

Nonalcoholic Steatohepatitis Drug Development



Worldwide, the most common cause of chronic liver disease is now nonalcoholic fatty liver disease, which affects a quarter of the population. This disease is a clinical spectrum from simple steatosis to nonalcoholic steatohepatitis (NASH). One of the review articles in this month's issue of *Gastroenterology & Hepatology* focuses on drug development for NASH. Although there are a number of potential targets for drug development in NASH, Dr Rohit R. Nathani and Dr Meena B. Bansal note that the drug development journey has been long and expensive and no therapies for NASH have been approved yet by the US Food and Drug Administration. In their article, the authors review the pathophysiology and drug targets of NASH and reflect on the important lessons that have been learned from failed NASH clinical trials. They also present a comprehensive overview of the current landscape of phase 2 and 3 clinical trials in NASH.

Our other review article this month explores screening for Barrett esophagus (BE), the only known precursor to esophageal adenocarcinoma, which has a poor 5-year survival rate. Dr Alexandra L. Strauss and Dr Gary W. Falk compare BE screening guidelines from different professional societies and discuss the limitations of current BE screening. They also review a number of risk prediction tools in attempts to optimize patient selection for BE screening. Finally, the authors examine novel non-endoscopic BE screening techniques such as Cytosponge, EsophaCap, EsoCheck, eNose, magnetically assisted capsule endoscopy, and tethered capsule endomicroscopy, along with the research that has been conducted thus far on these emerging techniques.

The use of selective internal radiation therapy (SIRT) with yttrium-90 (Y90) in early and intermediate hepatocellular carcinoma (HCC) is explored in our HCC in Focus column. Dr Riad Salem discusses research on the use of SIRT with Y90 in this patient setting, compares

this technique with others, and reviews its safety and effectiveness in combination with systemic therapy, along with its limitations and common misconceptions.

The treat-to-target approach to inflammatory bowel disease (IBD) is featured in our Advances in IBD column in an interview with Dr Cynthia Seow. She discusses the development of this management approach for patients with IBD along with its supporting evidence, the treatment targets that are used in ulcerative colitis and Crohn's disease, and how this strategy differs from the treat-to-trough management strategy, among other issues.

Our Advances in Endoscopy column, authored by Dr Nauzer Forbes, centers on disposable-component and single-use duodenoscopes. His discussion includes the recent interest in novel duodenoscope designs, barriers to the adoption of disposable duodenoscopes, research comparing novel and standard duodenoscopes, the feasibility of incorporating disposable duodenoscopes in clinical practice, and possible duodenoscope improvements that might further decrease the risk of infection.

Finally, in our Case Study Series in IBD section, Dr Athos Bousvaros, Dr Birgitta A. R. Schmidt, and Dr Michael Kurtz present a brief case report of a 12-year-old male patient who developed a rare extraintestinal manifestation of Crohn's disease (Crohn's disease of the penis and scrotum). The patient did not respond to several maintenance therapies, but ultimately improved after treatment with upadacitinib and corticosteroids.

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