LETTER FROM THE EDITOR

Routine screening to prevent colorectal cancer has been a major focus of attention in recent years, in part because treatment of colorectal cancer is rarely successful once the cancer has metastasized. Indeed, despite public health campaigns to promote routine screening colonoscopies, colorectal cancer remains the second leading cause of cancer deaths in the United States. According to data from the Centers for Disease Control and Prevention, over 50,000 people in the United States died from colorectal cancer in 2008, the most recent year for which statistics are available.

Fortunately, a recent study in *Nature* could be the first step toward improving these statistics. Published by Donna M. Muzny and collaborating researchers—who together comprise the Cancer Genome Atlas Network—this study describes several mutations associated with colorectal cancer and suggests possible avenues for new therapies. Specifically, this study performed a genome-scale analysis of 276 samples and more in-depth sequencing on a subset of 97 samples, after which the researchers were able to identify 32 mutated genes that are associated with colorectal cancer.

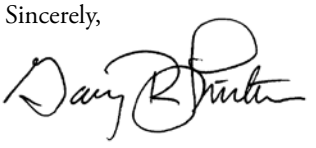
In addition to providing clues about the development of colorectal cancer, this discovery also suggests intriguing possibilities for new treatments. For example, one of the mutations seen in colorectal cancer is an amplification of *ERBB2*; this finding suggests that the breast cancer drug trastuzumab (Herceptin, Genentech) might be beneficial for the treatment of these colorectal cancers, as this drug is already used to treat breast cancer patients who have extra copies of *ERBB2*. Knowledge of which genes are mutated in colorectal cancer could also help to guide development of new drugs.

While these findings will undoubtedly lead to an improved understanding of colorectal cancer and will hopefully aid the development of more effective therapies, screening colonoscopies should continue to be a regular part of patient care. Even if more effective therapies for colorectal cancer become available, prevention of disease always remains preferable.

Vaccination against infectious diseases is another important preventative measure that should be widely employed in most cases. However, some patients with inflammatory bowel disease (IBD) may not be candidates for certain vaccines due to reduced effectiveness in this population and/or risk of adverse reactions—including infections. Thus, clinicians need to proceed with caution when vaccinating patients with IBD. To aid clinicians in this effort, Seper Dezfoli and Gil Y. Melmed review the available literature on vaccination in patients with IBD in a feature article beginning on page 504 of this month's issue. This article also provides specific recommendations regarding which vaccinations are safe for use in this population.

In addition to this review, the current issue of *Gastroenterology & Hepatology* also includes an article on esophageal stents and a feature on the potential applications of thromboelastography in patients with acute and chronic liver disease. Further, this month's columns address several interesting topics: small bowel transplantation in patients with IBD, autoimmune complications due to interferon therapy, esophageal perforations, split dosing for bowel preparation, and dietary modification as a treatment for irritable bowel syndrome.

Sincerely,



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