New and Emerging Therapies

Over the past few years, the field of gastroenterology and hepatology has been the recipient of several major therapeutic advances. Several articles in this month's issue of *Gastroenterology & Hepatology* highlight new and emerging treatments for a variety of conditions.

In one of our feature articles, Dr Robert A. Ganz reviews novel surgical and endoscopic therapies for the treatment of gastroesophageal reflux disease (GERD), a condition that afflicts many adults in the United States and is responsible for significant costs in health care. He discusses the treatment gap between medical therapy and traditional surgery for GERD and how the new therapies may offer alternative options. The new therapies described in the article include endoscopic radiofrequency delivery, endoscopic fundoplication, magnetic sphincter augmentation, and lower esophageal sphincter pacing. Figures depicting several of these procedures are also provided.

Direct cholangioscopy techniques, new and old, are discussed in our other feature article. Drs Rebecca Voaklander, Eileen Kim, William H. Brown, Franklin E. Kasmin, and Jerome H. Siegel provide an illustrative overview of the history and evolution of direct cholangioscopy techniques for diagnosis and therapy. According to the authors, the first direct cholangioscopy most likely occurred unintentionally when an endoscopist was examining a patient with postsurgical anatomy. The authors discuss various direct cholangioscopy techniques that have been used over time, including mother-daughter systems, percutaneous endoscopic extraction of retained stones, skinny-needle percutaneous transhepatic cholangiogram, and catheter-based systems.

Coverage of new and emerging therapies is a focus of our Advances in IBD column. Dr William J. Sandborn recaps the current treatment options for inflammatory bowel disease and the existing unmet therapeutic needs. He then discusses agents currently under investigation, including new anti-integrin drugs, sphingosine-1-phosphate receptor modulators, agents blocking interleukin-12 and/or -23, and Janus kinase inhibitors. He also touches on other new or potential issues involving inflammatory bowel disease treatment, such as fecal microbiota transplantation, biosimilars, and therapeutic drug monitoring.

Our Advances in Hepatology column also features emerging therapies. Dr David H. Perlmutter discusses alpha-1 antitrypsin deficiency, an autosomal codominant disorder that can cause liver disease. He describes current treatment of this deficiency (ie, liver transplantation) as well as treatments under investigation (eg, carbamazepine). He notes that more research is needed on the emerging therapies for the deficiency.

In a Clinical Update column, Dr Mark Pimentel provides an update on the diagnosis and treatment of irritable bowel syndrome (IBS). He describes recent diagnostic and therapeutic advances, such as the newly released Rome IV criteria, a new diagnostic blood test for IBS, and the new endpoint established by the US Food and Drug Administration for IBS drugs.

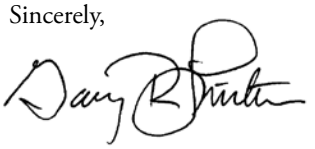
The Advances in GERD column, authored by Dr Gary W. Falk, focuses on the recently updated guidelines for Barrett esophagus. He discusses the most significant changes and additions to the previous guidelines in terms of the diagnosis, screening, surveillance, and treatment (medical, endoscopic, and surgical) of this condition.

In our Advances in Endoscopy column, Dr Caroline Jouhourian examines the use of the Bolster technique for revealing Schatzki rings. She discusses the benefits and limitations of this technique as well as findings from a recent study that she and colleagues conducted on the technique.

Finally, in our brief case study section, Drs Anastasia Shnitser, Dina Halegoua-DeMarzio, and David E. Loren describe a case of primary pancreatic lymphoma presenting as acute pancreatitis.

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

Sincerely,



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