

Rapid Initiation of Hepatitis C Virus Treatment



We are currently fortunate to have safe and efficient therapy for the treatment of patients with hepatitis C virus (HCV) infection. In clinical practice, a frequently encountered challenge is the ability to initiate HCV therapy in a rapid fashion. One of the review articles in this month's issue of *Gastroenterology & Hepatology* provides an overview of rapid treatment initiation for HCV-infected patients. Dr Ane-Kristine Finbråten, Dr Benjamin J. Eckhardt, Dr Shashi N. Kapadia, and Dr Kristen M. Marks examine lessons that can be learned from the treatment of HIV and which patients might benefit most using a rapid HCV treatment model and which patients might not be eligible. Additionally, the authors consider barriers that limit wider implementation of rapid HCV treatment, such as the need for confirmatory testing, insurance restrictions, and health care system delays. The authors also present different care models as well as real-world examples of rapid HCV treatment initiation.

Another review article this month focuses on colorectal cancer screening. As Dr Samantha S. Chung, Dr Sara I. Ali, and Dr Brooks D. Cash note, colorectal cancer is currently one of the most commonly diagnosed cancers in the United States, but diagnoses of this cancer have fallen yearly for a few decades. The authors first compare colorectal cancer screening guidelines from the American Cancer Society, US Preventive Services Task Force, and US Multi-Society Task Force. They then examine current colorectal cancer screening tests, including fecal immunochemical testing, multitarget stool DNA testing, computed tomography colonography, colon capsule endoscopy, flexible sigmoidoscopy, and colonoscopy. The authors also consider several emerging colorectal cancer screening methods in development (eg, using circulating tumor DNA or volatile organic compound) and note the need for further research.

Our Advances in IBD column focuses on the use of the IBD Clinical Decision Support Tool in clinical practice. Dr Parambir S. Dulai discusses how and why this tool was developed and validated, what factors it considers, and challenges with its development and validation. He also explains in which patients this tool can be used and shares user data involving the tool and some experiences of how providers have been using it in clinical practice.

The management of nonalcoholic steatohepatitis (NASH) using lifestyle modifications is explored in our NASH in Focus column. Dr Shira Zelber-Sagi discusses dietary and exercise recommendations for patients with NASH, whether modifications of both are necessary, and if modifications of other lifestyle factors (such as alcohol, smoking, and sleep) are also important. In addition, she gives examples of how physicians can encourage patients to adhere to lifestyle modifications and discusses the role of vitamins in the setting of NASH, among other issues.

Finally, our Advances in Endoscopy column highlights water exchange colonoscopy. Dr Felix Leung discusses the advantages of using water instead of air to assist colonoscopy and how water exchange colonoscopy differs from water immersion colonoscopy. In addition, he examines data on adenoma detection rates with water exchange compared with other methods, which patients benefit most from water exchange colonoscopy, and the safety of this procedure, along with related issues.

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 a large initial "G" and "L".

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