

# De-Escalation of Therapy for Inflammatory Bowel Disease



When and how should therapy be de-escalated in patients with Crohn's disease and ulcerative colitis? In this month's issue of *Gastroenterology & Hepatology*, Dr Amanda Israel, Dr Katia El Jurdi, and Dr David T. Rubin explore this timely and important question. As they note, treatment de-escalation can be accomplished by either dose reduction or complete discontinuation. In their article, the authors review the goals of inflammatory bowel disease (IBD) management, the current evidence in support of treatment de-escalation, strategies for monitoring and predicting relapse, and steps for planning de-escalation and re-initiation of treatment if needed. A helpful target-to-treat algorithm is also included.

Our other feature article this month focuses on the management of thrombocytopenia in patients with chronic liver disease who need to undergo invasive procedures. As Dr Jennifer B. Miller, Dr Esteban J. Figueroa, Dr Rebecca M. Haug, and Dr Neeral L. Shah note in their comprehensive review, thrombocytopenia is a complication that commonly occurs in chronic liver disease. The authors examine the pathophysiology of thrombocytopenia in patients with chronic liver disease and the challenges of managing these patients, as well as review clinical trial data on the thrombopoietin agonists eltrombopag, avatrombopag, and lusutrombopag.

Our hepatology coverage continues with our Advances in Hepatology column, which focuses on emerging data on the use of MGL-3196 in patients with nonalcoholic steatohepatitis (NASH). Among other issues, Dr Zobair Younossi explains the drug's mechanism of action, the design and key findings of its recent phase 2 study, its main adverse events and side effects, its potential role in combination therapy for NASH, and its next steps in research.

This month's issue also includes our bimonthly HCC in Focus column. Dr Jordan Feld provides an update on the possible risk of hepatocellular carcinoma (HCC) in patients who have achieved sustained virologic response with the use of direct-acting antiviral (DAA) agents for

the treatment of hepatitis C virus infection. He discusses the initial research that led to this concern, data from more recent studies on this issue, whether the DAA regimen used affects HCC risk, and other management issues in these patients.

Our Advances in IBD column, authored by Dr Anita Afzali, focuses on the management of pregnant patients with IBD. The topics of discussion include how IBD affects pregnancy and vice versa, the effects of disease severity on pregnancy outcomes, rates of IBD flare and relapse in pregnant patients, the current safety data on the use of biologic agents and other IBD drugs during pregnancy, and the management of IBD postpartum.

In our Advances in GERD column, Dr David A. Katzka explores the use of esophageal dilation for managing patients with eosinophilic esophagitis. Among other issues, he discusses the methods that can be used to perform esophageal dilation in this setting, the safety and efficacy of this therapeutic approach, the associated adverse events and complications, and predictors of clinical response.

Finally, our Advances in Endoscopy column focuses on the palliation of malignant gastric outlet obstruction by using gastroenterostomy via endoscopic ultrasound guidance or by using duodenal stents. Dr Mouen A. Khashab discusses how these therapeutic approaches can be performed, the training required for performing these procedures, technical and clinical success rates, symptom recurrence, risk factors for failure, and adverse events, along with related issues.

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

Sincerely,

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