department visit and/or emergent endoscopy, 46 patients (42%) had documented food allergies after testing by allergy clinic, and 39 patients (36%) had a history of one or more esophageal dilations. Of the patients who underwent esophageal dilations, 7 patients (18%) were maximally dilated to 18 mm, 5 patients (13%) to 17 mm, 9 patients (23%) to 16 mm, and 8 patients (21%) to 15 mm. Of the 42 patients (95%) who first presented with food impaction, 13 patients (31%) were diagnosed with weak peristalsis, 24 patients (57%) presented with food impaction undergone esophageal dilation compared to 22 of the 65 (34%) who presented with dysphagia alone (p=0.604). The average length of benefit from dilation up to 15 mm was 25 months compared to 16 months with higher esophageal dilations (p=0.271).

**Conclusion:** In this retrospective review, there was no significant difference in the likelihood of subsequent dilations in patients with esophagoscopic esophageal dilatations who first presented with acute food impaction compared to those patients with EsO who presented with dysphagia. Additionally, there was no difference in length of benefit in patients who received dilations to 15 mm compared to dilation to higher diameters. Esophageal dilation to at least 15 mm appears to be as beneficial as dilation to higher esophageal diameters.

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**Diagnosis of Weak Peristalsis**

**Introduction:** A previously developed multi-gene RT-PCR expression assay of 77 human genes (ENGAGE™-GI-Esophageal Esophagitis) was analytically validated for the identification of a common Esophageal Esophagitis (EsO) diagnosis as well as differentiation from GERSD and ability to predict a relapse of EsO. We validated the performance of this assay with respect to RT-PCR amplification efficiency and ability to correctly diagnose EsO in a clinical reference laboratory environment. We designed this study to determine the assay’s reproducibility and robustness in sections taken from formalin-fixed paraffin-embedded (FFPE) tissue blocks, taking the histology result as the gold standard.

**Methods:** Tissue material from 22 patients was studied. Extracted RNA was reverse transcribed and assayed for 50 up-regulated and 27 down-regulated EsO related genes using GAPDH as the reference gene. A custom designed TaqMan Low Density Array (TLDA) card on an ABI ViiA™ 7 Real-Time PCR System was used along with previously described experimental conditions. Raw CT values were compared between laboratories for proportionality for each sample being analyzed, as was the ability to conform to a EsO score that indicated a positive diagnosis of EsO.

**Results:** Acceptable performance ranges were observed for each gene across the samples tested. Amplification efficiencies for the assay genes averaged 96.5% (range, 92.5-104.1%). In 21 of the 22 cases, samples were classified correctly, demonstrating high reproducibility in the classification for tests performed at 2 separate laboratories on the same sample. Of the one false negative sample, insufficient RNA amount was obtained, therefore the result was not as quality controlled. Of the remaining twenty-one samples, ENGAGE™-GI-Esophageal Esophagitis accurately diagnosed EsO with a sensitivity and specificity of 100% and 100%, respectively.

**Conclusion:** A site performance study conducted was able to validate the reliability and reproducibility of a gene test panel (ENGAGE™-GI-Esophageal Esophagitis) for EsO samples. Results indicate that this test produces clinically robust and reproducible results under typical experimental and CLIA laboratory conditions.

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**Laparoscopic Heller Myotomy Is the Preferred Modality for Treatment of Achalasia Among Both Academic and Non-Academic U.S. Gastroenterologists**

A total of 930 physicians (84.3% attendings, 13.8% trainees) responded to the survey for a 30% overall response rate. Respondents included 500 (66.8%) attending academic physicians (AP), 309 (44.6%) attending private practitioners (PP) and 248 (33.2%) attending academic physicians (AP). LAP was the overall preferred modality among younger gastroenterologists and gastroenterologists with low achalasia case volumes. Our aim was to investigate whether academic and private practice gastroenterologists expressed different preferences for achalasia treatment.

**Methods:** In October 2013, 8,570 members of the AGA and ACG were sent a 16-question online questionnaire using SurveyMonkey®. Data collected included attending or trainee status, practice type, achalasia case volume, personal use of PD and preferred achalasia treatment.

**Results:** Overall, 930 physicians (84.3% attendings, 13.8% trainees) responded to the survey for an overall response rate of 11.0%. Respondents included 300 (66.8%) attending private practitioners (PP) and 248 (33.2%) attending academic physicians (AP). LAP was the overall preferred modality among both AP (53.7%) and PP (55.0%). Attending AP were more likely to prefer PD (39.6% vs. 24.3%, p<0.004) and less likely to prefer BoNT (6.5% vs. 20.6%, p<0.001) when compared to PP. Attending AP reported that they were more likely to either personally perform PD or have colleagues within their practice perform PD (84.3% vs. 45.9%, p<0.001) than their PP counterparts. High volume (>10 new cases per year) AP attendings were the only group to prefer PD over LAP (51.4% vs. 36.4%, p=0.19) when compared to all PP attendings and AP attendings who see fewer than 10 cases per year, though this difference was not statistically significant. Of note, FP attendings who see fewer than 10 cases per year were more likely to prefer BoNT than their PP counterparts who see a similar achalasia case volume (21.1% vs. 7.1%, p<0.001).