

# Medical Use of Cannabis



Over the past 20 years, the medical use of cannabis, commonly referred to as marijuana, has increased. In the United States, use of medical marijuana is now permitted in half of the states according to state law (although it is still illegal under federal law), and several other states will have forthcoming ballot measures on this issue on Election Day. In this month's issue of *Gastroenterology & Hepatology*, Dr Waseem Ahmed and Dr Seymour Katz examine the timely topic of therapeutic cannabis use in patients with inflammatory bowel disease (IBD). In their feature article, the authors discuss the findings and flaws of studies that have been conducted thus far as well as the concerns of short- and long-term cannabis use. The authors also emphasize the need for large, randomized, double-blind, placebo- and standard-of-care-controlled trials using standardized, oral preparations of cannabis. As with any approved agent used to treat patients with IBD, the efficacy for achieving mucosal healing mandates appropriate investigation.

This month's other feature article focuses on new drugs for the medical management of chronic hepatitis B virus (HBV) infection. As Dr Timothy M. Block, Dr Tianlun Zhou, Mr Nikhil Anbarasan, and Dr Robert Gish note, now that the vast majority of patients with hepatitis C virus infection can be cured, there is a growing excitement and expectation that a cure can also be found for chronic HBV infection. The authors examine the goals of therapy, current medical options, and various potential strategies for treating this disease.

Our hepatology coverage continues in our Advances in Hepatology column, which features an interview with Dr Kris V. Kowdley on iron overload in patients with chronic liver disease. He discusses whether iron plays a role in the pathophysiology of liver disease (or vice versa), the relationship between iron overload and liver cancer, whether all patients with liver disease should be evaluated periodically for iron overload, and how the condition

should be diagnosed and treated, among other issues.

Our Advances in IBD column, authored by Dr Edward V. Loftus, Jr, provides an update on the incidence and prevalence of Crohn's disease and ulcerative colitis in the United States. He discusses findings from studies that he and his colleagues have conducted on Olmsted County, Minnesota, as well as findings from other research groups on various geographic regions. He also examines recent trends and data on the incidence of IBD in terms of race and ethnic group, sex, and age, in addition to other related topics.

Finally, this issue features 2 columns involving Barrett esophagus. In our Advances in Endoscopy column, Dr Herbert C. Wolfsen provides an overview of the use of volumetric laser endomicroscopy (VLE) in patients with Barrett esophagus. He discusses issues such as VLE's common indications, learning curve, effectiveness, safety, advantages, and disadvantages. He also discusses VLE's ability to detect buried Barrett glands following ablation and the relationship between proton pump inhibitor therapy and malignancy arising from buried Barrett glands. In our Advances in GERD column, Dr Michael S. Smith examines the use of brush biopsy in patients with Barrett esophagus. He discusses current techniques for confirming and sampling Barrett esophagus and explains the new brush-based sampling technique Wide Area Transepithelial Sampling with 3-Dimensional Analysis and its advantages, limitations, reliability, and use with endoscopic imaging, among other issues.

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

Sincerely,

A handwritten signature in black ink that reads "Gary R. Lichtenstein". The signature is fluid and cursive, with a large initial "G" and "L".

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