

# LETTER FROM THE EDITOR



About 4 to 7 million Americans are thought to be infected with hepatitis C virus (HCV), but the large majority of infected persons have not yet been identified. Although infection rates are thought to be decreasing, the burden of HCV infection on the healthcare system is increasing as complications of liver disorders—cirrhosis and hepatocellular carcinoma (HCC)—emerge in the now middle-aged and elder birth cohort—risk population—those Americans born between 1945 and 1965.

The standard of care for treatment of patients with HCV infection has been first-generation protease inhibitors plus pegylated interferon and ribavirin. This regimen improved upon pegylated interferon plus ribavirin alone but was far from ideal in terms of response rates, adverse-effect profiles, ease of use, and treatment eligibility. The face of management of HCV infection is now poised to dramatically change with the introduction of 2 new direct-acting antiviral agents: sofosbuvir (Sovaldi, Gilead), a nonstructural nucleotide inhibitor, and simeprevir (Olysio, Janssen), a second-generation protease inhibitor. Plus, several more regimens—boasting response rates in the 90% range—are expected to enter the market within the next 2 to 3 years, while approximately 20 other compounds are under study.

As the ability to effectively treat patients infected with HCV increases, screening initiatives will likely become more widespread along with access-to-care initiatives. In this issue of *Gastroenterology & Hepatology*, Dr Joseph Ahn, of the Oregon Health & Science University in Portland, Oregon, and Dr Steven L. Flamm, of Northwestern University Feinberg School of Medicine in Chicago, Illinois, provide a comprehensive and timely overview of the treatment of HCV infection. They review many of the key clinical trials, provide forward-looking thoughts about new regimens on the horizon, and also address challenges to screening and care of infected persons.

Our other feature, by Dr Timothy Dougherty Jr and a team from The George Washington University in Wash-

ington, DC, provides cutting edge information on differential diagnoses and therapeutic options for eosinophilic esophagitis, including standard of care, emerging therapies, and the role of allergens in the pathology of eosinophilic esophagitis. The article includes a highly useful algorithm to guide diagnosis and treatment.

Complementing our feature on advances in the management of HCV infection, our Advances in HCV column spotlights Dr Donald M. Jensen, of the University of Chicago Medicine in Chicago, Illinois, who speaks on the topic of advances in combination regimens for HCV infection. Dr Robert G. Gish, currently principal of Robert G. Gish Consultants, LLC in San Diego, California, in turn, provides an excellent Q&A commentary on the use of biomarkers in the risk assessment of HCC for our Advances in Hepatology column.

Dr James Aisenberg, of the Icahn School of Medicine at Mount Sinai in New York City, discusses management of novel oral anticoagulants for endoscopic procedures in our Advances in Endoscopy column; Dr Sami R. Achem, of the Mayo Clinic in Jacksonville, Florida, provides clinical insights on diffuse esophageal spasm in the Advances in GERD column; and Dr Helen Pappa, of Harvard Medical School in Boston, Massachusetts, provides important information on the role of vitamin D in inflammatory bowel disease in the Advances in IBD column.

I am happy to present this issue full of timely, cutting edge, and clinically relevant information to help you enhance your practice.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary R. Lichtenstein". The signature is fluid and cursive, with a large, stylized "G" and "L".

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