

LETTER FROM THE EDITOR



It is only fairly recently—with the turn of the new millennium—that medical researchers began to appreciate the biologic differences between men and women in relation to disease manifestation, course, and management. The importance of gender medicine was first stressed by the US Institute for Medicine in 2001 and reiterated in 2010. It concurred that gender significantly influences disease course; therefore, screening, diagnosis, and management strategies should be approached with this in mind. Gender medicine has, thus, emerged as an important area of clinical research. A number of journals are now dedicated to it, as are organizations, such as The Foundation for Gender-Specific Medicine (<http://gendermed.org>), which supports research and advocates on how gender impacts health and disease.

It has been known for some time that the symptoms of cardiovascular disease differ between men and women, and this observation was key to spurring the gender medicine movement. Gender differences are now also prominently recognized in autoimmune diseases. Interestingly, a basic research study by Markel and colleagues, published in the March 2013 issue of *Science*, suggests that, compared with men, women may be more vulnerable to multiple sclerosis, lupus, and rheumatoid arthritis because of hormone-mediated differences in the gut microbiome. Gender differences, observed specifically in relation to gastroenterologic diseases, have been attributed to sex hormones and their shift across the life span. As for gender differences in relation to liver disease, they are incompletely understood; however, issues beyond those imposed by sex hormones may be at play. In this issue of *Gastroenterology & Hepatology*, the influence of gender on the epidemiology, natural history, and outcomes of liver disease is explored by Dr Jennifer Guy of the California Pacific Medical Center in San Francisco and Dr Marion G. Peters of the University of California, San Francisco. They point out that, although the rate of alcohol and drug abuse is significantly higher in men than women, women are more vulnerable to alcohol- and drug-mediated liver disease. Autoimmune hepatitis, acute liver failure, and primary biliary cirrhosis are also more common in

women, but disparities exist in regard to liver transplantation for women compared with men.

Our second feature, authored by a team from the Mayo Clinic in Arizona, is a clinically pertinent review on the diagnosis and management of gastric polyps. For our Study in Focus, Dr Steven L. Flamm of the Northwestern University Feinberg School of Medicine in Chicago, Illinois comments on the recently published findings of the FUSION and POSITRON trials of sofosbuvir in patients with genotypes 2/3 hepatitis C virus (HCV) infection. The discussion continues with the Advances in HCV column, in which Dr Paul J. Pockros of the Scripps Clinic in La Jolla, California provides forward-looking comments on the role of direct-acting antivirals in the management of HCV.

Dr Pietro Lampertico of Italy's Università degli Studi di Milano discusses discontinuation of nucleoside analogues in hepatitis B virus infection in our Advances in Hepatology column, and Dr Kian Keyashian of the Oregon Health Science University in Portland provides a comprehensive discussion on the safety and risks of long-term thiopurine use in the Advances in IBD column. Dr Jerome D. Waye of the Mount Sinai Hospital in New York City discusses difficult colonoscopy in the Advances in Endoscopy column, and the treatment of gastroesophageal reflux disease (GERD) with the esophageal sphincter device is addressed by Dr Robert A. Ganz of Abbott Northwestern Hospital in Minneapolis, Minnesota in the Advances in GERD column.

May the dynamic content presented in this issue of *Gastroenterology & Hepatology* help you raise the bar in clinical practice.

Sincerely,

A handwritten signature in black ink that reads "Gary R. Lichtenstein". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

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