

Management of Patients After Being Cured of Hepatitis C Virus Infection



As physicians, our goal is to treat patients as best we can, which hopefully results in curing them whenever possible. But once they are cured, then what? In this month's issue of *Gastroenterology & Hepatology*, one of our feature articles tackles this matter in patients who have been cured of their hepatitis C virus (HCV) infection. Dr Norah A. Terrault provides an overview of postcure management and examines important questions such as which patients should undergo serial HCV RNA testing, which patients require specialist care vs primary care, how can fibrosis regression and progression be evaluated, and what are the risks for liver complications.

Another feature article this month focuses on the use of multiplex nucleic acid amplification tests (NAATs) in patients who are suspected of having infectious diarrhea. As Dr Harika Yalamanchili, Dr Dima Dandachi, and Dr Pablo C. Okhuysen note, diarrhea caused by gastrointestinal infection is a significant health care issue worldwide. The authors discuss the rationale for using these tests to diagnose gastrointestinal infections (as well as the limitations of doing so), compare the 5 multiplex NAAT platforms currently approved in the United States, and highlight questions for future research.

Our third feature article focuses on the various options for the treatment of gastroparesis, and was contributed by lead authors Dr Aung S. Myint, Dr Brandon Rieders, and Dr Mohammed Tashkandi, along with Dr Marie L. Borum, Dr Joyce M. Koh, Dr Sindu Stephen, and Dr David B. Doman. The treatments discussed include dietary modification; pharmacologic therapies, such as prokinetic agents and antiemetic agents; electrical stimulation therapies, such as gastric pacing; endoscopic therapies, such as botulinum toxin injection and gastric peroral endoscopic pyloromyotomy; and the surgical therapy of laparoscopic pyloroplasty.

The recently updated evidence-based treatment monograph for irritable bowel syndrome (IBS) is examined in our Advances in IBS column. Dr Eamonn M. M. Quigley discusses how this type of publication differs from a guideline, the most important changes that were made in the update, and the recommendations made for various types of therapies, including exercise and diet therapies, probiotics, antibiotics, and prosecretory agents, along with related issues.

In our Advances in Endoscopy column, Dr Timothy B. Gardner discusses the prevention of pancreatitis after endoscopic retrograde cholangiopancreatography (ERCP), including the appropriate indications for ERCP; the risk factors for post-ERCP pancreatitis; whether various techniques and equipment can help prevent post-ERCP pancreatitis (eg, prophylactic pancreatic duct stents and pharmacologic agents such as rectal indomethacin); and appropriate follow-up care post-ERCP.

Patient-reported outcome (PRO) measures for inflammatory bowel disease (IBD) are the focus of our Advances in IBD column. Among other issues, Dr Peter D. R. Higgins discusses the PRO and composite measures traditionally used and their limitations, the PRO development guidance released by the US Food and Drug Administration (FDA), the new measures that he and his consortium are developing, and the temporary measures being used.

Lenvatinib, which was recently approved by the FDA for the first-line treatment of unresectable hepatocellular carcinoma (HCC), is highlighted in our HCC in Focus column. Dr Kwang-Hyub Han discusses the drug's mechanism of action, its current approval status worldwide, its key study findings and most common adverse events, its place in the current HCC treatment algorithm, and which second-line drug should be used if patients do not respond.

Finally, our Advances in Hepatology column, which examines the treatment of primary biliary cholangitis with obeticholic acid, is based on a presentation given by Dr Robert S. Brown Jr at the recent American College of Gastroenterology meeting. Points of discussion include why a new treatment option was needed, study data on obeticholic acid, whether hepatic decompensation is a concern with this drug, and the occurrence and management of pruritus.

I hope that you enjoy these articles and find them interesting and clinically useful.

Sincerely,

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