

# Use of Methotrexate for the Treatment of Inflammatory Bowel Disease



With the approval of multiple biologic agents, and the promise of more in the pipeline, is there still a role for older inflammatory bowel disease (IBD) treatments such as methotrexate? This month's issue of *Gastroenterology & Hepatology* explores the current role of methotrexate for the treatment of IBD. In our Advances in IBD column, Dr Joel R. Rosh provides a comprehensive overview of the research to date on the use of methotrexate (both monotherapy and combination therapy) in Crohn's disease and ulcerative colitis, and looks at different routes of administration and different dosages. He also discusses where methotrexate fits in the current IBD treatment armamentarium and whether he foresees a role for the drug in the future.

Our IBD coverage continues with a feature article on topical treatments for patients who have distal ulcerative colitis. As Dr Russell D. Cohen and Dr Roni Weisshof note, patients with this type of ulcerative colitis constitute a large proportion of all ulcerative colitis patients, but are not represented well in large clinical trials. The authors examine a wide range of topical therapies, from 5-aminosalicylic acid and corticosteroids to tacrolimus and experimental therapies, in an array of formulations, including suppositories, enemas, foams, and gels. The authors also present a decision tree for topical treatment of mild to moderately severe ulcerative proctitis, proctosigmoiditis, or left-sided ulcerative colitis.

One of our other feature articles focuses on the management of patients who have cholestatic liver diseases. Ms Alanna M. K. Dubrovsky and Dr Christopher L. Bowlus explore the research currently available on various statins, fibrates, and other peroxisome proliferator-activated receptor agonists in patients who have primary biliary cholangitis as well as in patients who have primary sclerosing cholangitis. Although there seems to

be some promising findings, the authors stress the need for further research.

Our third feature article this month highlights the use of endoscopic ultrasound for the staging of esophageal cancer. As Dr Shyam Thakkar and Dr Vivek Kaul point out, the incidence of this type of cancer has increased over the last few decades. The authors start by examining the current guidelines for the staging of esophageal cancer and then discuss endoscopic ultrasound's technology, accuracy, clinical application, controversies, challenges, and cost implications.

Cost also plays an important role in our Advances in IBS column, which centers on the cost-effectiveness of irritable bowel syndrome treatments. Along with related issues, Dr Eric D. Shah discusses the economic consequences of using biomarkers in irritable bowel syndrome, when a biomarker-based test becomes cost-effective, and findings of his recent study on payer coverage barriers involving rifaximin.

Finally, in our Advances in Hepatology column, Dr Stuart C. Gordon provides an update on polycystic liver disease. His discussion highlights a number of recent publications, including ones on the involvement of the liver, the use of lanreotide, treatment via intramuscular injections of the somatostatin analogue pasireotide, and survival of patients who undergo liver-kidney transplantation for polycystic liver and kidney disease.

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

Sincerely,

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