Gut News You Can Use

MY GUT CARE
EXPERTS IN GUT HEALTH, LIVER AND ENDOSCOPY

We are delighted to welcome you to the first edition of Gut News You Can Use by My Gut Care.

This newsletter has been thoughtfully curated to share timely, relevant updates in gastroenterology and hepatology, featuring reviews of key research, case studies, and insights from our team of specialist doctors, dietitians, and nurses. In future editions, we'll also highlight contributions from our highly experienced administrative team, reflecting our commitment to patient-centred, comprehensive care. We hope you find this resource valuable in supporting your patients. If there are any specific topics you'd like our specialists to explore in upcoming editions, please don't hesitate to send your enquiry to support@qgos.com.au

IBD Focus : Key Articles and Expert Commentary

This edition highlights important advances in the care of patients with Inflammatory Bowel Disease (IBD). From Medicare-supported diagnostic tools to the evolving role of diet and medication, these updates reflect our ongoing commitment to patient-centred care and innovation in treatment.

"As a specialist in IBD, I welcome these important updates. They reflect a strong shift toward more personalised and proactive care, recognising the critical role of dietitians and improving access to non-invasive monitoring options. These advancements represent meaningful progress in how we support patients in managing their condition over time."
— Dr Asif Shahzad, Founder and Principal Gastroenterologist, My Gut Care.

Featured Articles

1. **New MBS Item Confirmed for Faecal Calprotectin Testing**

   From November 1, gastroenterologists will be able to request subsidised faecal calprotectin testing for symptomatic IBD patients — a significant win for monitoring disease activity, especially in regional and remote areas.

2. **Metformin Linked to Dramatic Reduction in Colorectal Cancer Risk Among IBD Patients**

   A large-scale study from Taiwan has shown that metformin use may halve the risk of colorectal cancer in IBD patients with type 2 diabetes.

3. **New ECCO Guidelines Highlight the Essential Role of Dietitians in IBD Care**

   Updated international guidelines underscore the critical role diet plays in managing IBD, with strong recommendations that dietary changes should only be made under the guidance of a dietitian.

Faecal Calprotectin Monitoring Item Confirmed for MBS

From **1 November 2025**, gastroenterologists will have access to a new **Medicare Benefits Schedule (MBS) item (66525)** for **faecal calprotectin (FC) testing** in **symptomatic patients with an established diagnosis of IBD**, pending final legislation.

This long-awaited advancement, driven by the **Gastroenterological Society of Australia (GESA)**, will support disease activity monitoring and aid in distinguishing IBD-related symptoms from other causes.

Key highlights:

- Item 66525 will be available for patients with IBD who are experiencing symptoms, including after a flare.
- Testing in asymptomatic patients remains unsupported due to concerns around clinical utility and false positives.
- The item will also be available for children and costed at $75, with the option for GPs to request the test in consultation with a specialist — helping improve access in rural and remote communities.

Read Full Article

"This is a significant advancement for IBD care in Australia. Having faecal calprotectin testing publicly funded for symptomatic patients not only improves access, but also supports a more targeted, evidence-based approach to disease monitoring. It's a win for both clinicians and patients."

— Dr Asif Shahzad, Principal Gastroenterologist, My Gut Care.

FMT

A proud milestone for My Gut Care, Dr Shahzad recently performed his first Faecal Microbiota Transplant (FMT) at Sunnybank Private Hospital. We're excited to offer this innovative treatment as part of our commitment to improving gut health outcomes for our patients, more information on page 3!

First FMT performed at Sunny Bank Hospital

A-PEELING GUT HEALTH FACT

An apple a day keeps the doctor away?

Recent research says yes! Highlighting the potential of apple-based products enriched with prebiotics to enhance gut microbiota diversity, support immune modulation, and reduce systemic inflammation. A simple inclusion in your patients' diets that may offer wide-ranging preventive health effects.

More information here:
https://doi.org/10.1007/s13197-021-05062-z

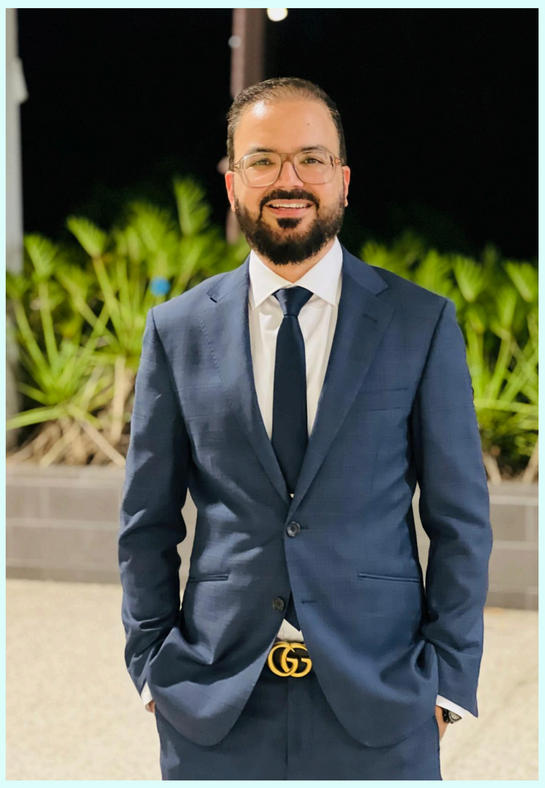
Metformin Linked to Dramatic Reduction in Colorectal Cancer Risk Among IBD Patients

New research from Taiwan, published in the Journal of the National Cancer Institute, has found that metformin use is associated with a significantly lower risk of colorectal cancer (CRC) in patients with both Inflammatory Bowel Disease (IBD) and type 2 diabetes. This large observational study assessed CRC incidence and all-cause mortality in newly diagnosed patients and found striking results:

- Metformin use was linked to a 56% lower risk of developing CRC compared to patients treated with other glucose-lowering therapies.
- All-cause mortality was reduced by 32% among metformin users.
- The CRC risk reduction was most pronounced in patients with the highest cumulative metformin use, with a 67% lower risk observed.
- The optimal benefit was seen at 800 mg/day of metformin.

While the observational design limits causal interpretation, these findings support the potential role of metformin as part of a preventative care strategy in patients with dual diagnoses of IBD and diabetes. Further insight is eagerly anticipated from upcoming randomised controlled trials (RCTs) to confirm these findings.

"This study raises an important clinical question about how we might better support patients with both IBD and diabetes. While more research is needed, the potential role of metformin in reducing colorectal cancer risk is certainly worth watching."
— Dr Asif Shahzad, Principal Gastroenterologist, My Gut Care.



Full Article: https://doi.org/10.1093/jnci/djaf165

New ECCO Guidelines Highlight the Essential Role of Dietitians in IBD Care

Siobhan Calafiore reports on the newly published European Crohn's and Colitis Organisation (ECCO) dietary consensus guidelines, the first comprehensive dietary recommendations for patients with Inflammatory Bowel Disease (IBD). These guidelines highlight the critical role of dietitians in supporting both short- and long-term management.

Key recommendations include:

- **Ulcerative Colitis (UC) in remission**:
  - Adopt a Mediterranean-style diet
  - Limit red meat intake
- **Functional gastrointestinal symptoms during remission**:
  - Consider a low FODMAP diet as a short-term strategy
  - Must be implemented under dietitian supervision
- **Active Crohn's Disease**:
  - Evidence-based approaches include:
    - Exclusive Enteral Nutrition (EEN)
    - Crohn's Disease Exclusion Diet (CDED)
    - Partial Enteral Nutrition (PEN)
  - These approaches aim to induce remission without relying solely on pharmacological treatments

Full article: https://thelimbic.com/gastroenterology/new-guidelines-for-ibd-dietary-management/

"These new guidelines represent an important step forward in recognising the pivotal role dietitians play in supporting patients with IBD. Diet can be a powerful tool in managing the condition, but it's essential that any dietary changes are made in consultation with a qualified dietitian to ensure safety and effectiveness."
— Dr Asif Shahzad, Principal Gastroenterologist, My Gut Care.

"As a dietitian working closely with patients with IBD, I welcome these new ECCO dietary consensus guidelines. They provide long-overdue clarity around how we can tailor dietary strategies depending on whether a patient is in active disease, remission, or preparing for surgery. It's particularly encouraging to see greater emphasis on the management of functional symptoms and the role of nutrition in supporting gut health and quality of life."
"These guidelines will allow us to confidently work alongside gastroenterologists in a more structured, evidence-based way. As we await further research into post-operative strategies and diet as a preventive tool, this is a positive step forward in integrating nutrition into the long-term care plans of people living with IBD."
— Parisa Sekhavati, Accredited Practising Dietitian, My Gut Care.

Please join us in welcoming Dr Chris Kia to the My Gut Care Team

Dr Kia is an Australian-trained Gastroenterologist and Interventional Endoscopist, graduating from the University of Adelaide in 2009. He completed his advanced training in Gastroenterology and Hepatology across South East Queensland and was admitted as a Fellow of the Royal Australasian College of Physicians (FRACP) in 2019.

Following this, Dr Kia undertook subspecialty fellowship training in Interventional Endoscopy at the Royal Brisbane and Women's Hospital, gaining expertise in a wide range of advanced endoscopic procedures.

He is committed to delivering high-quality, evidence-based care across all aspects of gastroenterology and interventional endoscopy. His procedural expertise includes diagnostic and therapeutic gastroscopy and colonoscopy, endoscopic ultrasound (EUS), endoscopic retrograde cholangiopancreatography (ERCP), cholangiopancreatoscopy (Spyglass), endoscopic mucosal resection (EMR), balloon enteroscopy, and radiofrequency ablation (RFA). Dr Kia has particular clinical interests in hepatopancreatobiliary disorders, Barrett's oesophagus, and small intestinal diseases.

"We're delighted to welcome Dr Kia to the team. His advanced endoscopic skills and commitment to evidence-based care make him an exceptional addition to our practice and a great asset to our patients."
Dr Asif Shahzad, Principal Gastroenterologist, My Gut Care.

GLP-1 Receptor Agonists Appear Safe in Patients with IBD

Key findings from a 14-year retrospective cohort study (Levine et al., IBD Journal, Feb 2025):

- **GLP-1 receptor agonists (e.g. semaglutide, liraglutide)** did **not increase the risk of IBD exacerbation** in the 12 months after initiation.
- The study included **224 patients with IBD** (median age 54, median BMI 33.2 kg/m^2) treated across a large US academic network (2009–2023).
- **No significant change** in:
  - IBD-related hospitalisations
  - Corticosteroid use
  - Treatment escalation
  - IBD-related surgery
- **Significant weight loss observed**:
  - Median BMI decreased from **33.5 to 31.6 kg/m² (P < .01)**
  - Comparable to weight loss in non-IBD controls

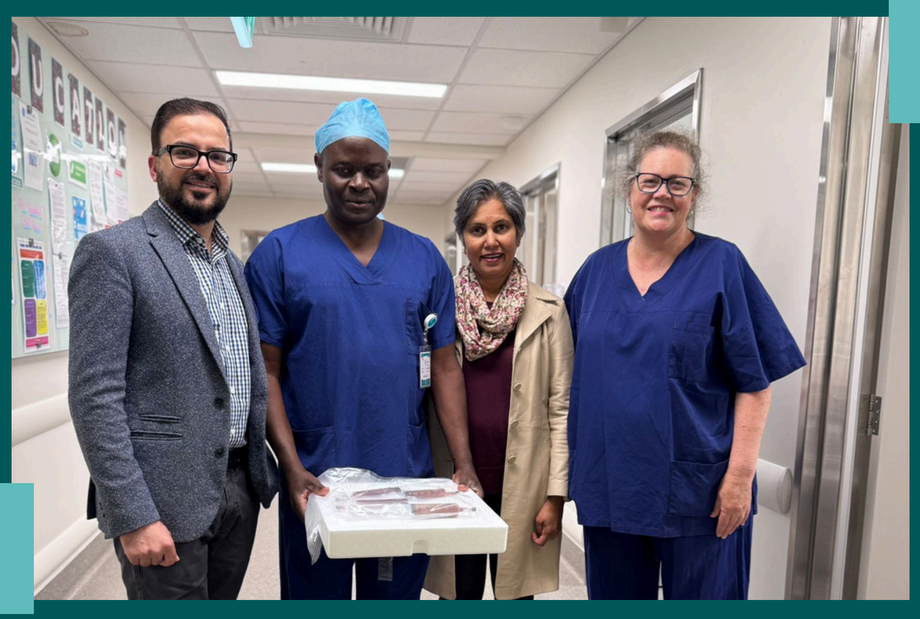
Implications for primary care:

- **GLP-1 RAs may be safely prescribed** for weight or glycaemic control in patients with stable IBD.
- Reassure patients and gastroenterologists: no signal of short-term IBD worsening.
- Consider monitoring metabolic improvements alongside routine IBD surveillance.

"This reinforces the value of close collaboration between GPs, endocrinologists, and gastroenterologists in managing multimorbidity in IBD."
Dr Asif Shahzad, Principal Gastroenterologist, My Gut Care.

Full article: https://doi.org/10.1093/ibd/izae250

Fecal Microbiota Transplantation



FMT is an advanced treatment primarily used for recurrent Clostridioides difficile (C. diff) infections and is showing promise in other gut-related conditions. It involves the transfer of healthy donor microbiota into a patient's gut to restore a balanced intestinal environment.

COVID19 Boosters in IBD: What GPs Need to Know

Despite prior vaccination, patients with IBD remain at risk from newer variants, updated boosters are crucial to maintain protection

Key Points:

- IBD patients (particularly on antiTNF therapy) show weaker responses to variants like JN.1 even after 3 mRNA doses.
- XBB.1.5adapted boosters did not generate adequate JN.1 immunity in 44% of IBD patients.
- Regular, variant targeted boosters help overcome immune imprinting and improve crossprotection.
- Long COVID and other complications remain risks if relying on natural infection alone.
- GPs play a key role in booster advocacy, especially for immunosuppressed patients.

Please do contact one of our specialists to consult further, additionally please find the link below to access the IBD vaccinations fact sheet by GESA

https://www.gesa.org.au/public/13/files/Education%20%26%20Resources/Patient%20Resources/IBD/GESA%20IBD%20and%20Vaccinations.pdf

MY GUT CARE

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Our Vision

MyGutCare was established to provide high-quality, comprehensive care for our patients through a multidisciplinary team approach. We offer the expertise of multiple gastroenterologists , gastro dietitian, and we collaborate closely with colorectal and upper GI surgeons, as well as a gastro psychologist. Our core values are rooted in excellence, integrity and compassion, guiding every decision we make.

Dr. Asif Shahzad, our principal gastroenterologist, envisions providing holistic gut care under one roof. He founded MyGutCare with the goal of delivering exceptional healthcare to our patients within a collaborative, team-based environment.

Our Team

Dr. Zaki Hamarneh
MBBS, FRACP
Gastroenterologist and Interventional Endoscopist

Dr. Niwansa Adris
MBBS, FRACP
Gastroenterologist and Hepatologist

Parisa Sekhavati
Accredited Practising Dietitian

Dr. Asif Shahzad
MBBS, BSc, FRACP, AFRACMA
Gastroenterologist and Hepatologist

Dr. Chris Kia
MBBS, FRACP
Gastroenterologist and Interventional Endoscopist

Dr. Szymon Ostrowski
MBBS, FRACP
Gastroenterologist and Hepatologist

Chloe Smith
Nurse Practitioner and IBD Nurse

Dr. Samapriya (Pasan) Hewawasam
MBBS, FRACP
Gastroenterologist and Hepatologist

Dr. Basil Almehdawy
MBBS, FRACP
Gastroenterologist and Hepatologist

Akhilesh Swaminathan
MBBS, FRACP
Gastroenterologist and Hepatologist

Jayme Worssell
Motility Nurse

Our Services

- ✓ Consults for Gastroenterology & Hepatology
- ✓ Gastroscopy
- ✓ Colonoscopy
- ✓ Haemorrhoidal Banding
- ✓ Flexible Sigmoidoscopy
- ✓ Variceal Banding
- ✓ Capsule Endoscopy
- ✓ 24 Hr PH Study
- ✓ Wireless Bravo Reflux Study
- ✓ High Resolution Manometry
- ✓ Interventional Endoscopy
- ✓ Removal of Large Polyps
- ✓ ERCP
- ✓ Endoscopic Ultrasound
- ✓ Percutaneous Endoscopic Gastrostomy (PEG)
- ✓ Faecal Microbiota Transplant

Contact Us

☎
07 3517 6222

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07 3517 6221

✉
admin@mygutcare.com.au

🌐
www.mygutcare.com.au

Our Locations

Consultations

- Suite 110, 1808 Logan Road, Upper Mount Gravatt, QLD 4122
- 50 South Station Road Booval, Ipswich, QLD 4304
- Mater Health Centre Redland, QLD 4163
- St Andrew's War Memorial Hospital Specialist Suites, QLD 4001

Procedures

- Sunnybank Private Hospital
- St Andrew's Ipswich Private Hospital
- Ipswich Day Hospital
- Mater Private Hospital Redland
- St Andrew's War Memorial Hospital Brisbane
- Canossa Private Day Hospital