

Female Representation in Advanced Endoscopy



Just two years ago, women accounted for less than 20% of the advanced fellows who received a match in the American Society for Gastrointestinal Endoscopy (ASGE) fellowship match program. This month's issue of the journal *Gastroenterology & Hepatology* features an interview with Dr Ashley L. Faulx, who serves as chair of the ASGE Women's Committee. In our Advances in Endoscopy column, she outlines the history of gender diversity in gastrointestinal endoscopy and describes several factors that may explain why few women are entering the field of advanced endoscopy presently. She discusses gaps in female representation and barriers to gender diversity as well as ongoing efforts to address them. She also shares her thoughts on the future of female leadership in this field and gender diversity issues in related specialties.

One of our feature articles this month centers on the use of electronic health records (EHRs) in the management of patients with inflammatory bowel disease (IBD). As Drs Hasan Saleh, Sara Horst, and Jami Kinnucan note, EHRs were designed to improve care and accessibility of patient data, but they have become burdensome and can contribute to provider burnout. The authors review the challenges with EHR systems, previous efforts at improvements, and the current state of EHR use in IBD management. Additionally, the authors propose solutions for how to optimize EHR utilization while caring for patients with IBD, including practical implementations of EHR tools and their applications and the development of an EHR IBD Care Roadmap.

Our other feature article is a study that evaluates whether a methylated DNA biomarker can improve the diagnostic yield of esophagogastroduodenoscopy (EGD) for diagnosing Barrett esophagus. Drs Jayde E. Kurland, Sheena B. Patel, Richard Englehardt, Seper Dezfoli, Daniel M. Tseng, Michael W. Foutz, Paul S. Bradley, Badi Eghterafi, Victoria T. Lee, Suman Verma, Brian J. deGuzman, and Lishan Aklog examine retrospective data from patients who tested positive with EsoGuard and who had EGD diagnoses that were available. The authors conclude that triage with this tool could enrich the population that undergoes EGD to detect Barrett esophagus.

In our Advances in Upper GI Disorders column, Dr David Katzka explores esophageal involvement of dermatologic disorders. He examines the etiologies and features of dermatologic conditions that can involve the esophagus and discusses whether disease activity in the skin mirrors that of the esophagus. Also discussed are the challenges of diagnosing esophageal dermatoses, when to consider esophageal lichen planus, which esophageal dermatoses require surveillance, and how gastroenterologists should manage a dermatosis with esophageal involvement.

Our MASH in Focus column highlights metabolic dysfunction-associated steatohepatitis in the pediatric setting. Dr Rohit Kohli discusses the current prevalence of this disease in children as well as its clinical presentation, main risk factors, and preferred diagnostic approach. He also discusses issues such as the use of liver biopsy in the pediatric setting, the roles of nutritional interventions and bariatric surgery, and future directions in this area.

Our Advances in IBD column features an interview with Professor Laurent Peyrin-Biroulet on the definition of moderate to severe IBD. His discussion covers the importance of this definition, how it has been formed in the past, factors that should be taken into consideration, and the development of the disease severity index for IBD.

Finally, our Case Study Series section examines how to raise expectations in the management of irritable bowel syndrome with constipation (IBS-C). Dr Kyle Staller presents the case of an IBS-C patient and discusses using a positive diagnostic approach, educating patients, setting treatment expectations, and tailoring treatment when response is inadequate, 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 the first name being the most prominent.

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