LETTER FROM THE EDITOR

If this has not happened to you already, it likely will in the near future: a patient will ask about his or her microbiome, inquiring how it might influence treatment selection, side effects, or life in general. With stunning rapidity, the word *microbiome* is entering our vernacular and, thus, our clinics.

It would be easy to dismiss the increasing focus on the microbiome as yet another trend that will fade just as quickly as it appeared. But I would propose that the nascent recognition of the importance of the microbiome—the term used to describe the community of microorganisms living in our bodies—is appropriate, useful, and a promising new direction for all of us.

Mainstream interest in the microbiome has arisen in parallel with significant scientific efforts. In 2008, the Human Microbiome Project, funded by the National Institutes of Health, began collecting samples of major mucosal surfaces—nasal passages, oral cavities, gastrointestinal tract, and skin—to create a data set cataloguing the microorganisms contained therein as well as the biological properties of the host, including disease susceptibility. The expansive data set generated from this project can now be viewed online at www.hmpdacc.org.

In 2012, researchers at the University of Colorado, Boulder, launched American Gut, a similar "citizen science" project that collects gut samples from across the country. To date, more than 6000 people have provided swabs containing samples of the microbial community inhabiting their body. Researchers studying the microbiome envision honing in on the ideal microbiome for human health, finding links between bacteria and disease, and identifying the best diet to maintain the proper microbiome for a given individual.

Realizing such visions may take years, but the research is on a steady path in that direction, as is public interest. In the coming months and years, we will need to keep careful track of emerging findings about the microbiome, an area of study that is proving as fascinating as it is endless. Toward that end, *Gastroenterology & Hepatology*'s Advances in Hepatology column this month presents a compelling discussion of the microbiome and liver disease with Dr Bernd Schnabl. Recent research indicates that the intestinal microbiome plays a role in liver disease. In Dr Schnabl's laboratory at the University of California, San Diego, research is unraveling connections between changes in the microbiome and the progression of liver disease.

Our feature articles this month present valuable discussions on therapeutic drug monitoring of tumor necrosis factor antagonists in inflammatory bowel disease (by senior author Dr Brian G. Feagan and colleagues), the endoscopic management of gastrointestinal fistulae (by senior author Dr Christopher C. Thompson and colleagues), and a survey of prescribing practices with adalimumab (by senior author Dr Raymond K. Cross and colleagues).

In our other columns, Dr David G. Binion provides useful insights on silent Crohn's disease, Dr Steven R. DeMeester discusses esophageal cancer management, and Dr Peter H. R. Green evaluates the role of endoscopy in diagnosing celiac disease.

I hope that the engaging collection of reviews, discussions, and insights presented in this issue will prove to be useful for your practice.

Sincerely,

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