Managing IBD Patients Who Lack or Lose Response to Anti-TNF Agents

How should we manage patients who do not respond, or lose their response, to anti–tumor necrosis factor (TNF) therapy? This important question is examined in a feature article in this month's issue of *Gastroenterology & Hepatology*. As Dr Sean Fine, Dr Kostantinos Papamichael, and Dr Adam S. Cheifetz note, primary nonresponse and secondary loss of response occur in a sizeable number of inflammatory bowel disease (IBD) patients taking anti-TNF agents. The authors examine the etiologies and risk factors for these 2 outcomes, the roles of reactive and proactive therapeutic drug monitoring, and the use of alternative treatments with different mechanisms of action when patients have adequate anti-TNF drug concentrations and active disease.

Our IBD coverage continues with our Advances in IBD column, which focuses on comparative effectiveness research. Dr Bruce E. Sands examines how comparative effectiveness research differs from other types of research, why it is needed in the field of IBD, its benefits and challenges, and future directions. He also discusses ongoing and recent comparative effectiveness studies, in particular the VARSITY study, among other issues.

Our other feature article this month explores the shift away from gastroesophageal reflux disease (GERD) as a single diagnosis to a spectrum of phenotypes that each have their own underlying pathophysiologic mechanisms. Dr Lisa B. Mahoney and Dr Rachel Rosen define what is meant by typical symptoms of reflux, discuss different methods of diagnostic testing (including proton pump inhibitor [PPI] trial, endoscopy, ambulatory reflux monitoring, and esophageal manometry), and examine the mechanisms and various management strategies (including PPIs, histamine 2 receptor antagonists, antireflux surgery, and antidepressants) of the reflux phenotypes.

In our other GERD-related coverage this month, our Advances in GERD column focuses on the risk of esophageal cancer in the setting of Barrett esophagus. Among other issues, Dr Nicholas J. Shaheen discusses how often Barrett esophagus progresses to esophageal cancer, the use of biomarkers for predicting progression, and steps that can be taken to try to reduce or prevent progression.

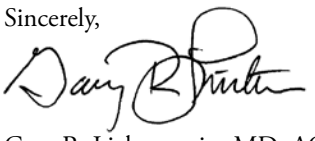
The use of gastric peroral endoscopic myotomy (G-POEM) for the treatment of gastroparesis is explored in our Advances in Endoscopy column. Dr Ryan J. Law discusses the disease setting and then examines how G-POEM is performed, its main benefits and limitations, its clinical and technical success rates, and how the procedure compares with surgical pyloroplasty and other gastroparesis therapies, along with related issues.

In our Advances in Hepatology column, Dr Kris V. Kowdley examines the identification of people who have hepatitis C virus (HCV) infection but are unaware of their status. Among other issues, he discusses estimates on how many people may fall into this category, past and current challenges associated with identifying people with HCV infection, the possibility of implementing universal HCV screening, and methods that have been proposed to help identify people with HCV infection.

Finally, our HCC in Focus column highlights the GALAD and BALAD biomarker models. Dr Lewis R. Roberts traces the evolution of the role that biomarkers play in hepatocellular carcinoma and then discusses how and why these particular biomarker models were developed, their advantages and limitations, and their role in current clinical practice, among other issues.

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

Sincerely,



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