

Using Telemedicine to Treat Inflammatory Bowel Disease Patients



Have you used telemedicine recently to help manage inflammatory bowel disease (IBD) patients? This month's issue of *Gastroenterology & Hepatology* includes an interesting interview with Dr Corey A. Siegel on the use of telemedicine in IBD. As Dr Siegel points out in our Advances in IBD column, doctors learn in medical school of the importance of physical examination to patient care, and it can be difficult at first for some to believe that they can adequately care for patients remotely without examining them in person. This is a particularly timely issue, as the coronavirus disease 2019 (COVID-19) pandemic has led many providers to use telemedicine to help them continue to provide care for their patients. Dr Siegel's column also examines research on the telemonitoring of IBD, whether telemedicine can provide high-value care for IBD, and the use of telemedicine in rural communities, among other issues.

COVID-19 is also the focus of one of our review articles this month. Dr Sachin Srinivasan, Dr Suneha Sundaram, and Dr Prateek Sharma examine the impact of COVID-19 on endoscopic procedures and provide a helpful timeline of events and policies of the major gastroenterology societies involving COVID-19 and endoscopy. In addition, the authors discuss the testing of patients for COVID-19 before undergoing endoscopy, infection control and the importance of personal protective equipment, and the various priorities of patients, endoscopists, fellows/trainees, and administrators/policy makers during the COVID-19 pandemic.

Our other review article provides a comprehensive overview of hepatocellular carcinoma (HCC) diagnosis and management. Dr Nicole D. Ferrante, Dr Anjana Pillai, and Dr Amit G. Singal examine HCC surveillance, diagnosis, and tumor staging, and then focus on the various treatment options currently available, including

surgical resection, liver transplantation, local ablative therapy, transarterial chemoembolization, transarterial radioembolization, stereotactic body radiation therapy, and first- and second-line systemic therapies. Among the first-line treatment options discussed is the combination of atezolizumab plus bevacizumab, which was very recently approved by the US Food and Drug Administration.

Our HCC coverage continues with our HCC in Focus column. Dr Robert Wong examines studies that have found a difference in HCC risk with the use of tenofovir disoproxil fumarate vs the use of entecavir for the treatment of hepatitis B virus, and studies that have found no difference in HCC risk between the 2 therapies. He discusses the differences and limitations of these studies, as well as related issues, such as whether tenofovir alafenamide will likely have the same impact on the risk of HCC as tenofovir disoproxil fumarate and whether entecavir is carcinogenic.

Finally, in our Advances in Hepatology column, Dr David Bernstein discusses whether hepatitis C virus (HCV) could be treated for only 6 weeks, rather than 8 or 12 weeks. Among other issues, he discusses research on 6-week treatment in acute HCV and in chronic HCV, differentiation between acute and chronic HCV infection, and whether there are concerns of relapse or resistance with shorter treatment.

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

Sincerely,

A handwritten signature in black ink that reads "Gary R. Lichtenstein". The signature is fluid and cursive, with the first name being the most prominent.

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