Accepted Manuscript

Inflammatory Bowel Disease 2017: Innovations and Changing Paradigms

Jean-Frederic Colombel, Uma Mahadevan



PII: S0016-5085(16)35464-6 DOI: 10.1053/j.gastro.2016.12.004

Reference: YGAST 60862

To appear in: Gastroenterology

Please cite this article as: Colombel J-F, Mahadevan U, Inflammatory Bowel Disease 2017: Innovations and Changing Paradigms, *Gastroenterology* (2017), doi: 10.1053/j.gastro.2016.12.004.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

ACCEPTED MANUSCRIPT

- <DOC>Introduction
- <LRH>Colombel and Mahadevan
- <AT> Inflammatory Bowel Disease 2017: Innovations and Changing Paradigms
- <AU> Jean-Frederic Colombel, and Uma Mahadevan²
- <AFN> ¹Department of Gastroenterology, Icahn School of Medicine, New York, New York; and

²Department of Medicine, Division of Gastroenterology, University of California, San Francisco,

San Francisco, California

<BEGIN ARTICLE>It has been 6 years since *Gastroenterology* last published a special supplemental issue on inflammatory bowel disease (IBD). Many things have changed since then. The number of people affected is still growing. In the United States, approximately 1.6 million Americans currently have IBD, an increase of about 200,000 since 2011. As many as 70,000 new cases of IBD are diagnosed each year and there may be as many as 80,000 children suffering from Crohn's disease (CD) or ulcerative colitis (UC). Additionally, as illustrated in the first paper of this issue by Drs Ng and Kaplan¹ (pages XXX–XXX), the incidence of IBD is increasing worldwide.² The rise of IBD in newly industrialized countries parallels its growth in the Western world 30 to 40 years ago. Genetic and environmental studies in these countries may provide new clues to the pathogenesis of IBD but also add another layer of complexity since risk factors and gene-environment interactions may vary by continents and ethnicities. This did not discourage Drs Ng and Kaplan who propose, in their provocative conclusion, a series of therapeutic interventions with the ultimate goal of cutting the incidence of IBD by half by the year 2032.

Following this epidemiological overview, the second section of this issue (Articles 2 to 4) is devoted to cutting-edge translational research in IBD. It is generally accepted that the key mechanism underpinning the pathogenesis of CD and UC is a dysregulated immune response to commensal microbiota in a genetically susceptible host. Since a supplemental issue of *Gastroenterology* was recently devoted to genetics,³ we do not provide an update on the progress of genome-wide association studies (GWAS) or the functional consequences of associated alleles for genetic variation in IBD. Instead, Drs Stappenbeck and McGovern⁴ (pages XXX–XXX) concentrate on other recent specific discoveries — the phenotype of Paneth cells, which is

Download English Version:

https://daneshyari.com/en/article/5658300

Download Persian Version:

https://daneshyari.com/article/5658300

<u>Daneshyari.com</u>