

LETTER FROM THE EDITOR



Endoscopic techniques have become vital to diagnosis and clinical care, and new, specialized techniques are constantly being rolled out. Historically, the review of performance quality of endoscopists has been limited, but this is changing, with organizations such as the American College of Gastroenterology and the American Society for Gastrointestinal Endoscopy (ASGE) advocating for the establishment of standardized quality metrics.

The ASGE Training Committee has noted that an adequately trained endoscopist should be able to accurately recommend endoscopic procedures based on consultative evaluation findings; perform procedures safely and thoroughly, with a keen understanding of all aspects of the procedure, including pre- and postoperative care; correctly interpret endoscopic findings and apply them to patient care; identify risk factors and how to minimize and manage them; acknowledge the limitations of endoscopic procedures and personal skills; and understand the principles of quality measurement and improvement. The ASGE Training Committee also acknowledges that advanced procedures are for the particularly adept.

Advanced endoscopic techniques should be the purview of “a relatively small number of highly trained individuals,” states the ASGE Training Committee in its communication “Principles of training in GI endoscopy,” which was published in *Gastrointestinal Endoscopy* in 2012 and is available at <http://www.asge.org/assets/0/71328/71340/729c7e54-2790-4cc7-b390-860bf97411bf.pdf>. Furthermore, training, specifically in advanced techniques, should be designed to ensure that the trainee will achieve proficiency in the procedure during the training period—not later during clinical practice, according to the ASGE Training Committee.

In this issue of *Gastroenterology & Hepatology*, the road to quality metrics in endoscopy, including gaps and challenges to be met, is explored by Dr. Suryakanth R. Gurudu and Dr. Francisco C. Ramirez from the Mayo Clinic in

Scottsdale, Arizona. Also featured is a review by Dr. Michael L. Misel and colleagues from the University of California in San Diego that makes a case for the use of sodium benzoate as an adjunctive treatment for hepatic encephalopathy that is refractory to standard therapy.

This month's cases include an uncommon example of spontaneous colonic perforation in a patient with collagenous colitis and an example of how immunoglobulin G4-associated cholangitis can mimic cholangiocarcinoma on imaging findings.

In our columns for this month's issue, Dr. Cosmas C. Giallourakis of the Massachusetts General Hospital in Boston shares clinical insights about liver complications in patients with congestive heart failure (CHF), including diagnostic differentiation of primary liver disease and CHF-associated liver disease. Dr. Waliul I. Khan from McMaster University in Hamilton, Ontario, Canada discusses the role of serotonin dysregulation in inflammatory bowel disease. Novel colonoscopic imaging techniques are presented by Dr. Ralf Kiesslich of the St. Mary's Hospital in Frankfurt, Germany, and Dr. Roger Tatum of the University of Washington in Seattle provides clinical pearls on esophageal evaluation prior to antireflux surgery.

May the salient reviews and commentary presented here enrich your expertise and help you expand your focus on patient care.

Sincerely,

A handwritten signature in dark ink, appearing to read "Gary R. Lichtenstein". The signature is fluid and cursive.

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