

# Advances in the Field of Gastroenterology and Hepatology



What's new in the field of gastroenterology and hepatology? This month's issue of *Gastroenterology & Hepatology* focuses on a variety of new developments, updates, and emerging issues. In a feature article, Drs Parakkal Deepak, Amy B. Kolbe, Jeff L. Fidler, Joel G. Fletcher, John M. Knudsen, and David H. Bruining provide a comprehensive and illustrative update on the use of magnetic resonance imaging and ultrasound for evaluating patients with Crohn's disease. The authors note that magnetic resonance enterography and ultrasound are revolutionizing the assessment of Crohn's disease and highlight important recent advances involving protocols, concepts, and scoring systems in this patient population.

In another feature article, Dr James F. Trotter discusses 3 important emerging issues in the field of liver transplantation. The first involves the controversial proposal to change the allocation of donor livers in the United States in an attempt to equalize access to transplantation. The second issue involves the introduction of direct-acting antiviral agents for the treatment of hepatitis C virus (HCV) infection, which Dr Trotter refers to as possibly the most important therapeutic development in hepatology. The extremely high cure rates of these agents is leading to a rising number of liver transplant candidates and recipients being cured of HCV infection with minimal side effects. The third issue involves the role of donor-specific antibodies in antibody-mediated rejection. Recent research has suggested that these antibodies are a strong predictor of graft and patient survival in liver transplantation. However, there is a lack of proven therapies thus far.

Our columns also feature important advances in gastroenterology and hepatology. In the Advances in GERD column, Dr Michael F. Vaezi examines the new technique of endoscopic-guided mucosal impedance for the diagnosis of gastroesophageal reflux disease. In the Advances in Hepatology column, Dr Cynthia Levy examines the concept of targeting the farnesoid X receptor (FXR) for the treatment of cholestatic liver disease. She discusses recent research on the FXR agonist obeticholic acid, which is currently undergoing regulatory review by the US Food and Drug Administration. In the Advances in IBD column, Dr

David Binion discusses the increasing use of institutional databases to study inflammatory bowel disease. In the Advances in Endoscopy column, Dr Vikesh K. Singh provides an overview of the management of perforations caused by endoscopic retrograde cholangiopancreatography. He discusses a recent study in which he and his colleagues developed an algorithm to determine the type of treatment that may be needed when these perforations occur.

Our bimonthly HCC in Focus column returns with an interview with Dr Lewis R. Roberts. He provides a comprehensive history of the use of biomarkers in hepatocellular carcinoma, from the first use of alpha-fetoprotein (AFP) to the current clinical use of this biomarker in combination with Lens culinaris agglutinin-reactive AFP and des-gamma-carboxy prothrombin, and the promise of new biomarkers in development.

In addition, Drs Seymour Katz and Gil Melmed present a timely opinion piece on how the current relative value unit (RVU) system used for Medicare reimbursement undervalues the cognitive physician visit. The authors use inflammatory bowel disease office visits as a paradigm and explain how these time-consuming visits are worth low RVUs (and thus low compensation) as opposed to procedures such as colonoscopies, which are worth more RVUs (and thus more compensation) and can be performed more quickly. The authors encourage readers to write to the Centers for Medicare and Medicaid Services with their thoughts on this issue.

In our brief case study section, Drs Ze Zhang, Dhanpat Jain, and Myron Brand present a patient with a ringed esophagus secondary to lymphocytic esophagitis.

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