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and publication of the study, and b) features of the grant recipient that predict subsequent career advancement in academic medicine.
Methods: All grants awarded by the ACG for clinical research projects between 1983 and 2002 were identified. Subsequent publication of study findings in manuscript form in the peer-reviewed medical literature was assessed. An analysis of the CRISP data was searched to assess the success in receiving independent funding from the NIH. The current institution of the Primary Investigator, academic or non-academic, was identified using directories of the major gastrointestinal professional organizations.
Results: The ACG bestowed 307 clinical research awards with a total value of $3595954 (2002 value, $4269894) on 277 investigators from 1983 to 2002. Of the 307 awardees, 38% were trainees, 51% had completed training and 11% unknown. Over half of the award recipients came from institutions ranked in the top 50 organizations receiving NIH funding. The area of research most commonly funded was endoscopy (23.5%), followed by hepatology (19.0%) and motility (18.0%). Overall, 59.4% of funded studies proceeded to publication with a mean time to publication of 3 years. Only current position in an academic institution (67% vs. 44% of non-academic, $p = 0.0002$) and non-trainee status (70% vs. 53%, $p = 0.007$) were associated with publication. Of the 277 funded investigators, 66.3% subsequently remained in academic medicine. Investigator gender, rank of institution and area of research were not predictive of remaining in academic medicine, using multivariate logistic regression analysis.
Conclusions: Over half of ACG clinical research awards ultimately parlay into published manuscripts. Non-trainees and members of academic institutions appeared more likely to complete their studies to publication. The majority of recipients of research grants remain in academic medicine.

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The Rockall Risk Scoring System in Non Variceal Upper Gastrointestinal Hemorrhage: Data from the Ring Study

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Purpose: Non-variceal upper gastrointestinal hemorrhage(NVUGH) is a frequent reason for ordinary hospital admission(OH). In Italy the use of prognostic scores to stratify the risk has not been adequately validated, so the impact on clinical management of a rating system like the Rockall Score(RS) remains to be established. Since 2001 the RING study is been collecting hospital discharge files(HDF) from Italian hospital gastroenterology units(GU), giving a broad picture of the patients admitted for this pathology.
Methods: We analyzed the HDF collected between 2001–2005 from 12 GU, which issued more than 26000 HDF for OH and have been using the RS for defining NVUGH since 2003.
Results: There were 2832 HDF(10.7%) with a main diagnosis of NVUGH: 1335 "before" the RS was introduced, 1497 "after" the introduction of the RS. Patients' mean age was 67.7 ± 16.7years, with a M/F ratio of 1.7 and no significant changes over the years. There were no differences in the distribution of diagnoses in NVUGH pts before/after the introduction of the RS, though the mean hospital stay became shorter: from 7.1 ± 5.0 to 6.3 ± 4.5days, and mortality declined from 2.8% to 2.3%, in parallel with the findings for the caselist as a whole. Between 2003 and 2005 the RS was calculated for 1102 OH. Diagnoses were more accurate: significantly fewer undefined causes and an increase in peptic ulcer (Tab 1). The mean RS was 4.6 ± 2.2: 17.8% low (0–2), 48.7% intermediate (3–5) and 33.5% high (≥6). Mean hospital stay, rebleeding and mortality were correlated with the severity of the score (Tab 2).
Conclusions: The RS enables the clinician to formulate a more precise diagnosis and substantially shortens the time in hospital, especially for patients at low risk of rebleeding and death, so more resources can be dedicated to critically ill patients.

Table 1.

	2001–2003 %	2003–2005 %	With Rockall Score %
Duodenal ulcer	34.2	34.7	44.1
Gastric ulcer	24.6	24.1	29.9
Hematemesis, melena	17.5	18.8	6.4
Hemorrhagic gastritis	5.9	6.1	6.1
Angiodysplasia	5.4	5.5	2.0
Mallory-Waiss syndrome	4.3	4.3	4.4

Table 2.

	Rockall Score			
	0–2 low	3–5 intermediate	> = 6 high	p
Mean days in hospital	5.1	5.9	7.2	0.0001
Mortality%	0.0	0.4	5.4	0.0001
Rebleeding%	0.5	4.5	8.8	0.0001

1011

Does the Timing of Laxatives Make a Difference in Colonoscopy Prep Outcomes?

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Purpose: To compare the outcomes of beginning the same Fleets phospho-soda (FPS) colonoscopy preparation in the morning versus the evening.
Methods: 100 patients were prospectively randomized to either beginning their FPS prep at 8 am (group A) or 5pm (group B). Each group took 2 doses of 1.5 ounces of FPS and a liquid diet for 24 hours before the colonoscopy. Group A took FPS at 8 am and 3pm, group B at 5pm and 9pm. The FPS was mixed in fluids of their choice. There were 50 patients in each group. There was a single physician observer who performed all the colonscopies.
Results: In group A patients felt their prep was poor 4%, fair 10%, and good 86% of the time, while the observer felt the prep was poor in 4%, fair in 20%, good in 54% and excellent in 22%. 48% complained of nausea with the prep, and 60% complained of a bad taste. In group B 100% felt their prep was good, whereas the observer felt it was poor in 8%, good in 16% and excellent in 76%. 36% complained of nausea and 92% complained of a bad taste. 78% defecated an average of twice after midnight.
Conclusions: 1. Beginning a FPS prep later in the day yielded a significantly better colonic preparation, especially of the right colon. Patients were able to work the day before the procedure thereby avoiding lost revenue or vacation time. 2. No serious clinical complications occurred in this prospective study due to FPS. 3. The main disadvantage of the later prep time is the likelihood of having to defecate during the night.

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Does Gender Disparity Remain in GI Practice?: A 10 Year Prospective Cohort Study

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Purpose: Women compose 50% of medical students but only 16% of the GI workforce. Data show that women in GI have lower income, fewer children and are less likely to be board certified or professionally advanced than men at 3 and 5 yrs after graduation from fellowship. This study determined if these disparities lessen after 10 yrs of GI practice.
Methods: This is a prospective cohort study of 390 gastroenterologists who previously completed a survey at the time of graduation from GI fellowship