

Dual Biologic Therapy in Patients Who Have Inflammatory Bowel Disease



Is dual biologic therapy safe and effective for the treatment of patients with inflammatory bowel disease? This question is explored in a review article in this month's issue of *Gastroenterology & Hepatology*. Dr Stephanie L. Gold and Dr Adam F. Steinlauf review the current inflammatory bowel disease literature on combining anti-tumor necrosis factor agents with vedolizumab, ustekinumab, or natalizumab, as well as on combining ustekinumab and vedolizumab. Because of the limited data currently available in inflammatory bowel disease, the authors also look at the use of dual biologic therapy in the setting of rheumatology and dermatology. In addition, the authors discuss the possible safety issues of using 2 biologic agents in combination and consider the future of this therapeutic approach.

Our inflammatory bowel disease coverage continues with a Clinical Update column that seeks to correct myths and misconceptions of managing elderly patients who have inflammatory bowel disease. Dr Seymour Katz and Dr Sunanda V. Kane examine important issues such as whether elderly patients with inflammatory bowel disease have milder disease than younger patients, whether surgery is too risky for elderly patients, if they should avoid biologic therapy, and if the approach to inflammatory bowel disease treatment should change when patients reach a certain age.

This month's Advances in Hepatology column examines whether the use of ursodeoxycholic acid after liver transplant affects biliary complications and the recurrence of primary biliary cholangitis. Along with related issues, Dr Mark Pedersen discusses how common biliary complications and recurrent primary biliary cholangitis are in liver transplant recipients, research on the effects of ursodeoxycholic acid on these posttransplant events (including meta-analyses that he and his colleagues recently conducted), and whether ursodeoxycholic acid should be given to all patients posttransplant.

Additional hepatology content focuses on second-line treatment of hepatocellular carcinoma (HCC). In our HCC in Focus column, Dr Catherine Frenette first reviews the current options for first-line treatment and when second-line treatment should be started. She then compares the different second-line therapies that are currently available and explains how clinicians can make their decision, among other issues.

Our Advances in Endoscopy column, authored by Dr Michael J. Bourke, highlights endoscopic resection in the lower gastrointestinal tract. He discusses issues such as the goals of endoscopic resection of neoplastic lesions in the colon, when endoscopic mucosal resection or endoscopic submucosal dissection should be used to resect large colonic lesions, prerequisites for optimizing outcomes, new developments in this field, and innovations expected in the near future.

Finally, Dr Nicholas J. Talley explores changing paradigms in functional gastrointestinal disorders in our Advances in IBS column. He discusses anatomic characteristics and immunologic mechanisms linking functional gastrointestinal disorders and atopy, as well as the roles of genetics and epigenetics in their pathophysiology. Along with related issues, he also discusses whether patients with functional gastrointestinal disorders should undergo screening for allergic asthma and other atopic conditions, and vice versa.

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