

Small Molecule and Biologic Therapies for Ulcerative Colitis



Currently, there are a number of different small molecule and biologic therapies approved by the US Food and Drug Administration (FDA) for the treatment of patients with ulcerative colitis, including several very recent approvals, making treatment selection somewhat difficult and complex. This month's issue of *Gastroenterology & Hepatology* features an interview with Dr David Hudesman focusing on the use of small molecules and biologic therapy as a treatment armamentarium for the medical management of patients with ulcerative colitis. In our Advances in IBD column, Dr Hudesman outlines the current FDA-approved options, reviews the comparative-effectiveness research that has been done so far, and offers his insight on how to choose agents as first- and second-line treatments for ulcerative colitis. He also discusses shared decision-making in treatment selection, cost considerations, and the priorities of future research.

One of our review articles this month highlights the assessment of disease severity in eosinophilic esophagitis (EoE). As Dr Evan S. Dellon notes, unlike asthma and many other conditions, the measurement of disease severity in EoE was not standardized until recently. He reviews how the American Gastroenterological Association sponsored a consensus conference to develop the Index of Severity in EoE (I-SEE), the first tool for measuring EoE severity. He also outlines the components that make up I-SEE, examines the applications of this tool to recent trials (one in adults and one in children), and explains what further research is still needed in this area.

Another review article this month explores the use of virtual technology in the design of inflammatory bowel disease (IBD) clinical trials. Dr Nurulamin M. Noor and Dr Corey A. Siegel note how IBD clinical trial protocols have not changed much over the past several decades. The authors examine a number of virtual technologies that may help improve clinical trials, such as digital invitations and virtual visits, as well as the use of remote measures for consent and recruitment, patient monitoring and data collection, medication delivery and administration, and clinical trial monitoring.

Our third review article also involves IBD. Dr Michael T. Dolinger, Dr Emma Calabrese, Dr Fabrizio Pizzolante, and Dr Maria T. Abreu present a comprehensive overview of the use of intestinal ultrasound in patients with IBD. The authors compare this tool to

other imaging modalities in the diagnosis of IBD and in the evaluation of transmural disease activity. They also examine current uses of intestinal ultrasound to monitor disease activity and treatment response in both ulcerative colitis and Crohn's disease (including use of contrast-enhanced ultrasonography in Crohn's disease) as well as novel uses of this modality, such as shear-wave and strain elastography to assess fibrosis and IBD monitoring during pregnancy.

This month's Advances in Hepatology column is authored by Dr Ajaypal Singh. He discusses the concept of endohepatology and how endoscopic ultrasound and endoscopic techniques can be used in the diagnosis and management of patients with liver disease, including for liver biopsy and esophageal and gastroesophageal variceal treatment. Other topics of discussion include the future of this exciting field.

Refractory gastroesophageal reflux disease (GERD) is highlighted in our Advances in GERD column in an interview with Dr Rena Yadlapati. She discusses important considerations in refractory GERD assessment and diagnostic tests for confirming the presence of refractory GERD. Her discussion also covers how to optimize proton pump inhibitor therapy, personalization of management, and different treatment options (including medical, endoscopic, and surgical treatments as well as behavioral therapy).

Finally, hepatocellular carcinoma (HCC) surveillance is explored in an interview with Dr Neehar Parikh in our HCC in Focus column. He discusses the benefits and harms of HCC surveillance, the current recommendations for surveillance, and which patients should undergo surveillance. Along with other issues, he also considers whether magnetic resonance imaging or computed tomography has a role in HCC surveillance, research on cost-effectiveness, and the future of surveillance.

I hope that you enjoy these articles and find them interesting and clinically useful.

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