Use of Glucagon-Like Peptide-1 Receptor Agonists Across the Liver Transplant Continuum

This month's issue of *Gastroenterology & Hepatology* places a spotlight on the evolving role of glucagon-like peptide-1 receptor agonists (GLP-1RAs) before and after liver transplant (LT). In a feature article, Dr Melina I. Manolas and Dr Robert S. Brown Jr review the mechanisms behind GLP-1RAs and related incretin-based therapies and examine recent research on the safety profile and potential benefits of these drugs in both pre-LT and post-LT settings. The authors offer practical considerations in LT candidates and outline a stage-based approach to considering GLP-1RA therapies in patients with metabolic dysfunction-associated steatotic liver disease and related comorbidities before and after LT. They also provide clinical pearls for GLP-1RA use in LT candidates and discuss post-LT management issues such as posttransplant diabetes mellitus and the development of recurrent or de novo metabolic dysfunction-associated steatotic liver disease. Additionally, they review important safety considerations such as potential drug-drug interactions, the impact these drugs may have on developing frailty, and the risk of malnutrition.

Our Advances in IBD column focuses on monitoring for postoperative Crohn's disease recurrence. Dr Noa Krugliak Cleveland discusses the main risk factors for this recurrence, recommendations for endoscopic monitoring, and the sensitivity and specificity of noninvasive monitoring tools such as fecal calprotectin and intestinal ultrasound. She also discusses postoperative pharmacologic prophylaxis and how to decide whether to treat a patient proactively, among other issues.

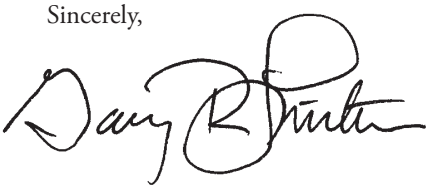
In our Advances in Hepatology column, Dr Sonali Paul discusses workforce issues in the field of hepatology. Her discussion includes recent increases in liver disease burden and complexity of care, drivers of hepatology workforce shortages, and geographic disparities in hepatology care. Along with other topics, she discusses potential solutions such as telehealth, alternative training pathways, and integration of advanced practice providers into clinical care.

The new Rome V criteria are the focus of our Advances in IBS column. Professor Jan Tack discusses the limitations of the previous Rome criteria and how the revisions have addressed these issues, changes in the content and classification of disorders of gut-brain interaction in Rome V, the effects of having separate frameworks for research and clinical diagnostic criteria, and the refined diagnostic criteria for adult and pediatric patients, among other modifications.

Finally, this month's issue also features a Clinical Update column on the spectrum of care in gastroesophageal reflux disease, Barrett esophagus, and esophageal cancer. Dr Kenneth J. Chang discusses the role of the provider in managing these conditions, assessment of treatment options, and the importance of addressing this disease progression. Other topics of discussion include a recent study comparing laparoscopic hiatal hernia repair followed by consecutive transoral incisionless fundoplication with laparoscopic Nissen fundoplication.

May this issue provide you with helpful information that you can put to good use in your clinical practice.

Sincerely,



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