

communiqué

A publication of the Philadelphia/Delaware Valley Chapter of the Crohn's & Colitis Foundation of America, Inc.

Another Successful Year

On Sept. 9, 2008, the officers, board of trustees and staff members of the Philadelphia/Delaware Valley Chapter of CCFA gathered for the Annual Meeting at the offices of Blank Rome LLP in Philadelphia. Chapter President **Ann Frankel**, highlighted the Chapter's exciting accomplishments and advances that were made throughout the past year and discussed the great



Chapter President Ann Frankel (right), awards Robert Stein, M.D., outgoing CMAC Chairman, for his contributions and hard work on behalf of the Chapter. He will continue to support CCFA on the board of trustees.

challenges CCFA is ready to face in 2009.

"Together we will meet and surpass our goals financially and together we will fight for the cures," Ann said.

CCFA is delighted to welcome four

new board members to the local Chapter: **Michael Araten**, of Blue Bell, Pa., **Scott Herbert, M.D.**, of Villanova, Pa., **Gail Slogoff**, of Merion, Pa., and **Sharon Taffet**, of Merion, Pa. In addition, congratulations to **James D. Lewis, M.D.**, of Moorestown, N.J., who is the Chapter's new Chapter Medical Advisory Committee (CMAC) chairman.



The board of trustees, officers and staff members of the Chapter gathered on Sept. 9, 2008 for the Annual Meeting and discussed the Chapter's accomplishments and new challenges.

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Go Green, Go Digital with CCFA Newsletters

We have a great opportunity to contribute to both our mission and quest for a greener environment. Starting with this issue, we will publish our Chapter newsletter exclusively online. The content will remain unchanged...however you will not be filling your mailbox with additional paper. Now, you can simply download the newsletter by visiting our local Philadelphia/Delaware Valley Chapter page online (www.cdfa.org/chapters). Alternatively, you can send your email address to Suzanne Rhodeside at srhodeside@cdfa.org and we'll be sure to include you on our e-newsletter distribution list.

CCFA is proud of the high return on donated dollars to our mission critical programs. In these times, going digital is also a great way to ensure that expenses are managed and financial objectives will be met. We hope you will enjoy the convenience of our new e-newsletter as we capitalize on the multiple advantages and opportunities of electronic publishing. By maximizing the benefits of online distribution, we can all feel better about serving the CCFA mission, and our world.



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Take Steps Walk Director - Brenda Greene

Take Steps Walk Manager - Melanie Beck

Team Challenge Endurance Manager - Megan Godlesky

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Hello CCFA Friends:

Hooraay for us! We had an outstanding 2007-2008 fiscal year of great accomplishments in terms of revenues and scientific progress both nationally and for our Philadelphia/Delaware Valley Chapter. Although we all have had enough of pain, suffering, and anxiety, what we never have enough of is money. So, as this new fiscal year begins, enjoy your past successes and then fire up to meet the challenges of 2008-2009. Our national theme is "Accelerating the Revenues" and although 2008 will be a tough act to follow, I know that together we can meet our goals and find the cures for Crohn's disease and ulcerative colitis that much faster. Just to recap for you, nationally we raised approximately \$45 million in real revenues, not including in-kind donations. Our new National events Team Challenge and Take Steps raised over \$9 million. We will be allocating over \$16 million in research grants, a huge step toward our strategic plan of reaching \$30 million in the next few years.

Locally, in addition to our new board members, we have two new full time staffers, Melanie Beck, Take Steps Walk Manager and Megan Godlesky, Team Challenge Endurance Manager. These two nationally branded events will raise funds as well as public awareness of CCFA and inflammatory bowel disease. Our chapter already won national recognition awards for our first Take Steps and I know we will have another even greater success with Take Steps 2009. In addition to the walk at the Philadelphia Art Museum, which will be held May 30, 2009, we have added another walk in Bucks County at Sesame Place on May 16, 2009. Our first chapter Team

Challenge half marathon will be held January 25, 2009 in Miami, so check out the website and start training.

The 2008 Renaissance Ball was the most successful ever thanks to our amazing ball chairs and honorees. Stay tuned for more about the upcoming Renaissance Ball on May 2, 2009 to be chaired by Robin and Barry Abelson. As usual, all of our golfers had a great time at our annual outing and helped us exceed budget for that event. The Guts & Glory 5K Race held in Ocean City, NJ, drew more than 1250 participants, the highest ever. Camp Oasis was a terrific experience for more than 170 campers, the largest group we have ever hosted. On Sunday, September 28, we held our 14th annual Sippin' by the River. Despite threatening skies, it was a great event, with record numbers of wine and beer vendors, fabulous cooking demonstrations, great food, and wonderful entertainment. We hope that you all will support the Research Alliance,



a year-long effort that will be kicked off on Tuesday, October 21, 2008, hosted by Gail and Reed Slogoff. Keep checking our website, www.ccfa.org for all of the latest news and information on our upcoming events and feel free to call our great staff with any questions you may have. Remember, volunteers are always needed and encouraged to participate in every CCFA sponsored program.

May this be the year of the cures!

Warmly,
Ann G. Frankel
President

Information Resource Center (IRC)

For 40 years, the Crohn's & Colitis Foundation has been committed to providing information, support and guidance to those patients and families affected by Crohn's and colitis and to the health professionals involved in their care. That's why the Foundation has established the Information Resource Center (IRC) with a new toll-free number: 888.MY.GUT.PAIN.

The IRC is designed to provide accurate, current, disease-related information to the public, health care professionals, and patients and their families. Information specialists are available to speak with callers Monday through Friday, 9 a.m. to 5 p.m. EST. They also respond to e-mail inquiries (info@ccfa.org).

Irritable Bowel Syndrome Superimposed in Inflammatory Bowel Disease

Faten N. Aberra, M.D., M.S.C.E., *Assistant Professor of Medicine, Division of Gastroenterology, Hospital of the University of Pennsylvania, University of Pennsylvania School Medicine*

Both inflammatory bowel disease (IBD) and irritable bowel syndrome (IBS) are commonly confused disorders with similar symptoms, yet IBD and IBS are distinct ailments that can coincide. IBS affects 20 percent of U.S. population and clinical studies suggest that IBS may be more prevalent in subjects with IBD.¹ IBS is also more common in women, and it is the number two cause for absenteeism, following the common cold. It is also the largest diagnostic group seen in gastroenterology practices.

So what is IBS? Irritable bowel syndrome is a diagnosis based on having a set of symptoms for at least three months, which may be nonconsecutive days, in the preceding year of presentation. Symptoms of abdominal pain or discomfort with at least two of the three following symptoms: relief with defecation, onset associated with change in frequency of stool, and onset associated with change in form and appearance of stool, suggest IBS. Since IBS is based on a having a set of symptoms, it is considered a diagnosis of exclusion. This means that diseases that present with symptoms similar to IBS should be excluded.

The cause for IBS is unknown but there are several proposed pathways leading to this syndrome. Severe infectious colitis, with organisms such as *Campylobacter*, has been associated with developing IBS after recovering from the infection due to alteration in intestinal immune function and change in intestinal motility. Other potential mechanisms for developing IBS include altered intestinal microbial flora, altered motility of the intestinal tract (and exaggerated response to distention, meals, and stress), visceral hypersensitivity (enhanced perception of organ function and change in the threshold for pain) and nervous system changes (a change in the way the brain responds to stimuli).

Factors such as stress, psychiatric illness and diet cause gastrointestinal symptoms in healthy individuals, but these triggers can coexist and exacerbate IBS.

For patients with IBD who have persistent gastrointestinal symptoms despite therapy and an evaluation by their physician unremarkable for active disease, the key is to consider a diagnosis of IBS or mimickers of IBS. Strictures, small intestine bacterial overgrowth, bile salt-induced diarrhea and narcotic bowel syndrome are but a few mimickers of IBS that may be more common in an IBD population. Additional diagnoses such as celiac

disease also may need to be considered with the guidance of a patient's physician.

Treatment of IBS is multidimensional and encompasses finding triggers and treating predominant symptoms. Possible dietary culprits for triggering symptoms include milk and milk-containing products, caffeine, alcohol, high fructose-containing foods (such as fruits, juice and syrup), spices, diet or artificial sweeteners and vegetables, such as broccoli, cabbage, cauliflower and corn. Since it may be difficult to recall the association of symptoms with specific food, it may be helpful to have a food diary for a few weeks,

diphenoxylate/atropine (Lomotil) and loperamide (Imodium) may be necessary.

For treatment of pain associated with IBS, antispasmodics that are smooth muscle relaxants can be helpful to treat symptoms immediately. A side effect of many of the antispasmodics includes constipation and caution is needed when treating constipation-predominant IBS. If pain is a frequent symptom, then antidepressants may be helpful to treat and prevent symptom recurrence. Although IBS sufferers may have coexisting psychiatric illness, the purpose of antidepressants in this setting is to alleviate pain by changing the

► **“Both inflammatory bowel disease (IBD) and irritable bowel syndrome (IBS) are commonly confused disorders with similar symptoms, yet IBD and IBS are distinct ailments which can coincide.”**

recording daily food and drinks ingested along with the time and any associated symptoms. The diary also should be reviewed by a patient's physician to help ascertain if there are dietary triggers.

Medical therapy is frequently necessary for IBS and it is generally based on the predominant symptom. IBS traditionally has been clinically categorized as constipation predominant, diarrhea predominant and pain/bloating predominant for directing medical therapy, although patients may have alternating and/or overlapping symptoms. For patients with constipation-predominant symptoms, increasing fiber intake is the first step in treatment. Daily dietary fiber recommendations range from 20 to 35g/day with the higher daily dose recommended for men younger than the age of 50. Daily fiber intake may be increased more easily by adding a fiber supplement, such as psyllium (Metamucil), methylcellulose (Citracel), wheat dextrin (Benefiber) and polycarbophil (Fibercon, Konsyl). If fiber is not sufficient to overcome symptoms, then laxatives may be considered as the next step. For patients with diarrhea-predominant IBS, fiber also may help bulk stools, but fiber for this indication is not as effective as for treating constipation. Anti-diarrheal medications such as

concentrations of neurotransmitters involved in the perception of visceral pain. Psychologic and behavioral therapies also may be considered in conjunction with pharmacologic agents. Although misunderstood and probably considered fictional by the lay, hypnosis in several small studies from Great Britain over the past 20 years has been shown to treat IBS and other functional gastrointestinal disorders effectively.

More recent therapeutic initiatives have focused on treating global symptoms. Several studies have noted a perturbation of intestinal microbial flora with IBS. Treatments such as antibiotics and a variety of probiotics have been evaluated to change flora with the goal of reducing symptoms. Although there is high prevalence of small intestine bacterial overgrowth in IBS, Sharari and colleagues have shown antibiotics to be helpful in IBS subjects without small intestine bacterial overgrowth. Rifaximin is a broad-spectrum nonabsorbable antibiotic, currently FDA approved for traveler's diarrhea and also evaluated in clinical trials for IBS. Clinical response rates for rifaximin in IBS clinical trials range from 36 to 41%. The modest response rates likely represent the variety of pathways leading to IBS with bacterial intestinal flora change as one mechanism.

Continued on page 8

A 'Shore' Success for Guts & Glory

CCFA saw its greatest number of participants at this year's annual Guts & Glory 5k Race - a whopping 1,250! On Saturday, Aug. 9, the huge mass of CCFA supporters traded their sandals for sneakers and headed to Ocean City, N.J. Runners of all ages participated to raise funds for Crohn's disease and ulcerative colitis research, education and support programs. At the end of the day, the local Chapter crossed the finish line raising more than \$135,000!

In addition to having fun and raising funds and awareness, many came to compete. Congratulations to **Scott Besette** of Mystic, N.J., the overall winner of the race, and **Susan Reich**, of Ocean City, N.J., who led the female finishers.

CCFA would like to also congratulate and thank all of the great teams who raised funds for the Foundation. Team Ashlynn, led by **Ashlynn Vanaria**, raised more than \$10,000. Team 4 Mer, led by **John Diederich**, and Team Ross & Kelly, led by **Kenneth Kell** and **Charles Ross**, each raised more than \$8,000.

Our thanks go to Chairman **Bob Edmunds** and his company, Edmunds & Associates, and to all of the event sponsors and volunteers who helped make Guts & Glory a running success.

More than 1,250 supporters laced up their sneakers to run for the Crohn's & Colitis Foundation raising more than \$135,000.



Susan Reich (left), of Ocean City, N.J., with Bob Edmunds, led the female runners in Ocean City on Aug. 9, 2008.



Numerous CCFA supporters gathered their friends and families to team up for Guts & Glory. Pictured is Team 4 Mer, who raised more than \$8,000 for CCFA.

Golf Tournament Scores Big

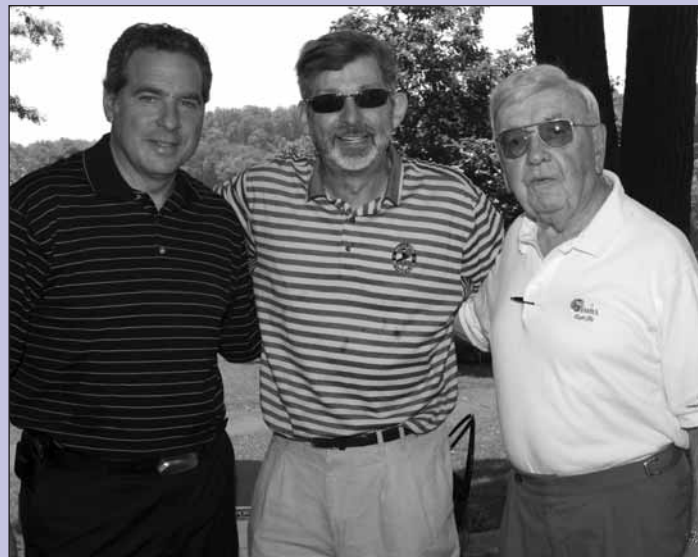
On June 9, more than 100 attendees got into the swing for the Philadelphia/Delaware Valley Chapter of the Crohn's & Colitis Foundation at the prestigious Huntingdon Valley Country Club, raising close to \$70,000. **Arnie Winick**, of Huntingdon Valley, served as the tournament's chairman, along with **Bill Campbell**, former Philadelphia sportscaster and current feature commentator on KYW Newsradio 1060, who served as honorary chairman. Participants enjoyed lunch, a silent auction and awards. The first place low gross foursome was **Andy Barbin, Harry Barbin, Sr., Bob Parsons and Glenn Slonecker**. The first place low net foursome was **Tyler Clauser, Jim Fulginiti, Matt Marcus and Ray Moscardelli**. The tournament and silent auction generated much enthusiasm and CCFA will return to Huntingdon Valley Country Club on June 8, 2009. CCFA would like to express sincere thanks to all of the sponsors, participants and volunteers who helped to make this year's golf tournament a great success!



Congratulations to the first place low gross foursome of (left to right) Bob Parsons, Glenn Slonecker, Harry Barbin, Sr. and Andrew Barbin.



Threesome team (l to r): Robert B. Stein, M.D., David Seshens and Jules Seshens, enjoy the golf outing.



Golf tournament Chairman Arnie Winick (left) and board of trustees member Larry Finkelstein (center) enjoy a photo with Honorary Chairman and KYW Newsradio Feature Commentator Bill Campbell.

Shaping Up for Miami

Team Challenge Begins Training for Half Marathon

Picture the sun rising over the clear blue water of the Atlantic as you head toward Miami Beach, surrounded by thousands of cheering supporters! On January 25, 2009, Crohn's disease and ulcerative colitis patients, CCFA members and supporters will be participating in **Team Challenge**.

Team Challenge is the Crohn's & Colitis Foundation's new endurance training program. This exciting new fundraising program trains you to run or walk a half marathon while helping the Foundation to raise funds to find a cure for Crohn's disease and ulcerative colitis. Participants will gather in sunny Florida for the ING Miami Half Marathon.

When you train with Team Challenge you will receive everything you need to cross the finish line. In return you will raise funds to help the Crohn's & Colitis Foundation reach its mission: *To cure Crohn's disease and ulcerative colitis, and to improve the quality of life of children and adults affected by these diseases.*

TeamChallenge
CROHN'S & COLITIS

The local Chapter has begun its team training but it's not too late to sign up to get ready for this winter's hottest event!

For more information about Team Challenge, visit

www.ccteamchallenge.org or contact Megan Godlesky at mgodlesky@ccta.org or 215-396-9100.

Important Victory for CCFA Advocates: ADA Amendments Act of 2008 Passes in Congress

Thanks in part to your efforts, the Americans with Disabilities Act (ADA) Amendments Act of 2008 has passed in both the House and Senate! This bill seeks to restore some of the protections afforded disabled individuals that have been eroded by recent Supreme Court rulings.

Of specific interest to CCFA and our constituents, the ADA Amendments Act makes it easier for people with Crohn's disease or ulcerative colitis to be covered under the Americans with Disabilities Act. It expands the definition of a disability to include a new category of "major bodily functions."

Let's build on this victory to push the IBD Research Enhancement Act forward.

Advocacy is a major component of the Crohn's & Colitis Foundation's mission. Our advocates are not only patients, but family members, friends, caregivers, and doctors who want to make their voices heard and see a future free from Crohn's and colitis.

Foundation advocates are calling for increased Federal funding for Crohn's and colitis research and awareness programs designed to improve the lives of patients. The Foundation encourages its

members, volunteers, and friends to become actively involved in advancing our public policy goals. By sharing personal stories and providing crucial information about the impact of these devastating diseases, our advocates inform and inspire elected representatives in Congress.

We've already achieved great success in urging our legislators to implement responsible policies that can transform the lives of some 1.4 million Americans. With your help, we can accomplish even more. To start making a difference, visit ccfa.org to learn more about how you can make your voice heard.

IBD Patients Experience the Joys of Summer Camp

As you set foot on Camp Nock-A-Mixon's grounds, it looks like any other camp: a beautiful lake with children swimming and tubing, campers flying down the zip line at the ropes course, the delicious smell of cookies as children enjoy baking class and more. But as visitors arrived, they noticed



Camp Oasis provided campers 24-hour medical supervision by volunteer physicians and nurses experienced in treating kids with IBD.

something different: the amount of pills dispensed during lunch and the number of medical professionals on staff.

This past August, 173 kids with Crohn's disease or ulcerative colitis from Pennsylvania, New Jersey,

Delaware, Maryland, Washington D.C., Virginia and West Virginia had the opportunity to participate in a variety of camp activities and make new friends at Camp Oasis in Kintnersville, Bucks County, PA.

Camp Oasis, a five-day summer camp for IBD patients, ages nine through 17, was created to enrich the lives of children with Crohn's disease and ulcerative colitis by providing a safe and supportive camp environment. During the week of camp, children are strengthened by knowing that they are not alone, trying things they never imagined they could do and making new friends with those who truly understand them.

CCFA would like to thank all of the medical professionals and volunteer counselors from each participating CCFA chapter that staffed camp this year as well as this year's camp sponsors.

If you or your company is interested in sponsoring a child for camp next year, please contact the CCFA office for further information.



Just like the campers they lead, many of the trained volunteer counselors at Camp Oasis, pictured above, cope with Crohn's disease or ulcerative colitis.



Strengthened by knowing that others cope with Crohn's and colitis, campers bonded and created life-long friendships at Camp Oasis.

Our Mission

To cure Crohn's disease and ulcerative colitis, and to improve the quality of life of children and adults affected by these diseases.



In the Spotlight

CCFA Welcomes New Take Steps Leader!



The local Chapter welcomes Melanie Beck, the new Take Steps Walk Manager.

The local Chapter would like to welcome **Melanie Beck**, the newest CCFA staff member. Melanie is the Take Steps Walk Manager, whose primary responsibility is to supervise the new 2009 Take Steps Walk site in Bucks County.

Eight years ago, before Melanie began college at the Baldwin-Wallace Conservatory of Music in Berea, Ohio, she was diagnosed with Crohn's disease. While coping with the life-altering disease, Melanie majored in classical flute performance and she is still actively involved in music. After finishing college, Melanie was in and out of the hospital as her condition became more severe. While in recovery after surgery in 2006, Melanie joined the Northeast Ohio Chapter of CCFA.

When she moved back to Allentown, Pa., Melanie gathered her friends and family to raise funds and participate in CCFA's Guts & Glory 5k Race hosted by the Philadelphia/Delaware Valley Chapter. "Both chapters have been so helpful to me," says Melanie. "People do not really discuss inflammatory bowel disease and it was very beneficial to meet others in CCFA's large support network who were going through the same things that I was experiencing."

In addition to networking for the organization, Melanie's work as Take Steps Walk Manager is very personal. "For this year's Take Steps, my goal is to surpass our budget, to establish new, strong teams and new CCFA relationships for years to come," she says. "CCFA has allowed me to turn the negative into a positive. The organization has provided valuable educational opportunities and has made coping with Crohn's easier for me." For more information about the Bucks County Take Steps Walk, please contact Melanie at (215) 396-9100 or mbeck@ccfa.org.

Keep on Walkin'

This past September, staff members of the Philadelphia/Delaware Valley Chapter of CCFA headed to Las Vegas for the national Take Steps Training Meeting. At the meeting, the local Chapter was presented with two outstanding awards - Take Steps Top Walk Site and Second Place Chapter Revenue!

CCFA is revving up for the 2009 Take Steps walks, the first taking place at our newest walk site, Sesame Place in Bucks County, Pa. on May 16, and then off to Philadelphia on May 30 at the Philadelphia Art Museum. For more information about the walks, visit www.cctakesteps.org.



Brenda Greene, CCFA Take Steps Walk Director, (left) and Barbara Berman, Executive Director of the Philadelphia/Delaware Valley Chapter accepted the award for the Take Steps Top Walk Site in the country.

Education and Support

NETWORK

Education/Support Groups

Education Groups regularly hold informational meetings led by physicians and other healthcare professionals. Each education group has its own gastroenterologist(s) and lay leader(s) who guide the group's activities. Support Groups provide support and coping skills to enable patients and their families to live successfully with IBD. Meetings are coordinated by trained volunteers. For more information, visit www.ccfa.org/chapters/philadelphia, or call the CCFA office at 215-396-9100.

SOUTHEASTERN PA

- Langhorne
- Lansdale
- West Chester

NORTHEASTERN PA

- Scranton

CENTRAL PA

- Carlisle
- Lewisburg

NEW JERSEY

- Cherry Hill
- Hamilton

DELAWARE

- Wilmington

Special Groups

Ostomy Support Group

Philadelphia, Presbyterian Hospital

Parent and Children Support Group

Elkins Park
Wilmington, Delaware

EDUCATION/SUPPORT GROUP LEADERS NEEDED!

If we don't have a group in your area, then contact us. Maybe you could become a trained education/support group leader.



Mark Your Calendar

January

Team Challenge
ING Miami Half Marathon
January 25, 2009

February

Child/Adolescent Education Day
The Children's Hospital of Philadelphia
February 8, 2009

March/April

Adult Education Day
Thomas Jefferson University Hospital
March /April 2009

May

Renaissance Ball
Hyatt Regency at Penn's Landing
May 2, 2009

Take Steps Walk

Sesame Place,
Langhorne, Pa.
May 16, 2009

Take Steps Walk

Philadelphia, Pa.
May 30, 2009

June

Golf Tournament

Huntingdon Valley Country Club
June 8, 2009

Tributes: Honors or Memorials

Making donations in honor of someone (in recognition of a birthday, anniversary, graduation, etc.), or in memory of a loved one, is a meaningful way of helping CCFA in our quest to find a cure for Crohn's disease and ulcerative colitis. Your tribute gift to CCFA is a compassionate gesture that will make a difference in the lives of people with IBD. Call the CCFA office at 215-396-9100 or email Joy VanStavern at jvanstavern@ccfa.org.

IBS Superimposed in IBD

Continued from page 3

Another method for changing intestinal flora is to ingest a probiotic. Probiotics, available in the U.S. as dietary supplements, are nonpathogenic bacteria that induce an array of protective immune responses in the host and suppress pathogenic bacteria. A variety of probiotics is available as a single bacterial species or as cocktails, multiple bacterial strains together. The benefit of a specific probiotic varies based on the purpose it serves. Lactobacillus acidophilus and VSL number three, a combination of several bacteria, have shown possible benefit for the treatment of IBS. More recent studies have shown low concentrations of Bifidobacterium species in the intestinal microbial flora in IBS sufferers, which has led to the investigation of supplemental

Bifidobacterium species, infantis (Align) and animalis, for the treatment of IBS. Bifidobacterium infantis in clinical trials has shown promise for relief of global symptoms with response rates ranging from 20 to 25 percent after four weeks and better than placebo.

Irritable bowel syndrome is common among IBD patients and for IBD patients with persistent gastrointestinal symptoms without active IBD, IBS and mimickers of IBS should be considered with the help of the patient's physician. If IBS is suspected, treatment is multi-dimensional and requires both the patient and the physician deciphering the best treatment options.

'Isgar B et al. Symptoms of irritable bowel syndrome in ulcerative colitis in remission. *Gut*. 1983;24:190-2.

Reaching Goals With Research Alliance

The Chapter's sixth Research Alliance was another success! During the 2007-2008 year, the Research Alliance generated \$110,000. All funds will help finance three major National CCFA initiatives: the Microbiome Project, which will help CCFA to understand the role of microbial agents in causing Crohn's disease and colitis; the Pediatric Network, which will obtain pediatric-specific information through a unique and large-scale multi-center effort to improve the prognosis in child and adult patients while decreasing complications; and the Clinical Alliance that has been established to evaluate different treatment options, enabling physicians to determine the best course of care for each individual patient.

On Oct. 21, 2008, the local Chapter continued its success at the seventh Research Alliance reception to kick-off the 2008-2009 year. The year-long initiative unites two key groups,

scientific and medical researchers, with you: interested members and friends of those coping with Crohn's and colitis. Chaired by **Dr. Sharon Alloy**, of Wynnewood, Pa., and hosted by **Gail and Reed Slogoff**, of Merion, Pa., the reception allowed guests the opportunity to meet in an intimate environment to hear the latest advances in research. This year's guest speakers were **Subra Kugathasan, M.D.**, Professor of Pediatrics and Human Genetics at the Emory University School of Medicine in Atlanta, Ga., and **David Piccoli, M.D.** CCFA board of trustees member and Biesecker Professor of Pediatrics and Chief of the Division of Gastroenterology, Hepatology and Nutrition at The Children's Hospital of Philadelphia.

For more information please call the chapter office at 215-396-9100 or e-mail philadelphia@ccfa.org.

Special thanks to Edmunds Direct Mail for donating their services for all Chapter mailings.