

# Examining Race and Ethnicity in Patients With Inflammatory Bowel Disease



As Dr Marie L. Borum recounts in this month's issue of *Gastroenterology & Hepatology*, it was frequently taught in the past that Black and Hispanic individuals were not at risk of developing inflammatory bowel disease (IBD). In our Advances in IBD column, she reviews how IBD prevalence and incidence rates have increased recently among non-White individuals and whether IBD may present differently based upon race or ethnicity. Her discussion includes how the diagnosis of IBD may be delayed or incorrect in non-White individuals, and she reviews the potential consequences that may result. She also discusses recent research on racial and ethnic disparities in medical and surgical treatment, including how Black patients may be less likely to receive certain IBD therapies and how treatment outcome data are limited in non-White patients with IBD. Finally, Dr Borum discusses how health care providers can attempt to address these disparities and what research needs to be conducted in this area.

Our coverage of IBD continues with a review article on the use of advanced combination treatment (ACT) in patients with IBD. As Dr Virginia Solitano, Dr Christopher Ma, Dr Jurij Hanžel, Dr Remo Panaccione, Dr Brian G. Feagan, and Dr Vipul Jairath note, many patients with IBD experience treatment with inadequate therapy or loss of response to treatment despite recent therapeutic advances. The emerging concept of ACT combines at least 2 biologic agents or a biologic agent and a small molecule drug with different mechanisms of action. The authors review traditional combination therapy in IBD, lessons from the use of ACT in rheumatoid arthritis, and the current research on ACT in IBD, from case series and observational studies to recent and ongoing clinical trials. The authors also offer recommendations for using ACT in clinical practice and acknowledge the current limitations and remaining questions of this therapeutic approach.

Our other review article this month focuses on the increase in private equity investment that has been occurring recently in the field of gastroenterology. Mr Jonathan A. Busam and Dr Eric D. Shah examine how private equity firms can become part of gastroenterology practices, the evolution of the organization of gastroenterology physicians, and why gastroenterology practices

are being seen as particularly attractive investments. The authors also discuss research that is starting to look at the effects of private equity-backed practices on both patients as well as gastroenterology practices.

Our Advances in GERD column explores the potential use of potassium-competitive acid blockers (P-CABs) in the setting of gastroesophageal reflux disease. Dr David Armstrong explains how P-CABs compare with proton pump inhibitors (PPIs) and which P-CABs appear to be the most promising in acid-related diseases. He also discusses recent data on the use of P-CABs in erosive esophagitis and nonerosive reflux disease, their role in the management of persistent reflux-like symptoms or refractory gastroesophageal reflux disease, and whether these drugs are the next generation of PPIs, along with related issues.

Our Advances in Hepatology column highlights the life-threatening condition of hepatorenal syndrome. Dr Robert S. Brown Jr discusses how and why the definition of hepatorenal syndrome has evolved and the advantages and challenges of adopting the newest definition. In addition, he reviews recent data on the use of terlipressin in hepatorenal syndrome, the drug's current role in this setting, and limitations and safety concerns regarding its use.

Finally, our Advances in Endoscopy column provides an update on the diagnosis and management of Barrett esophagus. Dr Amitabh Chak reviews the recent increase in esophageal adenocarcinoma, the challenges of endoscopic screening of Barrett esophagus, and nonendoscopic forms of screening. His discussion also includes the latest advances in the endoscopic diagnosis and treatment of Barrett esophagus, recent recommendations about endoscopic biopsies, and future treatment targets in this area, along with other important topics.

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, FACG