Medical Foods

As doctors, we are constantly looking for ways to optimize therapy and find new tools for our patients. Medical foods may be a new option to help manage diseases of the gastrointestinal tract. In this month's issue of *Gastroenterology & Hepatology*, Dr Brian P. Ciampa, Dr Emmanuel Reyes Ramos, Dr Marie Borum, and Dr David B. Doman examine medical foods and their potential role in the setting of gastrointestinal disorders. The authors explain the history and evolving definition of medical foods and how they compare with dietary supplements and drugs that have been approved by the US Food and Drug Administration. The authors also discuss possible mechanisms of action and research on 4 medical foods that have been used in patients with irritable bowel syndrome, inflammatory bowel disease (IBD), or other disorders.

In another feature article, Dr Shabana F. Pasha and Dr Jonathan A. Leighton provide an evidence-based guide on capsule endoscopy in patients with occult or overt small bowel bleeding. Capsule endoscopy is considered to be the diagnostic test of choice in these settings, although it has a higher yield when used in overt bleeding and soon after presentation. This tool can be used with cross-sectional imaging to prioritize patients for appropriate management and can help detect vascular and inflammatory lesions. However, it has a significant miss rate for solitary small bowel lesions, and its main adverse event is capsule retention.

Our third feature article focuses on hepatitis C screening. In the United States, approximately half of the adults infected with hepatitis C do not know their status, and most individuals who know they are positive for hepatitis C virus (HCV) antibodies do not receive care. Dr Marcelo Kugelmas, Dr Lisa D. Pedicone, Ms Idania Lio, Ms Susan Simon, and Mr Glen Pietrandoni conducted a screening program in 45 pharmacies in 9 US cities and calculated how many individuals tested positive for HCV antibodies and how many then entered a pathway to care. They explain their study design and findings.

Our hepatology coverage continues in 2 columns. In our Advances in Hepatology column, Dr James F. Trotter considers several controversial issues in liver transplantation, including the treatment of HCV-positive patients with Child-Pugh class C scores prior to transplantation, the use of HCV-positive donor organs in HCV-negative patients, the transplantation of patients with alcoholic hepatitis, and potential adjustments to the current allocation system for liver transplantation. Our bimonthly HCC in Focus column returns this year with an interview with Dr Catherine T. Frenette on the use of regorafenib in patients with hepatocellular carcinoma (HCC). This agent is the first second-line treatment that has shown activity in HCC that has not responded to sorafenib.

The reversal of immunogenicity in IBD is the focus of our Advances in IBD column. Dr Shomron Ben-Horin discusses why immunogenicity is an issue in IBD; which patient, product, and prescribing factors are associated with it; whether adding an immunomodulator (or using other methods) can reverse it; and whether it can be reduced or prevented, among other issues.

In our Advances in Endoscopy column, Dr Peter D. Siersema explores important questions in gastrointestinal endoscopy that should guide future research. He discusses the results of a European-based questionnaire on this issue, the process through which the research questions were identified and ranked, any differences in ranking across countries or clinical settings, the goal of this research, and related issues.

Finally, in our Advances in GERD column, Dr Tom R. DeMeester provides an overview of the current surgical options for gastroesophageal reflux disease, including how to determine when a particular procedure should be performed, in which patients surgery is indicated, the effectiveness of these procedures, and cost/cost-effectiveness.

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

Sincerely,

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