Colorectal Cancer



olorectal cancer is one of the most common types of cancers and causes of cancer deaths in I the United States. According to estimates from the Surveillance, Epidemiology, and End Results Program of the National Cancer Institute, in this year alone, over 130,000 men and women will be diagnosed with colorectal cancer and almost 50,000 individuals will die from the disease. Unfortunately, despite the effectiveness of colorectal cancer screening, not all people undergo screening as recommended by guidelines, particularly in inner city populations. In one of our feature articles in this month's issue of Gastroenterology & Hepatology, Ms Alicia Lamanna, Dr Heather Sheaffer, Dr Carmen Guerra, and Dr Michael Kochman discuss colorectal cancer screening navigation for the underserved and detail their experience of a navigation program in Philadelphia.

Our other feature article this month focuses on vaccination of patients with inflammatory bowel disease (IBD). Patients with IBD are at increased risk for vaccine-preventable illnesses such as influenza and pneumococcal pneumonia, especially when taking immunosuppressive medication. In their article, Dr Jason Reich, Dr Sharmeel Wasan, and Dr Francis A. Farraye examine which vaccinations are needed in patients with IBD, discuss management of patients with IBD who travel abroad, and provide suggestions for improving vaccination rates.

Our IBD coverage continues in our Advances in IBD column. Dr Brian Feagan provides an update on the small-molecule, oral drug tofacitinib for the treatment of IBD. He discusses how tofacitinib differs from the current therapeutic options for IBD, its mechanism of action, its clinical trial findings and adverse events, and (if approved by the US Food and Drug Administration) its potential place in the IBD treatment algorithm.

In our Advances in Hepatology column, Dr Jean-Marie Péron discusses hepatitis E virus infection in immunosuppressed patients as well as in immunocompetent patients. He explains why immunosuppressed patients with hepatitis E virus infection can develop cirrhosis and

how these patients should be managed, among other related issues.

Our Advances in GERD column focuses on radiofrequency ablation in patients with dysplastic and nondysplastic Barrett esophagus. Dr George Triadafilopoulos provides an overview of this topic, including differences between the management of dysplastic vs nondysplastic Barrett esophagus, the number of required ablative sessions, associated adverse events, surveillance issues, and contraindications to ablative therapy.

Eosinophilic esophagitis in a narrow-caliber esophagus is the focus of this month's Advances in Endoscopy column. Dr Evan S. Dellon explains how the signs and symptoms of eosinophilic esophagitis differ between a regular-caliber esophagus and a narrow-caliber esophagus (with accompanying illustrations) and examines other important issues involving a narrow-caliber esophagus, including treatment challenges and dilation methods. He also discusses findings from a recent study that he and his colleagues conducted.

This month's issue also includes 2 clinical update columns based on presentations from the 2016 Digestive Disease Week meeting. Dr Fred Poordad provides an overview of primary biliary cholangitis, including its epidemiology, pathogenesis, clinical signs, supportive care and monitoring, standard treatment, and treatment response, among other issues. In the second clinical update column, Dr Bruce Yacyshyn discusses the pathophysiology of *Clostridium difficile*—associated diarrhea, including its clinical consequences, typical disease course, epidemiology, recurrence, and risk factors. Additionally, he examines the current state of *C difficile* prevention.

May this issue provide you with helpful information that you can put to good use in your clinical practice.

Sincerely,

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