When Gregory G. Ginsberg was a youngster, his father would take home movies of birthday parties, picnics, and family trips. His father, a gastroenterologist, used that same camera to film some of his more interesting cases. Unfortunately, he never got the hang of switching the film. 

“So we’d be watching a movie of a party and it’d be going along, and all of a sudden there’d be a bleeding ulcer or colon cancer,” says Ginsberg. “It wasn’t subliminal.”

Unlike some doctors, Ginsberg had a sense of his career path at an early age. “I pretty much knew by the sixth grade that I wanted to go into gastroenterology,” he says. “I think it offers the ideal blend of cognitive and procedural challenges.”

Now professor of medicine and director of endoscopy for the University of Pennsylvania Health System, Ginsberg was the 2005 recipient of the School of Medicine’s Luigi Mastroianni Jr. Clinical Innovator Award. More recently, he was named the Distinguished Educator of the American Society for Gastrointestinal Endoscopy (A.S.G.E.) and will take over as president of the society in 2010.

One of the Awards of Excellence given each year to high-achieving faculty members, the Mastroianni award acknowledges clinical innovation and technologically based research. Anil K. Rustgi, M.D., chief of the Division of Gastroenterology, nominated Ginsberg for the award.

“At a national level, he’s recognized as an elite authority on interventional endoscopy from the point of procedures to deal with pre-neoplastic and early neoplastic diseases of the stomach, intestines, and colon,” says Rustgi. “He’s very innovative in developing new technologies for the diagnosis of G.I. diseases and tries to marry research in the animal settings with human-based trials to advance patient care.”

Ginsberg is asked to speak around the world, and many of his talks are focused on “the holy grail” of gastroenterology – using enhanced endoscopic mucosal imaging to catch and remove abnormalities before they develop into problems like those associated with Barrett’s Esophagus. The procedure involves using stains or contrast to be able to detect changes happening in the mucosa along the esophagus and the stomach, which could be signs of early cancer. Increasingly, doctors are using electronic means to enhance these changes, and Ginsberg is exploring super-high magnification techniques that allow imaging at the cellular level in living tissue through the endoscope.

As Ginsberg puts it, “The hope is that early detection will help prevent the development of advanced disease.”

Ginsberg is also known for his work in transendoscopic surgery, a new field of medicine in which surgeons operate through natural openings in the body instead of slicing through muscles and organs. The new approach can lessen healing time and prevent complications.
David Fleischer, M.D., was Ginsberg’s mentor while he was a fellow at George-town University Medical Center and is now professor of medicine at the Mayo Clinic College of Medicine in Arizona. Fleischer flat-out asserts that Ginsberg is no good at judging the performance of Philadelphia sports teams (the two have an ongoing bet). On the other hand, he is just as eager to say that Ginsberg excels at creative approaches to diagnosis and surgery.

In particular, Fleischer points to Ginsberg’s use of magnets – one in the stomach and one in the small intestine – to create a natural hole instead of doing surgery to remove part of the digestive tract. The two magnets would close by magnetic force, eliminating the need for surgery.

“He doesn’t necessarily think about what’s possible based on what’s been done,” says Fleischer. “He looks at what he has and thinks of new approaches. That’s what makes him such a good endoscopist – he’s not just good technically, he’s got a creative mind.”

The magnets have been used experimentally in two ways. One is to place them inside two different pathways, so that the magnets – which naturally try to cling together – create a hole without having to perform surgery. For example, used between the stomach and the small intestine, they essentially create a gastric bypass route.

Magnets have also been used to transiently anchor the bowel to the anterior abdominal wall, creating a minimally invasive way to feed directly into the small intestine. “This approach is life-saving in countless patients with disordered oral intake of nutrition,” explains Ginsberg. “We are working on bringing these approaches to clinical use.”

Ginsberg is married with four daughters. His wife, Jane Ginsberg, describes him as a man with a real zest for life – for his work, his students, and his family.

“There have been countless days when his face reveals the stresses of having to diagnose and reveal a cancer or inoperable tumor to a patient. I know it is still very emotional for him and that he treats each patient and their family with dignity and respect.”

Ginsberg’s former mentor says that combination of professionalism and compassion helps make Ginsberg “a triple threat.”

“Success in medicine is measured in three ways,” Fleischer continues. “As a teacher, can you do good research? As a doctor, can you take good care of your patients? And as a person, can you have a family life? He manages all three.”

Both Ginsbergs grew up in the Philadelphia area and were happy to come to Penn. The school was a “perfect fit,” they say, because the clinical practice provides a wide range of challenges as well as the opportunity to teach.

“What keeps me at Penn are the patients and the people,” says Ginsberg. The opportunity to have a beneficial impact on patients with challenging medical problems “remains an immense source of professional satisfaction.”

In particular, Ginsberg says, he is proud of the Endoscopy Center at the recently opened Perelman Center for Advanced Medicine, and he believes the Advanced Endoscopy Fellowship training program is among the most competitive in the nation. While the layout and staffing in the new endoscopy center provide a better experience for patients, it was also cited in this year’s inaugural A.S.G.E. Endoscopy Unit Recognition Program for promoting excellence in the specialty.

“The state-of-the-art instrumentation provides high-definition imaging and all manners of diagnostic and therapeutic endoscopy, including advanced polypectomy, endoscopic ultrasound, ERCP, and more,” says Ginsberg.

In the end, however, it’s the challenge of gastroenterology more than the instruments that keeps him intrigued. A patient will come in with a set of symptoms and it’s like a puzzle – and not just a physical puzzle. Often, the physician must also consider emotional issues like anxiety, and it’s up to him to figure out how to alleviate the symptoms and to get to the root of the problem.

Now that he has 20 years of practice behind him, Ginsberg says he’s learned to be more patient – both with others and himself.

And while none of his daughters is on the gastroenterology path, he still keeps his father’s home movies around, just in case.