LETTER FROM THE EDITOR

David Binion discusses the increasing use of institutional databases to study inflammatory bowel disease. In the Advances in Endoscopy column, Dr Vikesh K. Singh provides an overview of the management of perforations caused by endoscopic retrograde cholangiopancreatography. He discusses a recent study in which he and his colleagues developed an algorithm to determine the type of treatment that may be needed when these perforations occur.

Our bimonthly HCC in Focus column returns with an interview with Dr Lewis R. Roberts. He provides a comprehensive history of the use of biomarkers in hepatocellular carcinoma, from the first use of alpha-fetoprotein (AFP) to the current clinical use of this biomarker in combination with Lens culinaris agglutinin-reactive AFP and des-gamma-carboxy prothrombin, and the promise of new biomarkers in development.

In addition, Drs Seymour Katz and Gil Melmed present a timely opinion piece on how the current relative value unit (RVU) system used for Medicare reimbursement undervalues the cognitive physician visit. The authors use inflammatory bowel disease office visits as a paradigm and explain how these time-consuming visits are worth low RVUs (and thus low compensation) as opposed to procedures such as colonoscopies, which are worth more RVUs (and thus more compensation) and can be performed more quickly. The authors encourage readers to write to the Centers for Medicare and Medicaid Services with their thoughts on this issue.

In our brief case study section, Drs Ze Zhang, Dhanpat Jain, and Myron Brand present a patient with a ringed esophagus secondary to lymphocytic esophagitis.

I hope that this issue provides valuable insights for your clinical practice.

Sincerely,

Gary R. Lichtenstein, MD, AGAF, FACP, FACG