

Advances in Hepatitis C Virus Treatment



According to the World Health Organization, 130 to 150 million individuals worldwide are infected with chronic hepatitis C virus (HCV). Many of these individuals eventually develop cirrhosis and hepatocellular carcinoma. For many years, the standard therapy for HCV infection was pegylated interferon and ribavirin, which was then used in combination with first-generation protease inhibitors. However, these combinations were not ideal in terms of response rates, adverse-effect profiles, ease of use, and treatment eligibility.

Over the past few years, there have been rapid and exciting advances in the treatment options for HCV infection. Direct-acting antiviral (DAA) agents have been shown to be more effective, safer, and better-tolerated than previous HCV therapies, and have led to significant increases in the cure rates of HCV infection.

In this issue of *Gastroenterology & Hepatology*, Drs Ara A. Kardashian and Paul J. Pockros describe the newest DAA agents and regimens currently available for the treatment of HCV infection, as well as emerging therapies such as RNA-dependent RNA polymerase, newer-generation protease inhibitors, and nonstructural component inhibitors. The authors also discuss the genotypes targeted by the regimens as well as the treatment of cirrhotic patients, patients who have failed prior therapy, and special populations such as patients with harder-to-treat genotypes, patients with HIV coinfection, patients who have undergone liver transplantation, and patients with chronic kidney disease. Future developments and economic considerations are also discussed in this feature article.

Another feature article this month, authored by Drs Maria Sylvia Ribeiro and Michael B. Wallace, examines endoscopic treatment of early colorectal cancer. Colorectal cancer is the fourth most common cancer diagnosis worldwide and the second leading cause of cancer death. In this article, the authors provide pictorial representations and discussions of the Paris classification for mucosal neoplasia, the Kudo pit pattern classification of colorectal polyps, and typical features of the Narrow-Band

Imaging International Colorectal Endoscopic criteria. Also discussed are study data on endoscopic treat-

ment options, including snare polypectomy, endoscopic mucosal resection, and endoscopic submucosal dissection.

Our third feature article explores the use of endoscopic ultrasound (EUS). Over the past 20 years, EUS has gone from being considered solely a supplementary diagnostic tool to being a core diagnostic and therapeutic tool. Drs Danny Cheriyan and Jorge V. Obando explore the use of EUS in biliary and pancreatic intervention, ablative therapy, enterostomy, and vascular intervention.

This month's columns cover a variety of other important issues in gastroenterology and hepatology. In the Advances in IBD column, Dr Laurent Peyrin-Biroulet discusses the importance of defining severity in inflammatory bowel disease, the problems of the scores that have been used in the past, and the long process of developing agreeable and broadly applicable definitions. In the Advances in Hepatology column, Dr K. Rajender Reddy examines hepatotoxicity concerns associated with various commonly used supplements. In the Advances in GERD column, Dr Brian E. Lacy discusses patients who do not respond to proton pump inhibitor therapy and provides insight on how to define, evaluate, and treat these patients. Lastly, in the Advances in Endoscopy column, Dr Alan Barkun examines the novel hemostatic powder TC-325, which has shown intriguing results in endoscopic hemostasis of gastrointestinal bleeding.

I hope that this issue provides valuable insights for your clinical practice.

Sincerely,

A handwritten signature in black ink that reads "Gary R. Lichtenstein". The signature is fluid and cursive, with the first name being the most prominent.

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