

**Amit Agrawal, M.D.**  
**Assistant Professor**

**Education**

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<b>2008-present</b>	<b>Assistant Professor Gastroenterology and Hepatology at the Medical University of South Carolina</b>
<b>2005-2008</b>	<b>Gastroenterology and Hepatology Fellowship at the Medical University of South Carolina</b>
<b>2003-2004</b>	<b>Physical Diagnosis Preceptor at the Medical University of South Carolina</b>
<b>2003</b>	<b>Clinical Instructor for the Department of Internal Medicine at the Medical University of South Carolina</b>
<b>2003</b>	<b>Board Certification in Internal Medicine</b>
<b>2003</b>	<b>Permanent South Carolina Medical Licensure</b>
<b>2000-2003</b>	<b>Residency in Internal Medicine at The Medical University of South Carolina</b>
<b>1996-2000</b>	<b>Medical University of South Carolina School of Medicine M.D. May 2000.</b>
<b>1992-1996</b>	<b>University of South Carolina Honors College B.S. with Honors in Biology, <i>magna cum laude</i>.</b>

**Honors and Awards**

<b>2007</b>	<b>ACG Presidential Poster Award</b>
<b>2006</b>	<b>DDW Poster of Distinction</b>
<b>2006</b>	<b>NACGF presentation</b>
<b>2005</b>	<b>ACG Awardees and Special lectures</b>
<b>2005</b>	<b>Distinguished Achievement Award- NACGF</b>
<b>2005</b>	<b>NACGF presentation</b>
<b>1999</b>	<b>Honors in Pediatrics Clerkship</b>
<b>1999</b>	<b>Honors in Internal Medicine Clerkship</b>
<b>1996</b>	<b>College of Medicine- John Christopher Rich Scholarship</b>
<b>1996</b>	<b>SC EPSCoR Research Scholar</b>
<b>1994-1996</b>	<b>Phi Beta Kappa Honor Society</b>

**Committees**

<b>2001-2003</b>	<b>Pharmacy and Therapeutics Committee</b>
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**2001-2003 Medication Safety Task Force Committee**

**Professional Memberships**

**2005-Present American Society of Gastrointestinal Endoscopy**  
**2004-Present American College of Gastroenterology**  
**2003-Present American Gastroenterological Association**  
**1996-2000 American Medical Association**  
**1996-2000 American Medical Student Association**  
**1996-2000 South Carolina Medical Association**

**Employment**

**2003-2005 Moonlighting as Hospitalist at Trident Medical Center**

**2003-2005 Moonlighting as HOD at Veterans Affairs Hospital**

**Research**

**2003-2005 Research Fellow with Dr. Donald O. Castell in the Esophageal Laboratory at The Medical University of South Carolina**

**Publications**

- 1. Agrawal A, Mckenzie S. Cryptococcal Arthritis in an Immunocompetent Host. The Journal of the South Carolina Medical Association, 2000, 96:297-299.**
- 2. Agrawal A, Hila A, Freeman J, Tutuian R, Castell DO. Ingestion of acid foods mimics gastroesophageal reflux during ambulatory pH monitoring. Dig Dis Sci. 2005 Oct;50(10):1916-20.**
- 3. Agrawal A, Hila A, Tutuian R, Freeman J, Castell DO. Identification of hiatal hernia by manometry: Is it reliable? Diseases of the Esophagus 2005 18(5):316-319.**
- 4. Rackoff A, Agrawal A, Hila A, Mainie I, Tutuian R, Freeman J, Castell DO. Histamine-2 Receptor Antagonists at night improve GERD symptoms for patients on Proton Pump Inhibitor therapy. Dis Esophagus. 2005;18(6):370-3.**
- 5. Agrawal A, Tutuian R, Hila A., Mainie I, Castell, DO. Successful Use of Phosphodiesterase Type 5 Inhibitors To Controlling Symptomatic Esophageal Hypercontractility. Case report. Dig Dis Sci. 2005 Nov;50(11):2059-62.**
- 6. Mainie I, Tutuian R, Agrawal A, Castell DO. Letter to the editor: Proximal esophageal pH monitoring. Am J Gastroenterol 2005 Jul;100(7):1621-2.**

- 7. Tutuian R, Agrawal A, Mainie I, Freeman J, Castell DO. New balloon-based esophageal motility catheters: Comparison with solid-state catheters. Neurogastroenterology & Motility. 2005 Jun 17(3):453-7.**
- 8. Mainie I, Tutuian R, Agrawal A, Hila A, Highland K, Adams D, Castell DO. Fundoplication eliminated chronic cough due to non-acid reflux, identified by impedance pH monitoring. Thorax. 2005 Jun;60(6):521-3.**
- 9. Tutuian R, Mainie I, Agrawal A, Gideon MR, Katz PO, Castell DO. Clarification of the esophageal function defect in patients with distal esophageal spasm. Studies using combined impedance manometry. Am J Gastroenterol. 2006 Mar;101(3):464-**
- 10. Agrawal A, Tutuian R, Hila A, Mainie I, Castell, DO. Clinical Relevance of the Nutcracker Esophagus: Suggested Revision of Criteria for Diagnosis. J Clin Gastroenterol. 2006 Jul;40(6):504-9.**
- 11. Agrawal A, Hila A, Tutuian R, Mainie I, Adams D., Castell DO. Laparoscopic Nissen Fundoplication after Enteryx: A Case Report. Gastrointest Endosc. 2006 Mar;63(3):520-2.**
- 12. Tutuian R, Mainie I, Agrawal A, Castell DO. Effects of a 5-HT4 receptor agonist on esophageal function and gastroesophageal reflux: studies using combined impedance-manometry and combined impedance-pH. Aliment Pharmacol Ther. 2006 Jul 1;24(1):155-62.**
- 13. Mainie I, Tutuian R, Mainie I, Agrawal A, Castell DO. Combined multichannel intraluminal impedance-pH monitoring identifies patients with persistent reflux symptoms on acid suppressive therapy who benefit from a laparoscopic Nissen fundoplication. British Journal of Surgery. 2006 Dec; 93(12):1483-7.**
- 14. Tutuian R, Mainie I, Agrawal A, Adams D, Castell DO. Nonacid reflux in patients with chronic cough on Acid suppressive therapy. Chest. 2006 Aug;130(2):386-91.**
- 15. Agrawal A, Castell DO. Reflux reduction therapy: When PPIs are not enough. Practical Gastroenterology April. 2006;30(4):68-72.**
- 16. Agrawal A, Castell DO. Editorial: GERD is Chronic But Not Progressive: J Clin Gastroenterol 2006 May-Jun;40(5):374-5.**
- 17. Agrawal A, Hila A, Tutuian R, Mainie I, Castell DO. Bethanechol Improves Smooth Muscle Function in Patients with Severe Ineffective Esophageal Motility. J Clin Gastroenterol. 2007 Apr;41(4):366-70.**

- 18. Agrawal A, Hila A.,Tutuian R.,Mainie I, Castell DO. Manometric and Impedance characteristics of Achalasia:Facts and Myths. Journal of Clinical Gastroenterology 2007. In press.**
- 19. Hila A, Agrawal A, Castell DO. Combined Multichannel Intraluminal Impedance and pH Esophageal Testing Compared to pH Alone for Diagnosing Both Acid and Weakly Acidic Gastroesophageal Reflux. Clinical Gastroenterology and Hepatology 2007 Feb;5(2):172-177.**
- 20. Koya DL, Agrawal A, Freeman J, Castell DO. Impedance detected abnormal bolus transit in patients with normal esophageal manometry. Sensitive indicator of esophageal functional abnormality? Accepted to Diseases of the Esophagus 2008.**
- 21. Tutuian R, Vela M, Mainie I, Agrawal A, Castell DO. Characteristics of symptomatic reflux episodes on acid suppressive therapy. Accepted to American Journal of Gastroenterology 2007. In press.**
- 22. Wilson J, Tutuian R, Agrawal A, Castell, DO. A novel test of esophageal function during meal consumption. Accepted to Diseases of the Esophagus 2007. In press.**
- 23. Gale J, Agrawal A, Sharma N, Blonski W, Hargreaves K, Allan JR, Freeman J, Castell DO. A randomized, double-blind, placebo controlled study to investigate the effect of single doses of capromorelin (CP-424,391) and Ghrelin on esophageal reflux parameters, as measured by combined multi-channel intraluminal impedance (MII) in healthy volunteers. Submitted for publication.**
- 24. Agrawal A, Castell DO. Review: Current management of GERD. Current treatment options in Gastroenterology 2007. In press.**
- 25. Agrawal A,Castell DO. Review: Clinical Importance of Impedance Measurements. Journal of Clinical Gastro 2007. In press.**
- 26. Sharma N, Agrawal A, Castell DO. Analysis of persistent symptoms in acid suppressed patients undergoing multichannel intraluminal impedance-pH monitoring. Clinical Gastroenterology and Hepatology 2007. In press.**
- 27. Agrawal A, Castell DO. Editorial: Is “Reflux Dyspareunia” a real entity? Surgical Endoscopy 2007. In press.**
- 28. Agrawal A, Roberts J, Sharma N, Tutuian R, Hila A, Vela MF, Castell DO. Symptoms with acid and non-acid reflux may be produced by different mechanisms. Accepted to Diseases of the Esophagus.**

**29. Gerson LB, Huff JF, Hila A, Hirota W, Reilly S, Agrawal A, Lal R, Luo W, and Castell D. Arbaclofen Placarbil Decreases Post-Prandial Reflux in Patients with Gastroesophageal Reflux Disease. Submitted for publication.**

**Book Chapters**

- 1. Agrawal A, Sharma N, Vela M. Extraesophageal Manifestations of GERD. Vaezi's Extraesophageal Reflux. 2008. Publication pending.**
- 2. Esophageal Causes of Chest Pain. 2008. GI/Liver Secrets. Publication pending.**

**Presentations**

- 1. Combined multichannel intraluminal impedance (MII) and esophageal manometry (EM) stratifies the severity of patients with ineffective esophageal motility. Oral presentation. DDW 2004.**
- 2. Use of Phosphodiesterase Type 5 Inhibitors To Controlling Symptomatic Esophageal Hypercontractility. Medical and Surgical Aspects of esophageal and Foregut Disorders: Pathophysiology and Treatment. University of Southern California Esophageal and Foregut Disorders. Hawaii 2004.**
- 3. Acid Suppression and IEM. Medical and Surgical Aspects of Esophageal and Foregut Disorders: Pathophysiology and Treatment. University of Southern California Esophageal and Foregut Disorders. Hawaii 2005.**
- 4. Clinical Relevance of the Nutcracker Esophagus: Suggested Revision of Criteria for Diagnosis. North American College of Gastroenterology Fellows Meeting Orlando 2005. I received the Distinguished Achievement Award.**
- 5. Symptoms with acid and non-acid reflux are produced by different mechanisms. North American College of Gastroenterology Fellows Meeting San Diego 2006.**
- 6. Continuing Reflux on PPI Therapy is Similar In Adults and Children. North American College of Gastroenterology Fellows Meeting San Diego 2007.**
- 7. Unusual uses of Phosphodiesterase Inhibitors. South Carolina Gastroenterology Association. Hilton Head, SC May 2007.**
- 8. Non-acid reflux and Fundoplication. Medical and Surgical Aspects of Esophageal and Foregut Disorders: Pathophysiology and Treatment. University of Southern California Esophageal and Foregut Disorders. Hawaii 2008.**

**9. Effect of single doses of Capromorelin and Ghrelin on esophageal reflux parameters and esophageal function: A randomized, double-blind, placebo-controlled study. Oral Presentation, DDW 2009.**

**Abstracts**

- 1. Agrawal A, Hila A, Freeman J, Jamison S, Tutuian R, Castell DO. Combined multichannel intraluminal impedance (MII) and esophageal manometry (EM) stratifies the severity of patients with ineffective esophageal motility. Annual AGA conference 2004.**
  
- 2. Agrawal A, Tutuian R, Hila A, Mainie I, Castell, DO. Clinical Relevance of the Nutcracker Esophagus: Suggested Revision of Criteria for Diagnosis. North American College of Gastroenterology Fellows Meeting Orlando 2005. I received the Distinguished Achievement Award.**
  
- 3. Agrawal A, Roberts J, Hila A, Tutuian R, Mainie I, Vela M, Castell DO. Symptoms with acid and non-acid reflux are produced by different mechanisms. North American College of Gastroenterology Fellows Meeting San Diego 2006.**
  
- 4. Agrawal A, Castell, DO. Continuing Reflux on PPI Therapy Similar In Adults and Children. North American College of Gastroenterology Fellows Meeting San Diego 2007.**
  
- 5. Hila A, Agrawal A, Freeman J, Jamison S, Castell DO. Is short post-prandial esophageal pH monitoring sufficient to diagnose reflux? Annual AGA conference 2004.**
  
- 6. Tutuian R , Agrawal A, Freeman J, Castell DO. Proposed revised classification of esophageal motility abnormalities is supported by clinical presentation. Annual AGA conference 2004.**
  
- 7. Agrawal A, Hila A, Freeman J, Castell DO. Ingestion of acid foods mimics gastroesophageal reflux during ambulatory pH monitoring. Annual AGA conference 2004.**
  
- 8. Agrawal A, Hila A, Tutuian R, Freeman J, Castell DO. Identification of hiatal hernia by manometry: Is it reliable? Annual AGA conference 2004.**
  
- 9. Agrawal A, Hila A, Freeman J, Castell DO. Measurement of duration of lower esophageal sphincter (les) relaxation during esophageal manometry does not contribute diagnostic information. Annual AGA conference 2004.**

- 10. Hila A, Freeman J, Agrawal A, Jamison S, Castell DO. 16-hour esophageal pH monitoring is as accurate as a 24-hour study. Annual AGA conference 2004.**
- 11. Hila A, Freeman J, Jamison S, Agrawal A, Kong, L, Castell DO. Upright esophageal multichannel intraluminal impedance and manometry (MII-EM) is a reliable diagnostic tool when using viscous test solution. Distinguished Poster Award. Annual AGA conference 2004.**
- 12. Mainie I, Tutuian R, Agrawal A, Hila A, Freeman J, Jamison S, Castell DO. Symptoms on PPI therapy associated with Non-Acid, Acid or no Reflux. Oral presentation at the American College of Gastroenterology –October 2004. ACG/ Astra Zeneca Senior Fellow Award. Vol 99, No 10, Suppl 2004.**
- 13. Mainie I, Tutuian R, Agrawal A, Hila A, Freeman J, Castell DO. Symptom index during pH monitoring for 24, 16, 12 hours and post-prandial. Annual ACG meeting 2004.**
- 14. Mainie I, Tutuian R, Agrawal A, Hila A, Freeman J, Castell DO. Successful surgical treatment for chronic cough associated with nonacid reflux. Annual ACG meeting 2004.**
- 15. Tutuian R, Agrawal A, Mainie I, Freeman J, Castell DO. New single-use disposable esophageal manometry catheters: Comparison with solid state catheters. ACG annual meeting 2004.**
- 16. Hila A, Mainie I, Agrawal A, Freeman J, Jamison S, Castell DO. Shorter duration esophageal pH monitoring provides similar data to 24-hour study. ACG annual meeting 2004.**
- 17. Rackoff A, Agrawal A, Hila A, Mainie I, Tutuian R, Castell DO. Histamine-2 Receptor Antagonists at night improve GERD symptoms for patients on Proton Pump Inhibitor therapy. Oral presentation. ACG annual meeting 2004.**
- 18. Agrawal A, Tutuian R, Hila A, Mainie I, Rackoff A, Castell DO. Does Combined Impedance Esophageal Manometry (MII-EM) clarify the functional significance of Nutcracker Esophagus (NE)? ACG annual meeting 2004.**
- 19. Agrawal A, Hila A, Mainie I, Tutuian R, Freeman J, Castell DO. A consultative gastroenterologist (cg) perspective on post-myotomy symptoms in achalasia patients. ACG annual meeting 2004.**
- 20. Tutuian R, Agrawal A, Freeman J, Castell DO. Revised definition of ineffective esophageal motility based on functional assessment. American Motility Society 2004.**

21. Tutuian R, Agrawal A, Freeman J, Castell DO. Relationship between severity of dysphagia and bolus transit defects. 13<sup>th</sup> Biennial American Motility Society meeting 2004.
22. Hila A, Mainie I, Agrawal A, Freeman J, Castell DO. Shorter duration esophageal pH monitoring provides similar data to 24-hour study. ACG annual meeting 2004.
23. Hila A, Agrawal A, Mainie I, Freeman J, Castell DO. Dysphagia in Eosinophilic Esophagitis Responds to GERD Therapy. ACG annual meeting 2004.
24. Hila A, Agrawal A, Freeman J, Jamison S, Castell DO. Pseudoreflux: its incidence and importance. ACG annual meeting 2004.
25. Tutuian R, Agrawal A, Freeman J, Castell DO. Revised definition of ineffective esophageal motility based on functional assessment. 12th United European Gastroenterology Week.
26. Tutuian R, Agrawal A, Mainie I, Freeman J, Castell DO. New balloon-based esophageal motility catheters: Comparison with solid-state catheters. 13th Biennial Meeting - American Motility Society.
27. Mainie I, Tutuian R, Agrawal A, Hila A, Freeman J, Castell DO . Reflux(acid or non-acid) detected by Multichannel Intraluminal Impedance-pH testing predicts good symptom response from Fundoplication. SAGES 2005 meeting.
28. Mainie I, Tutuian R, Agrawal A, Hila A, Freeman J, Castell DO . Persistent typical and atypical GERD symptoms on PPI therapy are produced by different mechanisms. AGA annual meeting 2005.
29. Mainie I, Tutuian R, Agrawal A, Hila A, Freeman J, Castell DO. Symptom type on PPI therapy does not predict reflux identified by Multichannel Intraluminal Impedance-pH. AGA annual meeting 2005.
30. Mainie I, Tutuian R, Agrawal A, Hila A, Freeman J, Castell DO. Symptoms on PPI therapy associated with non-acid, acid, or no reflux in children. AGA annual meeting 2005.
31. Mainie I, Tutuian R, Agrawal A, Hila A, Freeman J, Castell DO. Reflux (acid or non-acid) detected by Multichannel Intraluminal Impedance-pH testing predicts good symptom response from Fundoplication. AGA annual meeting 2005.
32. Tutuian R, Mainie I, Agrawal A, Hila A, Freeman J, Castell DO. Total bolus transit time depends on manometric findings. AGA annual meeting 2005.

- 33. Tutuian R, Mainie I, Agrawal A, Hila A, Freeman J, Castell DO. Measuring bolus transit/clearance is superior to esophageal pressures in evaluating gastroesophageal reflux clearing. AGA annual meeting 2005.**
- 34. Agrawal A, Hila A, Mainie I, Freeman J, Tutuian R, Castell DO. Bethanechol improves smooth muscle contractility in patients with ineffective esophageal motility. Poster of Distinction. AGA annual meeting 2005.**
- 35. Agrawal A, Hila A, Mainie I, Freeman J, Tutuian R, Castell DO. Suggested revision of criteria for diagnosis of nutcracker esophagus. AGA annual meeting 2005.**
- 36. Agrawal A, Hila A, Mainie I, Freeman J, Tutuian R, Castell DO. Is the use of both liquid and viscous test solutions appropriate for esophageal multichannel intraluminal impedance and manometry (MII-EM). AGA annual meeting 2005.**
- 37. Koya D, Tutuian R, Agrawal A, Mainie I, Hila A, Freeman J, Castell DO. Abnormal bolus transit detected by impedance is a sensitive indicator of esophageal functional abnormality. AGA annual meeting 2005**
- 38. Hila A, MD, Agrawal A, Tutuian R, Mainie I, Freeman J, Castell DO. Proximal extent of refluxate differs with associated reflux symptoms. AGA annual meeting 2005.**
- 39. Hila A, MD, Agrawal A, Tutuian R, Mainie I, Freeman J, Castell DO. Proximal extent of refluxate differs with associated reflux symptoms. Oral presentation. ASGE Young Investigators Meeting.**
- 40. Hila A, Agrawal A, Tutuian R, Mainie I, Freeman J, Castell DO. Janice Freeman, RN, Donald O. Castell. pH monitoring is very inaccurate for detecting weakly acidic AGA annual meeting 2005.**
- 41. Hila A, Agrawal A, Tutuian R, Mainie I, Freeman J, Castell DO. Long term acid suppression may improve IEM in patients with GERD. A preliminary report. AGA annual meeting 2005.**
- 42. Hila A, Agrawal A, Tutuian R, Mainie I, Freeman J, Castell DO. In pneumatic dilation for achalasia, do we need to start with a 30mm rigidflex balloon? AGA annual meeting 2005.**
- 43. Tutuian R, Mainie I, Allen R, Hargreaves K, Agrawal A, Gale J, Freeman J, Castell DO. Effects of a 5 HT4 Receptor Agonist on esophageal peristalsis and bolus transit studies using combined impedance-manometry. 13<sup>th</sup> annual United European Gastroenterology Week.**

44. Tutuian R, Mainie I, Allen R, Hargreaves K, Agrawal A, Gale J, Freeman J, Castell DO. Effects of a 5 HT4 Receptor Agonist on post-prandial acid and non-acid reflux studies using combined impedance pH. 13<sup>th</sup> annual United European Gastroenterology Week.
45. Tutuian R, Mainie I, Agrawal A, Adams D, Castell DO. The importance of testing for non-acid reflux in patients with chronic cough on acid suppressive therapy. 13<sup>th</sup> annual United European Gastroenterology Week.
46. Tutuian R, Mainie I, Agrawal A, Castell DO. Characteristics of symptomatic reflux episodes on acid suppressive therapy. 13<sup>th</sup> annual United European Gastroenterology Week.
47. Agrawal A, Hila A, Tutuian R, Mainie I, Vela M, Castell DO. Manometric and Impedance characteristics of Achalasia: Facts and Myths. Annual AGA meeting 2006.
48. Agrawal A, Hila A, Mainie I, Tutuian R, Vela M, Castell DO. Symptoms of both acid and non-acid reflux occur almost exclusively in the upright position. Annual AGA meeting 2006.
49. Agrawal A, Hila A, Mainie I, Tutuian R, Vela M, Castell DO. Vigorous Achalasia and Classic Achalasia: Two similar but separate entities? Annual AGA meeting 2006.
50. Tutuian R, Mainie I, Agrawal A, Freeman J, Castell DO. Normal values for ambulatory 24-h combined impedance-pH monitoring on acid suppressive therapy. Annual AGA meeting 2006.
51. Mainie I, Tutuian R, Hila A, Agrawal A, Castell DO. Heartburn and regurgitation – Does that mean I have GERD? Annual AGA meeting 2006.
52. Mainie I, Tutuian R, Hila A, Agrawal A, Castell DO. Symptom type on PPI therapy does not predict reflux identified by Multichannel Intraluminal Impedance-pH. Annual AGA meeting 2006.
53. Mainie I, Tutuian R, Hila A, Agrawal A, Castell DO. Symptoms Refractory to PPI therapy associated with Non-Acid, Acid or no Reflux in Children. Annual AGA meeting 2006.
54. Mainie I, Tutuian R, Hila A, Agrawal A, Castell DO. Comparison between the combined analysis and the DeMeester score to predict response to PPI therapy. Annual AGA meeting 2006.
55. Mainie I, Tutuian R, Hila A, Agrawal A, Freeman J, Castell DO. Numerous episodes of atypical GERD symptoms are unlikely to be associated with acid or non-acid reflux. Annual AGA meeting 2006.

56. Mainie I, Tutuian R, Blonski W, Hila A, Agrawal A, Castell DO. Typical and atypical GERD Symptoms Refractory to PPI therapy are produced by Different Mechanisms. Annual AGA meeting 2006.
57. Hila A, Agrawal A, Blonski W, Mainie I, Freeman J, Castell DO. Multichannel Intraluminal Impedance and pH (MII-pH) Is Accurate in Assessing Esophageal Transit Abnormalities. Poster of Distinction. Annual AGA meeting 2006.
58. Hila A, Agrawal A, Blonski W, Mainie I, Freeman J, Castell DO. Multichannel Intraluminal Impedance and pH (MII-pH) Esophageal Testing is more specific than pH alone for diagnosing acid gastroesophageal reflux. Annual AGA meeting 2006.
59. Hila A, Agrawal A, Blonski W, Mainie I, Freeman J, Castell DO. Evaluation of Transit in the transition zone on multichannel intraluminal impedance (MII) allows detection of transit abnormalities in more patients with abnormal motility. Annual AGA meeting 2006.
60. Hila A, Blonski W, Agrawal A, Freeman J, Castell DO. There is minimal intra-reader variability in analyzing MII-pH tracings. Annual ACG meeting 2006.
61. Castell DO, Hila A, Agrawal A, Lal R, Huff J. .XP 19986 decreases reflux and is well tolerated in GERD patients. Annual ACG meeting 2006.
62. Wilson J, Mainie I, Hila A, Tutuian R, Agrawal A, Castell DO. A novel test of esophageal function during meal consumption. Annual ACG meeting 2006.
63. Agrawal A, Hila A, Blonski W, Tutuian R, Castell DO. Symptomatic acid reflux occurs earlier and associated with faster velocity reflux than symptomatic non-acid reflux. Annual ACG meeting 2006.
64. Hila A, Agrawal A, Blonski W, Castell DO. Swallow evaluation during MII-pH: A valid method to assess esophageal transit. Annual ACG meeting 2006.
65. Blonski W, Hila A, Mainie I, Agrawal A, Jain V, Freeman J, Castell DO. Impedance Manometry with viscous test solution increases detection of esophageal function defects. Annual ACG meeting 2006.
66. Sharma N, Agrawal A, Williamson B, Hoffman B. Collagenous Sprue Masquerading as Crohn's Disease A Clinical Vignette. Annual ACG meeting 2006.
67. Hila A, Agrawal A, Blonski W, Castell DO. Findings on esophageal manometry are not predictive of symptomatic non-acid reflux. Annual ACG meeting 2006.
68. Vela M, Tutuian R, Hila A, Mainie I, Agrawal A, Castell DO. Characteristics of gastroesophageal reflux episodes leading to symptoms in acid suppressed patients. Annual ACG meeting 2006.

69. Agrawal A, Hila A, Castell DO. Symptomatic acid and nonacid reflux occur by different mechanisms. 2006 Visceral Hypersensitivity Conference Cambridge, England.
70. Jain V, Agarwal A, Mainie I, Hila A, Blonski W, Tutuian R, Castell DO. Immediate-Release Omeprazole Powder: An Effective Alternative Approach to Refractory GERD. ACP meeting 2006.
71. Okafor C, Agrawal A, Reuben A. Prevalence, Demographics and Outcome of Acute Liver Failure at the Medical University of South Carolina. Acute Liver Failure Meeting 2006.
72. Agrawal A, Sharma N, Hila A, Tutuian R, Vela M, Castell DO. Continuing Reflux on PPI Therapy is Similar In Adults and Children. Annual AGA meeting 2007
73. Sharma N, Agrawal A, Vela M, Castell DO. Demographic Features of PPI Failures: Are there differences between those with a Positive versus Negative Symptom Index? Annual AGA meeting 2007.
74. Sharma N, Agrawal A, Vela M, Castell DO. Persistent symptoms on PPI therapy: A Comparison of Patients with only Non-Acid reflux versus those with combined Acid and Non-Acid reflux. Annual AGA meeting 2007.
75. Castell DO, Gerson L, Herota W, Reilley S, Hila A, Agrawal A, Lal R, Huff J. R-Baclofen Prodrug XP 19986 decreases Reflux episodes and is well tolerated in GERD Patients. Annual AGA meeting 2007.
76. Agrawal A, Sharma N, Castell DO. A PPI is a PPI! Similar results for continuous reflux on therapy. Presidential Poster Award. Annual ACG meeting 2007.
77. Sharma N, Agrawal A, Castell DO. Atypical GERD Symptoms on PPI Therapy are more likely in an older female patient group. Annual ACG meeting 2007.
78. Sharma N, Wilson, J, Agrawal A, Freeman J, Vela M, Castell DO. Impedance-pH Testing Predicts Successful Response to Laparoscopic Nissen Fundoplication. Annual AGA meeting 2008.
79. Sharma N, Agrawal A, Freeman J, Vela M, Castell DO. Persistent Symptoms on PPI: Abnormal Reflux or a Sensitive Esophagus? Annual AGA meeting 2008.
80. Sharma N, Agrawal A, Freeman J, Vela M, Castell DO. A Five Minute Symptom Index is Reliable Annual AGA meeting 2008.
81. Sharma N, Agrawal A, Tutuian R, Vela M, Castell D. Evaluation of Symptom Association with GERD: Is There Consensus Among the Experts? Annual ACG meeting 2008.

**82. Sharma N, Agrawal A, Tutuian R, Vela M, Castell D. Atypical GERD Symptoms on PPI Therapy Are More Likely in an Older Female Patient Group. Annual ACG meeting 2008.**

**83. Agrawal A, Sharma N, Wilson J, Vela M, Castell D. Symptom Index is a good predictor of success for fundoplication for symptomatic non-acid reflux on PPI therapy. Annual ACG meeting 2008.**

**84. Arevalo L, Vela M, Sharma N, Agrawal A, Freeman J, Castell DO. Body mass index is associated with increased reflux episodes but does not affect lower esophageal sphincter characteristics. Annual ACG meeting 2008.**