

# LETTER FROM THE EDITOR



**H**epatocellular carcinoma (HCC) has the distinction of being the fourth most common cancer and the third leading cause of cancer-associated death in the world. More than 30,500 new diagnoses and more than 21,500 deaths due to HCC were estimated to have occurred in the United States this past year. Men are more commonly affected than women, especially Chinese American men in whom the risk of infection is more than double that of Chinese American women, and middle-aged men are particularly at risk. Although new cases of the main underlying causes—hepatitis B virus (HBV) and hepatitis C virus infection—are thought to be on the wane, the incidence of HCC has doubled over the past few decades as the mostly undiagnosed risk cohort—the Baby Boomer generation, born between 1945 and 1965—becomes the aging population.

Detected early, HCC can be cured with surgical resection or liver transplantation; however, most patients with HCC—up to 85%—present with advanced disease and significant hepatic dysfunction. The prognosis of patients with HCC is poor, and median survival is less than 1 year. Surveillance and novel treatment strategies seek to change this. These strategies are discussed in this issue of *Gastroenterology & Hepatology* in a presentation on current management of HCC by Dr Ana Maria Crissien and Dr Catherine Frenette of the Scripps Green Hospital in La Jolla, California.

Continuing on the topic of advances in hepatology, Dr Vignan Manne, Ms Ruby M. Allen, and Dr Sammy Saab of the University of California, Los Angeles discuss strategies for prevention of recurrent HBV infection after liver transplantation. Careful screening and judicious pharmacotherapy before and after transplant, especially use of anti-hepatitis B immunoglobulin, are key, according to the authors.

In addition, Dr Eamonn M. M. Quigley of the Weill Cornell Medical College in Houston, Texas and Ms Paula

A. Hayes and Dr Marianne H. Fraher of University College Cork in Cork, Ireland present a comprehensive and instructive discussion

on the role of food in irritable bowel syndrome, including patient perception about culprit foods, allergens, and diet.

Dr Kris V. Kowdley of the University of Washington in Seattle speaks on advances in the treatment of nonalcoholic steatohepatitis in our *Advances in Hepatology* column, and Dr Alan C. Moss of Harvard Medical School and Beth Israel Deaconess Medical Center in Boston, Massachusetts discusses the importance of detection and management of residual inflammation in ulcerative colitis in remission in our *Advances in IBD* column. For our *Advances in Endoscopy* column, Dr Xavier Bessa of Hospital del Mar de Barcelona and Autònoma University in Barcelona, Spain provides commentary about serrated polyps and synchronous advanced neoplasia in average-risk patients, and for our *Advances in GERD* column, Dr Joel H. Rubenstein of the University of Michigan Medical School in Ann Arbor provides commentary on clinical prediction and screening of Barrett esophagus. We also present additional news highlights from the annual meeting of the American Association for the Study of Liver Diseases, which took place on November 1 to 5, 2013 in Washington, DC.

May the wealth of practical information in this March 2014 issue of *Gastroenterology & Hepatology* benefit your practice.

Sincerely,

A handwritten signature in dark ink, appearing to read "Gary R. Lichtenstein". The signature is fluid and cursive.

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