

LETTER FROM THE EDITOR



Pancreatic cancer is a relatively rare malignancy compared with cancers of the colon, lung, and breast; however, it is estimated that 45,000 new cases of pancreatic cancer are expected to be diagnosed this year in the United States. Tumor removal can be curative, but progression to metastasis is rapid, and detection of pancreatic cancer typically occurs late in the disease course. Thus, disease in up to 80% of patients is unresectable at the time of diagnosis and incurable. With a 5-year survival rate of less than 5%, better screening and treatment methods are critical.

To accelerate development of tools that facilitate early diagnosis and treatment of pancreatic cancer, the Pancreatic Cancer Action Network and the American Association for Cancer Research (AACR) awarded grants totaling more than \$5 million to 14 research groups during the AACR's annual meeting this past April in Washington, DC. Further, news from the business sector bodes that the pancreatic cancer therapy market will nearly double to \$1.3 billion in 2022 as pharmaceutical companies launch and then seek to improve on chemotherapeutic products for pancreatic cancer. (See <http://www.prnewswire.com/news-releases/the-market-for-pancreatic-cancer-therapies-will-nearly-double-to-1.3-billion-in-2022-fueled-by-the-entry-of-three-novel-agents-206414921.html>.)

Although many treatment centers rely on tandem magnetic resonance imaging and computed tomography to evaluate pancreatic lesions, endoscopic ultrasound (EUS) is increasingly being recognized as a highly efficient diagnostic tool. EUS provides information on the size of a cystic lesion, the lesion's relationship to the duct and other structures in the pancreas, the presence of nodules within the lesion, and the thickness of the cystic wall. The addition of fine-needle aspiration (FNA) facilitates a biopsy of any solid cyst component.

In this issue of *Gastroenterology & Hepatology*, Dr. Brian R. Weston and Dr. Manoop S. Bhutani of the University of Texas MD Anderson Cancer Center in Houston present a comprehensive, forward-thinking, and practical technical review on how to optimize clinical yield using EUS-FNA in the diagnosis of pancreatic lesions. Our second feature, by Dr. Ashwin N. Ananthkrishnan of Massachusetts General Hospital and Harvard Medical School in Boston, explores environmental factors in inflammatory bowel disease (IBD).

Complementing our feature on EUS-FNA in the diagnosis of pancreatic lesions is a column by Dr. Annette Fritscher-Ravens of University Hospital Schleswig-Holstein in Kiel, Germany on preliminary research of a promising animal training model for EUS-FNA of lymph nodes.

Dr. Ananthkrishnan's review is also complemented by a column on antibiotic use and Crohn's disease by Dr. Charles N. Bernstein of the University of Manitoba in Winnipeg, Manitoba, Canada. Dr. Bernstein's research on antibiotic use and the gut microbiome in pediatric patients offers telling preliminary data on when and how pathogenesis in IBD may get a kick start, thus providing further understanding about preemptive intervention.

We are pleased to present a column by Dr. Nicholas J. Shaheen of the University of North Carolina School of Medicine in Chapel Hill, who discusses highlights from the new guidelines for the diagnosis and management of gastroesophageal reflux disease that were recently released by the American College of Gastroenterology.

Finally, Dr. Satheesh P. Nair of the University of Tennessee Health Science Center in Memphis provides a timely commentary on the value of protease inhibitor therapy post-liver transplantation in the treatment of hepatitis C virus infection.

This month's case presentation describes a giant hepatic hemangioma masquerading as a gastric subepithelial tumor (SET) and includes salient commentary regarding SETs and their differential diagnosis. Also included in this issue are a few news reports from recent meetings, including the 48th annual meeting of the European Association for the Study of the Liver, held this past April in Amsterdam, The Netherlands, and Digestive Disease Week, which took place in Orlando, Florida in May.

May the content presented herein entertain while expanding your clinical acumen.

Sincerely,

A handwritten signature in black ink that reads "Gary R. Lichtenstein". The signature is fluid and cursive, with the first name being the most prominent.

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