

Remote Monitoring of Inflammatory Bowel Disease



Does remote monitoring represent the future of inflammatory bowel disease (IBD) patient management in the United States? One of the feature articles in this month's issue of *Gastroenterology & Hepatology* examines different modalities for remote monitoring of patients who have IBD. Ms Michelle D. Dong, Dr Jessica K. Salwen-Deremer, and Dr Corey A. Siegel examine different techniques for home monitoring of fecal calprotectin and assessment of therapeutic drug concentration that are currently available in other countries or in specialties other than IBD. The authors also examine different modalities that are in various stages of development for remote monitoring of IBD patients' colorectal mucus, saliva, and sweat, as well as swallowed wireless capsules and pills. The authors also critically analyze the practicality and possible disadvantages associated with remote IBD monitoring for both patients and clinicians.

Our other feature article this month focuses on the treat-to-target concept in patients with eosinophilic esophagitis (EoE). Professor Thomas Greuter and Professor Alex Straumann note that EoE is now the most common cause of solid food dysphagia in the Western hemisphere and is not as rare as it was once thought to be. Management has focused on controlling symptom severity and histologic activity, but it is becoming apparent that other aspects of the disease need to be considered as well. The authors review outcome parameters for assessing the success of patient management of EoE and propose an algorithm for a treat-to-target approach analogous to what has been used in IBD management for the past decade.

Our Advances in Hepatology column centers on the use of retrograde transvenous obliteration in the management of gastric varices. Dr Edward Wolfgang Lee outlines the progression from balloon-occluded retrograde transvenous obliteration to plug-assisted retrograde transvenous obliteration and reviews recent guidance on these procedures. Additionally, he discusses the technical and clinical success of the procedures, their complications and contraindications, as well as associated pre- and postprocedural evaluation, among other topics.

Our Advances in GERD column highlights a discussion with Dr Dan Lister on the use of nonendoscopic

testing to identify esophageal precancerous lesions in at-risk patients. He discusses the difficulties encountered with the current national Barrett esophagus (BE) screening strategy, currently available testing for nonendoscopic BE screening, and which patients should be considered for it. He also explains how EsoGuard can be used, how to manage patients who have a positive result, and how to treat patients with confirmed disease.

The relationship between IBD and cardiovascular disease is explored in this month's Advances in IBD column, which is authored by Dr Remo Panaccione. Topics of discussion include research on the link between these conditions, potential mechanisms underlying their relationship, assessment of cardiovascular disease risk in patients with IBD, and the impact of IBD therapies on the risk of cardiovascular disease.

Our Case Study Series section highlights individualized care and tailored treatment in a patient who has irritable bowel syndrome with constipation (IBS-C). In addition to providing an overview of the diagnosis and treatment options of IBS-C, Dr Brennan Spiegel explains the rationale behind his initial treatment selection for the patient, the decision process behind dose adjustments, and eventually why it was decided to switch to a different medication class.

Finally, I would like to welcome Dr Naim Alkhouri as the new section editor of our bimonthly MASH in Focus column. This month's column, authored by Dr Michael Charlton, shines a spotlight on combination therapy for metabolic dysfunction-associated steatohepatitis. His discussion covers reasons for combining therapies to treat this disease, considerations for choosing compounds, and current regulatory requirements. He also shares his thoughts on potential combination therapies and his hopes for the future of the field.

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