

# LETTER FROM THE EDITOR



As we start the new year, now is a good time to reflect on how gastroenterology and hepatology have changed over the past 12 months. Although many new developments and trends could be cited, I specifically want to draw readers' attention to some of the new or revised practice guidelines that were published in 2010, as these documents represent the latest consensus on several important topics.

One guideline of particular interest to hepatologists is the updated guideline on the management of hepatocellular carcinoma (HCC) developed by the American Association for the Study of Liver Diseases (AASLD). Published in the July 2010 issue of *Hepatology*, this article addresses surveillance, diagnosis, staging, and resection. Specifically, it includes recommendations on which groups should undergo surveillance, via which method, and how often; which patients can benefit from various methods of local ablation; and when transarterial chemoembolization or sorafenib should be considered. Readers interested in learning more about management of HCC, including the AASLD's new guideline, can also refer to the article by Drs. Robert Wong and Catherine Frenette on page 16 of this month's issue of *Gastroenterology & Hepatology*.

Other guidelines that may be of interest to hepatologists include an AASLD guideline on alcoholic liver disease that was developed in cooperation with the American College of Gastroenterology (ACG) and published in the January 2010 issue of *Hepatology*; an AASLD practice guideline on the diagnosis and management of primary sclerosing cholangitis that was published in the February 2010 issue of *Hepatology*; and an article titled, "Institute of Medicine recommendations for the prevention and control of hepatitis B and C," which was published in the March 2010 issue of *Hepatology*.

For gastroenterologists, one noteworthy document is the guideline on ulcerative colitis developed by the ACG's Practice Parameters Committee. Published in the March 2010 issue of *The American Journal of Gastroenterology*, this document provides specific recommendations for management of mild-moderate distal colitis, mild-moderate extensive colitis, severe colitis, and pouchitis; maintenance of remission in distal disease and mild-moderate extensive colitis; surgery; and cancer surveillance. Other practice guidelines that may be of interest to gastroenterologists include the ACG guideline on the role of esophageal stents in benign and malignant diseases, which was published in the February

2010 issue of *The American Journal of Gastroenterology*, and a guideline developed by the Italian Society of

Gastroenterology and the Italian Group for the Study of Inflammatory Bowel Disease regarding the use of tumor necrosis factor (TNF)- $\alpha$  antagonist therapy in patients with inflammatory bowel disease (IBD), which was published online in September 2010 ahead of print publication in *Digestive and Liver Disease*.

Finally, clinicians who are interested in improving IBD patients' transition from pediatric to adult care will want to read the guidelines published online on December 16, 2010 ahead of print publication in *Inflammatory Bowel Diseases*. This topic is also addressed in the article by Dr. Jessica R. Philpott on page 26 of this month's issue of *Gastroenterology & Hepatology*.

While providing a valuable snapshot of the current thinking regarding a particular condition, guidelines are limited by the fact that they are merely that: guidelines. Because these documents aim to cover the full range of patients with a condition, they offer general information but do not provide directives for every specific case. Thus, guidelines are only a starting point when deciding how to manage a particular patient. Nonetheless, gastroenterologists and hepatologists should review the major guidelines published in their areas of expertise in order to remain abreast of the latest consensus in these fields.

As I have already mentioned, this month's issue of *Gastroenterology & Hepatology* includes features on the management of HCC and transitional care in IBD. In addition, our columns discuss management of patients with Crohn's disease who have failed anti-TNF agents; response-guided therapy for hepatitis C virus infection; management of benign esophageal strictures; and the causes, diagnosis, and treatment of esophageal chest pain. Finally, this issue includes case studies on eosinophilic esophagitis and occult breast malignancy masquerading as acute hepatic failure.

I hope these articles provide useful information and valuable clinical insight for the coming year.

Sincerely,

A handwritten signature in black ink that reads "Gary R. Lichtenstein". The signature is written in a cursive, flowing style.

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