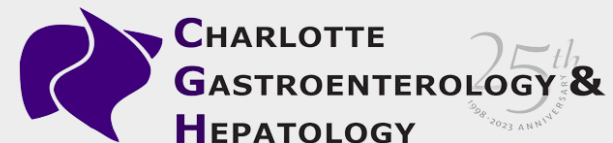


North Carolina Society of Gastroenterology 2024 Annual Meeting



General GI Panel Discussion

Dennis D. Kokenes, MD



Buried in Wegovy Costs, North Carolina Will Stop Paying for Obesity Drugs

Starting April 1, state employees in North Carolina will no longer have insurance coverage for costly weight-loss medications like Wegovy and Zepbound.



Dale Folwell, North Carolina's treasurer, holding up a sample of the weight-loss drug Wegovy.

January 26, 2024



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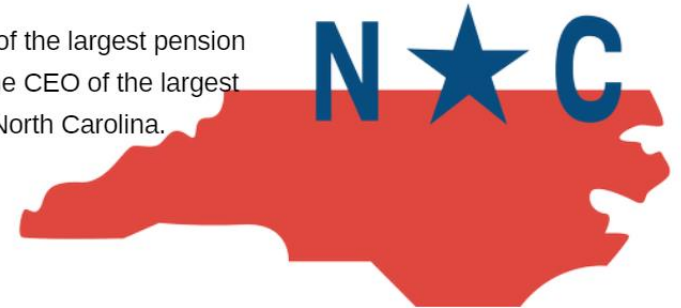
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TRUSTED TO CONSERVE

Dale Folwell *for* Governor

From blue-collar roots to successfully managing one of the largest pension funds in the nation, Dale is uniquely qualified to be the CEO of the largest organization in North Carolina — the *State* of North Carolina.



Share of population living with obesity

BMI 30 or above; Population from 2019 to 2021

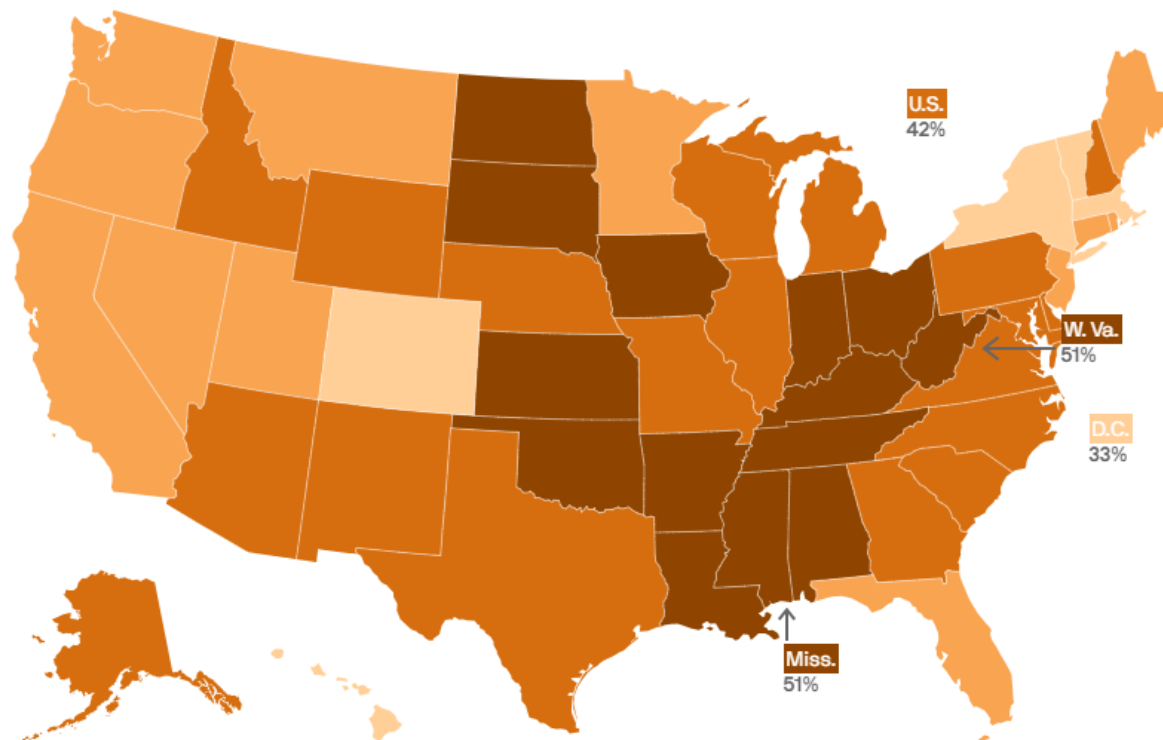
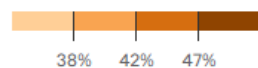


Chart: Rahul Mukherjee/Axios

Nearly half of North Carolinians are obese, according to a [new analysis](#) from NORC, a research organization at the University of Chicago.

- 45% of the state has a BMI over 30 — a little more than 2% higher than the national average.



*“Don’t stress about your weight.
I’ll get you your Wegovy back !!*

VOTE STEIN

Mobile Phone (Optional)

Enter your phone number above to join our team. By clicking sign up, you agree to the terms & privacy policy to receive messages to support Josh Stein for North Carolina (messages include donation links). Message and data rates may apply. Message frequency varies. Reply HELP for help; reply STOP to opt out.

SUBMIT



CASE OF GASTROPARESIS AND GLP-1 AGONIST

- Patient is a 52 yo female with T2DM and Hgb A1c of 7. She has BMI 42 and ASCVD. She has been hospitalized on avg twice a year for abdominal pain and nausea often requiring a week stay. She has had normal EGDs x 2 in last 48 months and NucMed GES was weakly positive. She uses PPI daily and metoclopramide “as needed”.
- She has been referred to you for evaluation of her GI symptoms because her PCP wants to start her on a GLP-1 agonist.

CASE OF GASTROPARESIS AND GLP-1 AGONIST

- Is her “gastroparesis” condition an absolute contraindication to GLP-1 therapy?
- Is there further “gastroparesis” evaluation or treatment you would recommend prior to beginning therapy with a GLP-1 agonist, such as scheduled metoclopramide?
- In your consultation to the PCP, would you recommend a specific GLP-1 agonist over another for her given the variable half lives, and different GI adverse reaction profiles?

CASE OF GENETIC COUNSELING

- Dr. Newbie is a recent graduate from the Internal Medicine residency program at the Cleveland Clinic. She did a GI rotation with Dr. Carol Burke and is motivated to recognize hereditary GI cancer syndromes. She has taken a job in Charlotte. Her third patient has a very suspicious family history with multiple relatives with colon cancer diagnoses as well as other related cancers and she recommends Multigene panel testing.
- The patient is a healthy 42 yr old female with two young children, a significant mortgage, she is a paralegal, and she is responsible for half of the family's income.

CASE OF GENETIC COUNSELING

She asks Dr. Newbie if the results will negatively impact her...

- Ability to get Health Insurance
- Employment status and can she be denied advancement
- Ability to get Life insurance
- Ability to get Long term care insurance
- Ability to get Disability insurance

What should Dr. Newbie tell this patient?

CASE OF GENETIC COUNSELING

Dr. Newbie is motivated to adopt greater frequency of genetic testing into her practice but was shaken up by the potential issues raised by her third patient and is now worried about the potential physician liabilities posed by integrating genomics into her clinical care plans such as:

- Failure to test
- Inappropriate reliance on a test
- Failure to interpret, communicate, or act on results of a test

What advice can you give her ?

ALPHA-GAL SYNDROME DIAGNOSTICS

- A 2017 article from the UNC Allergy and Immunology Dept determined that due to practitioner ignorance of the condition Alpha-gal is often a delayed diagnosis after multiple office visits and multiple specialists as well as after multiple exams and labs and significant expense. Furthermore, it was often the patient suggesting the diagnosis.
- Considering that the cost of the Alpha-gal serum IgE is between \$50-\$75, should we be ordering it early in the evaluation about when we order celiac, CRP, fecal calprotectin, and SIBO BT?

SUCRASE-ISOMALTASE DEF. DIAGNOSTICS

- In that the 2 duodenal biopsies for histologic confirmation of the diagnosis requires immediate freezing and frozen shipment to a reference lab it is not feasible for most if not all Office Endoscopy Centers to perform.
- Can you discuss the alternative diagnostic tests:
13C-SBT (Carbon 13 Sucrose Breath Test)
Sucrose Hydrogen Breath Test or Hydrogen-Methane BT