss the latest advances and future technology in luminal, pancreaticobiliary, surgical, and bariatric endoscopy
- Describe techniques for endoscopic procedures, such as advanced resection, defect closure, endoscopic suturing, hemostasis, third space, bariatric and surgical endoscopy
- Discuss and describe the latest breakthrough procedures in diagnostic and therapeutic endoscopy
- Discuss endoscopic oncology, surgical endoscopy, and artificial intelligence

Hands-on courses in:

- Advanced hemostasis and closure
- Endoscopic mucosal resection
- Endoscopic submucosal dissection
- Endoscopic full-thickness resection
- Radiofrequency ablation
- Cryoablation
- Luminal stenting
- Endoscopic suturing

Invited National & International Speakers



Ji Young Bang, MD



Mohammad Bilal, MD



Peter Draganov, MD, FASGE



Vivek Kumbhari, MB, ChB, PhD



Pichamol Jirapinyo, MD, MPH



Harshit Khara, MD, FACG, FASGE



Christopher C. Thompson, MD, MSc, FASGE, FACG, AGAF



Stuart Amateau, MD, PhD, FASGE, FACG, AGAF



Nikhil Kumta, MD, MS



Jessica Widmer, DO



Prabhleen Chahal, MD, FASGE, FACG, AGAF



Allison Schulman, MD, MPH, FASGE



Neil Sharma, MD, FACG, FASGE, AGAF



Diogo Turiani Hourneaux De Moura, MD, MSc



Shyam S. Varadarajulu, MD



Amol Bapaye, MD, MSGEI, FIGS, FASGE, FJGES

Learn more at

WVUWISE.com

Scan to Register





ENDOSCOPIC ULTRASOUND PROGRAM

EUS STATS

1,132

Total EUS cases

0.90%

Complication rate

439

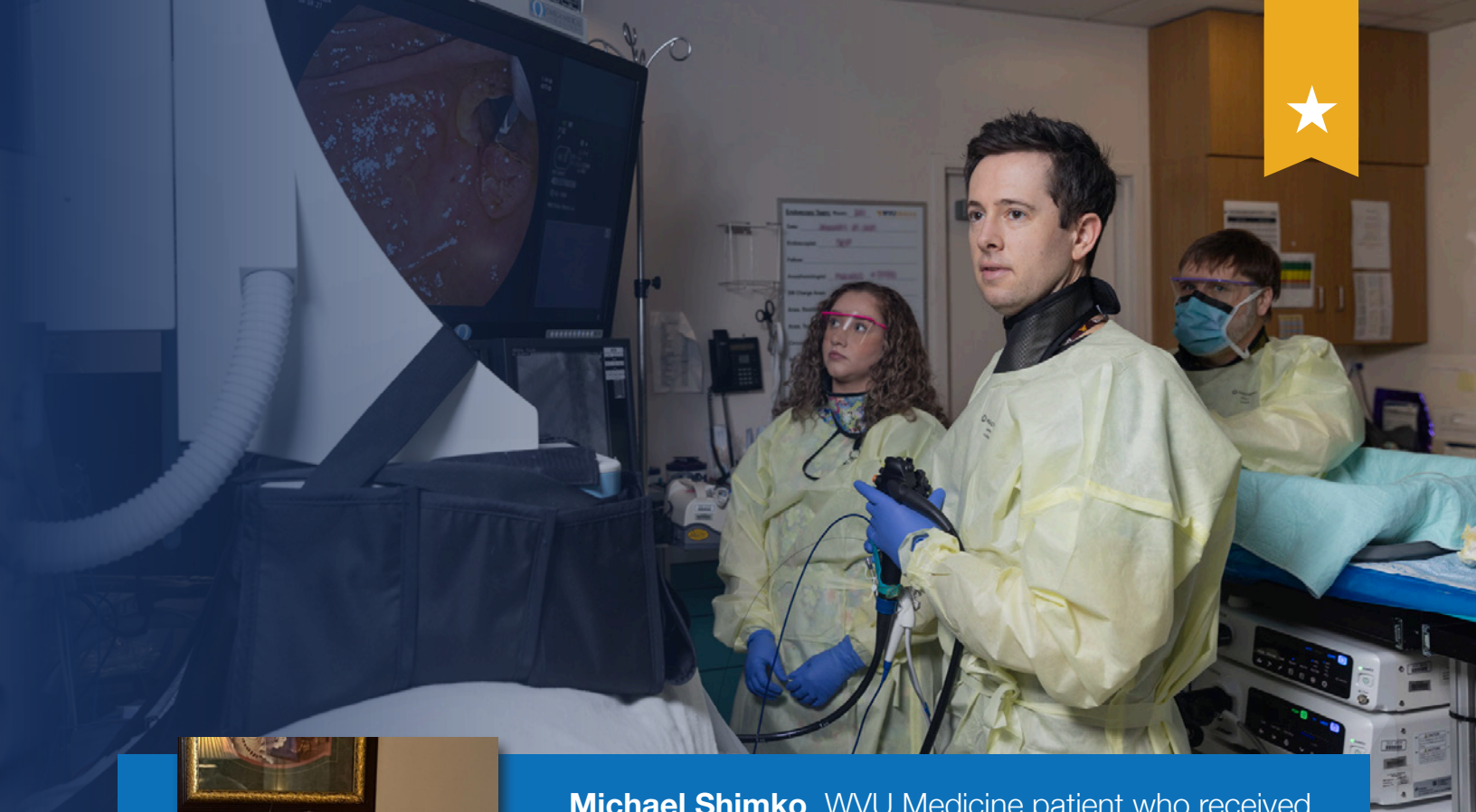
Interventional EUS

First-in-state for EUS radiofrequency ablation

Harnessing the heat and power generated by radiofrequency energy, EUS radiofrequency ablation (RFA) is a minimally invasive procedure in which a thin needle is guided by endoscopic ultrasound to target and destroy tumor cells.

The procedure has proven especially useful in treating pancreatic neuroendocrine tumors and may be useful in treating pancreatic adenocarcinoma and cystic pancreatic lesions. EUS RFA also helps ablate nerve fibers in the celiac plexus (a bundle of nerves in the abdomen), a common source of severe pain in those with advanced pancreatic cancer.

In 2024, ACE physicians became the first in the state to use EUS RFA for patients suffering from severe pain due to pancreatic cancer. The initiative was made possible by a grant from the GI21 Foundation.



Michael Shimko, WVU Medicine patient who received a minimally invasive, EUS guided RFA ablation of insulinoma — a rare pancreatic tumor — when surgery was not an option

“I am so grateful to the ACE team for providing our family with a less-invasive procedure to treat my husband’s rare pancreatic tumor. This procedure saved my husband’s life.”
—Janet Shimko

Moving Medicine Forward: Multi-Center Randomized Controlled Trials (RCTs)

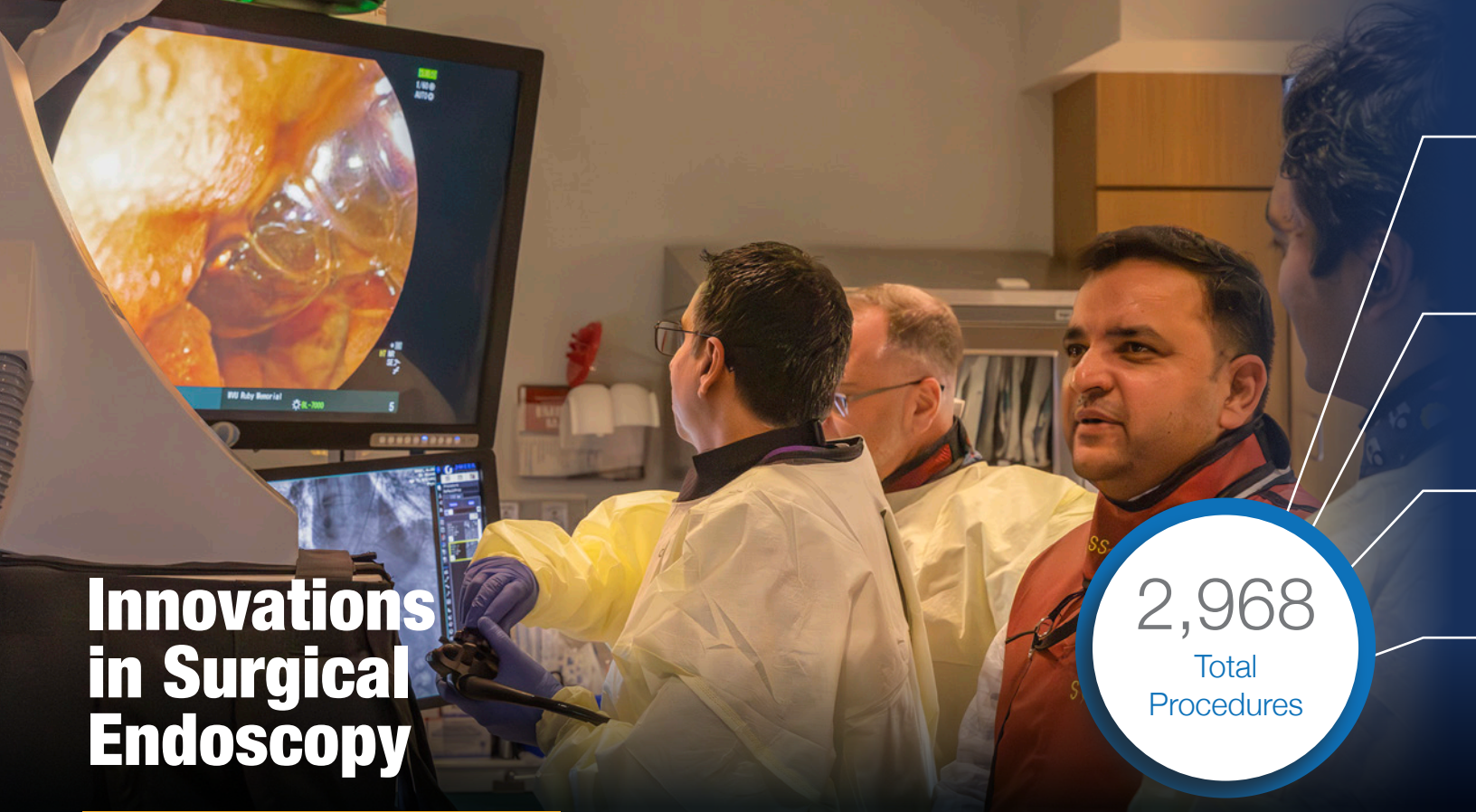
The ACE research team participated in several randomized, multi-center clinical trials in 2024.

GOOSE Trial: surgery versus endoscopic management of malignant gastric outlet obstruction (GOO)

A common complication of advanced pancreatic or duodenal cancers, GOO is associated with nausea, vomiting, abdominal pain, and nutritional deficiencies. The GOOSE Trial compares endoscopic ultrasound (EUS)-guided gastrojejunostomy and standard (surgical) gastrojejunostomy for management of malignant GOO. The results of this landmark study will be presented at Digestive Disease Week 2025 in San Diego.

EPOCH Trial, a multi-center trial to assess pain management options for patients with chronic pancreatitis

A multi-center study involving academic sites that are members of the United States Pancreatic Disease Study Group (USPG), the EPOCH trial explores the effectiveness of EUS-guided celiac plexus block for palliation of pain in patients with chronic pancreatitis. To learn more about referring a patient for the trial, please fax us at 304-293-2135.



Innovations in Surgical Endoscopy

2,968
Total Procedures

2024: A year of firsts

WVU Cancer Institute first in the world to use device that lowers risk of esophageal cancer

Our team was the first in the world to commercially use the new, FDA-approved 180° C2 Cryoballoon in the treatment of Barrett's esophagus, the precancerous condition leading to esophageal cancer.

The innovative device offers a novel approach to reducing risk of cancer progression.

The 180° C2 Cryoballoon enables a highly targeted, minimally invasive cryotherapy treatment that effectively freezes and eliminates abnormal cells in the esophagus. This advanced method enhances safety and precision, providing a new tool in the fight against esophageal cancer.



The new 180 degree C2 Cryoballoon device

Cryogenic spray therapy puts the freeze on esophageal cancer

First-in-state treatment now available at J.W. Ruby Memorial Hospital

Patients with esophageal tumors often experience malignant dysphagia — or difficulty in swallowing — due to an obstruction, complicating their treatment and preventing them from eating food normally. ACE became the first in West Virginia to provide an innovative solution to this problem.

The use of cryogenic spray therapy for esophageal cancer is new. In fact, Ruby Memorial Hospital is one of only a handful of academic medical centers in the region now offering this service.



The procedure uses liquid nitrogen to destroy esophageal tumors through a freeze-and-thaw process, or cryotherapy. This allows cancer cells to be destroyed while surrounding tissue remains intact. Cryotherapy reduces scarring, pain, and overall recovery time.



Painless procedure provides immediate relief

"Several years ago, I was diagnosed with idiopathic gastroparesis, which caused me to experience daily nausea, abdominal fullness, appetite loss, and bloating. These symptoms negatively affected my work and home life alike. I was ultimately referred to Dr. Matthew Krafft, who met with me and recommended the G-POEM procedure. The procedure itself was incisionless and essentially painless.

Almost immediately afterward, my symptoms disappeared. I could once again eat without getting sick and no longer required medication for this issue. My entire experience with Dr. Krafft and the ACE Team was outstanding. I therefore recommend that anyone struggling with gastroparesis or advanced GI issues seek consultation with the ACE Team."

— Andrew Ross, RN, Morgantown, WV



The POEM Evolution and Revolution

DID YOU KNOW?

In 2022, ACE physicians performed the first G-POEM and Z-POEM in West Virginia. Since then, the ACE team continues to perform all forms of POEM (E,G, and Z) with excellent outcomes.

Background

Peroral endoscopic myotomy (POEM) refers to a category of endoscopic procedures in which spastic muscle sphincters are cut to relieve obstructions in the esophagus and stomach.

2008

Esophageal peroral endoscopic myotomy (E-POEM) emerges as a treatment of achalasia, a disease in which the lower esophageal sphincter fails to relax after swallowing thereby leading to esophageal food impaction. Over the ensuing decade, E-POEM is proven to be equally effective and less invasive than the traditional surgical treatment, Heller myotomy.

2013

Gastric POEM (G-POEM) is born, allowing physicians to alleviate symptoms of gastroparesis by endoscopically cutting the pylorus. Transection of the pylorus treats a component of gastroparesis whereby the pylorus muscle spasms (pylorospasm), causing inappropriate food retention in the stomach. G-POEM is a treatment option for patients with gastroparesis who deteriorate despite traditional medical therapy.

2016


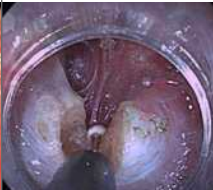

Zenker-POEM (Z-POEM) offers a new, minimally invasive method of treating Zenker's diverticulum, a condition in which a pouch forms at the top of the esophagus, causing difficulty swallowing and increased risk for choking and aspiration.

2023

Medicare authorizes the E-POEM procedure.

2025

G-POEM and Z-POEM become mainstream treatment options for patients in need of minimally invasive endoscopic therapy for gastroparesis and Zenker's diverticulum.

How to think about G-POEM		
Endoscopic pyloromyotomy	Endoscopic pyloromyotomy	Patent pylorus after G-POEM
Spastic (tight) pylorus impedes stomach emptying	Endoscopic tunneling to expose and cut the pylorus ring	Pylorus is now permanently open after completion of G-POEM
		

ERCP Program

Mitigating risk | Prioritizing safety |
Improving patient outcomes

1,163

Total ERCP

2.85%

Post-ERCP Pancreatitis Rate

0.95%

Post-ERCP Bleeding Rate

0.09%

Post-ERCP Perforation Rate

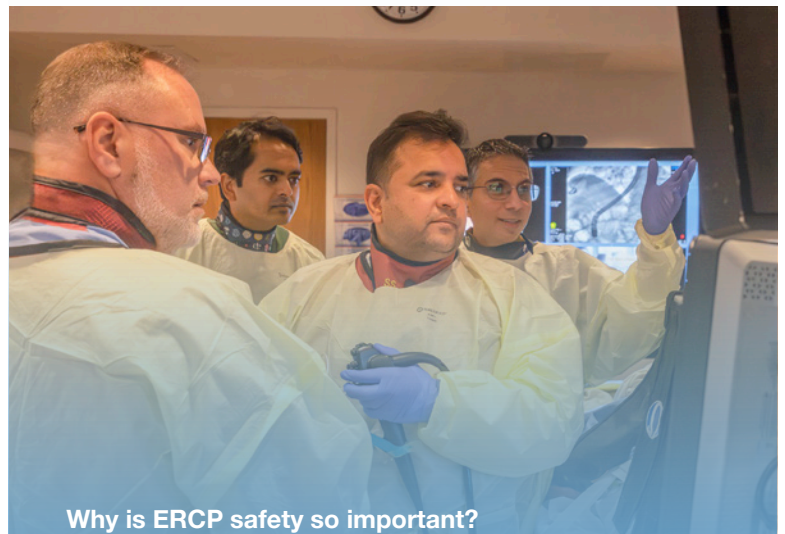
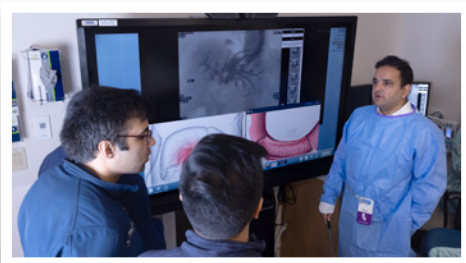
0.43%

Post-ERCP Cholangitis Rate

WVU ACE ERCP Statistics

Two variables measure the success of an ERCP:

- Technical success: Was the procedure completed correctly?
- Adverse events: Did a complication occur during or after the procedure?
 - WVU ACE ERCP Technical Success: 99%
 - WVU ACE ERCP Adverse Events: 4.32%



Why is ERCP safety so important?

ERCP is the most hazardous routine procedure performed by gastroenterologists, carrying an overall adverse event (AE) rate of 6.8%. Post-ERCP pancreatitis is the most common ERCP-related AE, occurring in 3.5 to 9.7% of patients. The responsibility of patient safety rests on the ERCP operator, as there are numerous ways to mitigate ERCP risk. ACE substantially reduces this risk.

How does WVU Medicine ACE mitigate the risk of ERCP-related adverse events?

- *Emphasis on training*

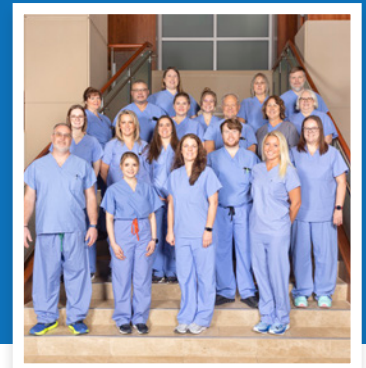
A survey in 2017 suggested that as few as 25% of ERCP operators had undergone formal ERCP training in the U.S. However, all ACE faculty have been formally trained in ERCP.

- *High-volume operators*

Endoscopist case volume and experience is inversely proportional to the risk of ERCP adverse events. The combined ERCP case volume of ACE physicians was more than 1,100 in 2024 — among the highest per provider volume in the nation.

- *Skilled endoscopy nurses and surgical technicians*

ERCP is a team endeavor that requires a primary operator and two assistants. The nursing and surgical technician support staff at J.W. Ruby Memorial Hospital is well-trained and experienced, which helps the ACE team achieve optimal outcomes.

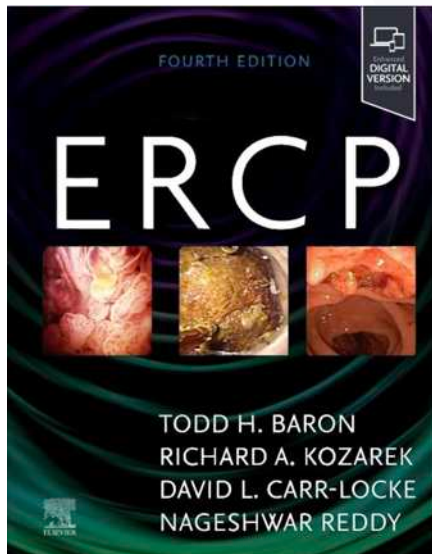


State-of-the-art equipment minimizes infection risk

At ACE, we use state-of-the-art equipment, including disposable endoscopes and reusable duodenoscopes with removable caps, along with a stringent, manual cleaning process to prevent infections during procedures. Our physicians are trained in identifying the most appropriate scope to use for each procedure based on patient risk and other variables.



ACE educates on prevention and management of ERCP-related adverse events



9: Adverse events of ERCP: Prediction, prevention, and management

Mohammad Bilal, Matthew R. Krafft, Martin L. Freeman

Introduction

Endoscopic retrograde cholangiopancreatography (ERCP) has an overall adverse event rate of 6% to 10%,¹ which is significantly more risk than most other endoscopic procedures. To limit patient exposure to this inherently hazardous procedure, ERCP has almost exclusively become a therapeutic intervention. Diagnostic ERCP has been replaced by non-invasive imaging modalities, such as high-resolution computed tomography (CT), magnetic resonance imaging (MRI), and the less invasive endoscopic ultrasound (EUS).

In the preeminent textbook on ERCP, Dr. Krafft outlines the patient-, procedure-, and operator-related risk factors for post-ERCP pancreatitis and other ERCP-related adverse events, including prevention and management.





Bariatrics

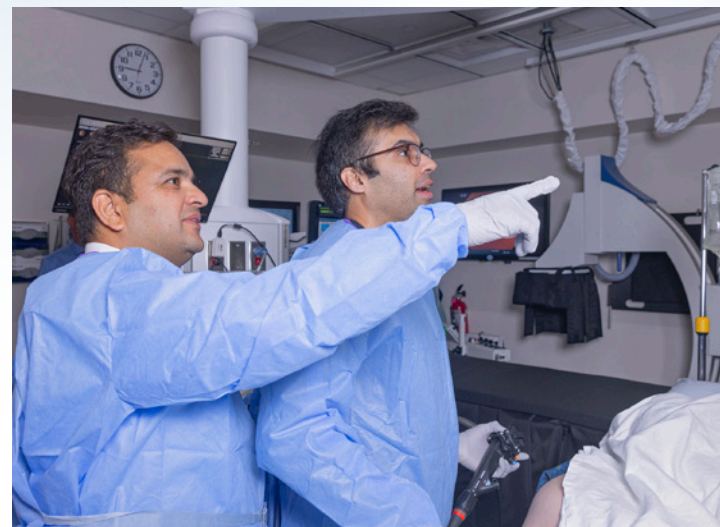
172

Enteral stent/bariatric procedures

The nationally recognized bariatric endoscopy program at WVU Medicine offers a wide range of endoscopic procedures to patients suffering from obesity.

As a premier training center for bariatric endoscopy, our team trains fellows and mentors colleagues while hosting events aimed at sharing knowledge and hands-on education within the field.

Our research is helping to move medicine forward, increasing treatment options for bariatric patients across the nation.



Advancing the field of bariatric medicine with groundbreaking clinical trials

The **REVITALIZE-1** trial aims to evaluate the efficacy and safety of duodenal mucosal resurfacing (DMR) using the proprietary Revita system in individuals with type 2 diabetes on insulin therapy. This study is currently enrolling patients.

The **REMAIN-1** trial explores the efficacy and safety of Revita DMR for body weight maintenance in patients with obesity who have achieved at least 15 percent weight loss on tirzepatide therapy. This study is currently enrolling patients.

2024

Community Education and Engagement

ACE goes global

ACE physicians are sharing groundbreaking endoscopic techniques beyond state borders.

From Chicago to Ahmedabad, India, ACE faculty travels the globe to direct courses, model procedures, and mentor others on the latest in endoscopic advancements.



2024 National Pancreas Foundation (NPF) Gala



ACE physicians were recognized at the 2024 NPF Pittsburgh Courage for a Cure Gala, which brought together a passionate community and raised \$180,000 to fund the ongoing fight against pancreatic disease.

Shailendra Singh, MD, was awarded the “Rising Star Award” for his relentless pursuit of advancing care for patients with pancreatic disease.



ACE physicians have led and participated in the growth of the Foundation for Interventional and Therapeutic Endoscopy (FITE), the only

organization focused on the healthy growth and adoption of advanced therapeutic endoscopy. Learn more at EndoscopyFoundation.org

ACE team collaborates with leaders from Pennsylvania academic medical centers to organize and host the 2024 PSG Conference

- Conference participants attended didactic lectures and a hands-on workshop featuring a full endoscopy simulation wet lab.
- The WVU Gastroenterology Fellowship won the PA statewide “GI Jeopardy” (clinical knowledge) competition.
- Matthew “Skip” Krafft, MD, presented his ongoing research of post-pyloric feeding tubes as the first recipient of the PSG Research Grant Award in 2023.



Advanced Endoscopy Fellowship (AEF)

The WVU Medicine Advanced Endoscopy Fellowship is the first training program of its kind in West Virginia. Since the training program’s inception in 2022, ACE has trained and graduated two exceptional physicians who have gone on to become regional leaders.

“My advanced endoscopy training at WVU was exceptional due to multiple mentors who provided diverse perspectives and expertise. The program offered a balanced mix of pancreaticobiliary (PB), third-space, and bariatric endoscopy, ensuring comprehensive skill development. It was a truly transformative experience that prepared me to excel in my career.”



Rohit Agrawal, MD
Assistant Professor of Medicine
Gastroenterology – Advanced Endoscopy
Loyola University Chicago



ADVANCED CENTER
FOR ENDOSCOPY

HSC Room 5500
64 Medical Center Drive
Morgantown, WV • 26508

Call **855-WVU-CARE** or **304-293-4123** to
schedule an appointment or refer a patient.

WVUMedicine.org