**Hepatocellular Carcinoma: Targeted Therapy and Multidisciplinary Care**  
Kelly McMasters and Jean-Nicolas Vauthney, eds.  
Springer, 2011  
415 pages  
Price: $219.00

In “Hepatocellular Carcinoma: Targeted Therapy and Multidisciplinary Care” (415pp, B&W and color illustrations) Drs. McMasters and Vauthney present the readers with an up-to-date and detailed assessment of the current state of the art of the diagnosis and management of patients with known and suspected hepatocellular cancer.

The book consists of 24 chapters written by a variety of specialists including surgical oncologists, medical oncologists, radiologists, pharmacologists, and transplant surgeons. The book covers epidemiologic issues, screening, diagnosis and staging, as well as extensive detail in many chapters that focus on surgical issues in patients with HCC. There are specific chapters to cover the management of HCC in Europe and Japan that give the book an international flavor as well.

The book is lavishly illustrated, with extensive cross sectional, pathologic, and histologic images to supplement the text. The chapter on portal vein embolization prior to resection is especially well illustrated with radiographs as well as original drawings to convey the technical and clinical (medical and surgical) aspects of this critical topic. Many of the illustrations in the chapters detail a single patient when imaged via different modalities or at different timepoints in their illness, further helping the reader to understand the roles of specific imaging types and the role of repeat imaging during and after treatment.

While the entire book is well written and edited, several chapters are standouts in terms of writing and content. These include the chapters on chemoembolization with drug–eluting beads, liver resection for HCC, liver transplant for HCC, and vascular resection for HCC. This is especially helpful to the reader as these chapters cover some of the most clinically relevant (and complex) issues in hepatocellular carcinoma.

The book would be of greatest value for hepatobiliary and liver transplant surgeons. Medical oncologists and interventional radiologists would likely benefit from the book as would gastroenterologists, but the overall focus of the book is clearly surgical in nature, with surgical topics being discussed more than other aspects of treatment (with radiologic aspects coming in as a close second), although all aspects of diagnosis and management are reviewed. Non-surgical and non-radiologic treatments are covered but in much less detail and these are not as strongly emphasized. Overall, the book provides readers with a comprehensive understanding of the current management of patients with hepatocellular cancer and would be a good addition for those who see and treat these patients regularly.

Douglas G. Adler MD  
Associate Professor of Medicine  
Director of Therapeutic Endoscopy  
Gastroenterology and Hepatology  
University of Utah School of Medicine  
Salt Lake City, Utah

**Pocket Guide to IBD, Second Edition**  
Editors: Marla Dubinsky and Sonia Friedman  
Slack Incorporated 2011  
Price: $39.95

This pocket guide has an “all star” cast of inflammatory bowel disease (IBD) experts on its authorship list. The books stated purpose is “a user-friendly” resource to address common IBD clinical scenarios that practitioners and trainees encounter in daily clinic practice. I believe it succeeds in this stated goal. To say that this is a succinct guide would be an understatement. The book is only 200 pages with little prose, filled with bullet points and tables. I commend all of the authors for providing so much information in such a short space.

Each chapter runs between 4 and 6 pages in length. The first two chapters successfully review ulcerative colitis and Crohn’s disease in only 9 pages. The guide provides suggested readings at the end of each chapter (no references in the text). After the very brief introductory chapters, the book’s second section presents the logical workup and treatment of common IBD symptoms. These chapters are quite appropriate for the trainee or primary care practitioner to get a perspective of how to handle IBD patients during their clinical day. However, these chapters are much too simplified for an experienced GI fellow or gastroenterologist.

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dealing with complicated IBD patients. These chapters remind me of the “Med Study Internal Medicine Board Review” books I have used to review for the Internal Medicine MOC Board renewal. They stand as a great refresher for those experienced clinicians who have to take a multiple choice test. However, far too little contextual information is provided to truly make an impact on enhancing complicated IBD care for those with clinical experience. The next section on IBD therapies (both traditional, and complementary, and alternative medicine) are nice reviews and quite up to date. However, I would have appreciated a brief review of the purported mechanism of the drugs and probiotics presented. I found the section entitled “Special Populations” to be the real strength of the book for the experienced IBD clinician. This section reviews the pertinent and often overlooked topics of IBD involving post-operative problems, pouches, ostomies, pregnancy, elderly and pediatric populations. This section alone will make me place the guide within easy reach for use when I see complicated IBD patients.

I highly recommend this pocket-sized guide for an updated refresher for the busy IBD clinician or as a primary reference for the inexperienced trainee or primary care provider, who cares for IBD patients.

Sherman M. Chamberlain, M.D., FACP, AGAF, FACG
Associate Professor of Medicine
Section of Gastroenterology
Medical College of Georgia, Augusta, Georgia

Radcases - Gastrointestinal Imaging
Jonathan Lorenz,
New York, NY: Thieme, 2011
Softcover, pp 210, Price: $49.95

This book is an addition to the many radcases review books that were published in the different subspecialty areas of radiology. The stated intent of the book is to “provide a concise, point by point presentation of essential facts in gastrointestinal radiology to residents preparing for the American Board of Radiology examination”.

The book provides 100 different radiologic cases that include high quality abdominal radiograph, barium study, ultrasound, and CT and MRI images. Each case is organized in such a way to give the reader a clinical challenge with sets of images and a brief clinical data. This will allow the reader to recognize the imaging findings, formulate a differential diagnoses and possible diagnosis before going to the discussion part. Each case is then followed by a discussion that is clearly organized in five different parts. A brief discussion of the imaging findings is followed by a listing of the most important differential diagnoses. The essential facts part discusses the key radiologic and clinical aspects of the most probable diagnosis. All cases then have a discussion on the imaging findings in the different imaging modalities and another section on the pearls and pitfalls that one needs to be aware of in each case.

The book is clearly written, and the concise format with bulleted outline for all the notes makes it so user friendly. Moreover, the cases address most of the common pathologies that are seen on GI imaging. The lack of detailed explanations and absence of image demonstrations for some of the differential diagnoses are likely due to the fact that the book is intended for a concise review. This shortcoming of the book, however, is addressed by providing a list of further readings for each of the cases at the end of the book.

Overall, the book provides an excellent case-oriented and problem-based review of primarily adult gastrointestinal imaging. It fulfills its intended purpose of providing an additional brief and to-the-point reference material for residents. An extra advantage of having this book is the access it gives to its readers of additional cases online. This book is quite valuable, worth reading, and worth the price.

Melkamu Adeb, MD
Kassa Darge, MD, PhD
Department of Radiology
The Children’s Hospital of Philadelphia
University of Pennsylvania

John Pohl, M.D., Book Editor, is on the Editorial Board of Practical Gastroenterology
REMICADE® Receives FDA Approval as First Biologic Treatment for Pediatric Ulcerative Colitis
Approval Expands Access to REMICADE for Children Living with Ulcerative Colitis

HORSHAM, Pa., Janssen Biotech, Inc. announced that the U.S. Food and Drug Administration (FDA) has approved REMICADE® (infliximab) for the treatment of moderately to severely active ulcerative colitis (UC) in pediatric patients who have had an inadequate response to conventional therapy. This marks the 16th approval of REMICADE® in the U.S. and the seventh for the anti-tumor necrosis factor (TNF)-alpha in the treatment of inflammatory bowel disease (IBD) spanning adult and pediatric Crohn’s disease and adult and pediatric UC. It is estimated that 1.4 million Americans have IBD with the number evenly split between UC and Crohn’s disease. An estimated 150,000 children under age 17 are living with symptoms of IBD.(1)

“Ulcerative colitis can be a devastating disease and previously there had been no approved therapeutic options for pediatric patients who had an inadequate response to conventional therapy,” said Dr. Jeffrey Hyams, Head of the Division of Digestive Diseases and Nutrition at Connecticut Children’s Medical Center and Professor of Pediatrics at University of Connecticut School of Medicine, and lead study investigator. “The approval of infliximab represents an important treatment milestone in the care of children stricken with this inflammatory bowel disease.”

The approval is supported by evidence from adequate and well-controlled studies of REMICADE in adults with ulcerative colitis plus additional data from a pivotal Phase 3 randomized, multicenter, open-label trial evaluating the efficacy and safety of REMICADE® in the treatment of pediatric patients with moderately to severely active UC. Results from the pediatric UC study presented in May showed that treatment with REMICADE® 5 mg/kg induced clinical response in 73 percent of patients at week 8 and demonstrated a safety profile consistent with previous clinical trials conducted in an adult population.

“Today’s approval of REMICADE® is significant for children and their families who are affected by this devastating disease and are seeking an effective treatment option,” said Rob Bazemore, President, Janssen Biotech, Inc. “We are proud of our heritage in the continued pursuit of expanding treatment options for patients living with immune-mediated inflammatory diseases like IBD.”

REMICADE® was designated orphan drug status by the FDA on November 12, 2003, and the supplemental Biologics License Applications (sBLA) for pediatric UC received priority review following its submission to the FDA in December 2010. The FDA’s Gastrointestinal Drugs Advisory Committee (GIDAC) recommended the approval of REMICADE® in pediatric patients with UC.

On September 1, 2011, Janssen Inc. announced Health Canada approved REMICADE® for the treatment of pediatric patients (age six to 17 years) with moderately to severely active ulcerative colitis who have had an inadequate response to conventional therapy.

About the Study
The Phase 3 randomized, multicenter, open-label trial was designed to evaluate the efficacy of a 3-dose REMICADE® regimen in inducing clinical response in pediatric patients with moderately to severely active UC and to evaluate the safety of REMICADE® during induction and maintenance treatment. A total of 60 patients, aged 6-17, with a median disease duration of 1.4 years were included in the study. Patients had a median Mayo score of 8.0, and median Pediatric Ulcerative Colitis Activity Index (PUCAI) score of 55. All patients had failed to respond to or tolerate treatment with 6-mercaptopurine, azathioprine, corticosteroids and/or 5-aminosalicylates. Patients received REMICADE® 5 mg/kg at weeks 0, 2, and 6. The primary endpoint, clinical response at week 8, was defined as a decrease from baseline in the Mayo score of at least 30 percent and at least 3 points, with a decrease in rectal bleeding subscore of at least 1 or a rectal bleeding subscore of 0/1. Patients who achieved clinical response at week 8 were randomized to receive REMICADE® 5 mg/kg every 8 weeks through week 46 or every 12 weeks through week 42. Non-responders were discontinued from study agent.

Safety data from the pediatric UC trial were consistent with current REMICADE® labeling. No new safety concerns emerged in evaluating REMICADE® in the treatment of a pediatric UC population.
About Ulcerative Colitis

Ulcerative colitis (UC) is a chronic IBD of the colon. It is estimated that 1.4 million Americans have IBD with the number evenly split between UC and Crohn’s disease. An estimated 150,000 children under age 17 are living with debilitating symptoms of IBD.(1)

About REMICADE®

REMICADE® was the first anti-TNF-alpha treatment approved in the United States in August 1998 and the first TNF inhibitor to be approved in three different therapeutic areas: gastroenterology, rheumatology and dermatology. REMICADE® has demonstrated broad clinical utility with indications in Crohn’s disease, rheumatoid arthritis (RA), ankylosing spondylitis, psoriatic arthritis, ulcerative colitis (UC), pediatric Crohn’s disease, psoriasis, and pediatric UC. The safety and efficacy of REMICADE® have been well established in clinical trials over the past 17 years and through commercial experience with more than 1.5 million patients treated worldwide.

In the U.S., REMICADE® is approved for the following indications:

• Reducing signs and symptoms, inhibiting the progression of structural damage and improving physical function in patients with moderately to severely active RA, when administered in combination with methotrexate.

• Reducing signs and symptoms in patients with active ankylosing spondylitis.

• Reducing signs and symptoms and inducing and maintaining clinical remission in adult and pediatric patients with moderately to severely active Crohn’s disease who have had an inadequate response to conventional therapy.

• Reducing the number of draining enterocutaneous and rectovaginal fistulas and maintaining fistula closure in adult patients with fistulizing Crohn’s disease.

• Reducing signs and symptoms, inducing and maintaining clinical remission and mucosal healing, and eliminating corticosteroid use in patients with moderately to severely active UC who have had an inadequate response to conventional therapy.

• Reducing signs and symptoms of active arthritis, inhibiting the progression of structural damage and improving physical function in patients with psoriatic arthritis.

• Treatment of adult patients with chronic severe plaque psoriasis who are candidates for systemic therapy and when other systemic therapies are medically less appropriate.

REMICADE® is unique among available anti-TNF-alpha biologic therapies. It is the only anti-TNF-alpha biologic administered directly by caregivers in the clinic or office setting. REMICADE® is a two-hour infusion administered every 6 or 8 weeks (indication-dependent), following a standard induction regimen that requires treatment at weeks 0, 2 and 6. As a result, REMICADE® patients may require as few as six treatments each year as maintenance therapy.

Janssen Biotech, Inc. discovered and developed REMICADE® and markets the product in the United States. The Janssen Pharmaceutical Companies market REMICADE® in Canada, Central and South America, the Middle East, Africa, and Asia Pacific.

In Japan, Indonesia, and Taiwan, Janssen Biotech, Inc. licenses distribution rights to REMICADE® to Mitsubishi Tanabe Pharma Corporation. In Europe, Russia and Turkey, Janssen Biotech, Inc. licenses distribution rights to REMICADE® to Schering-Plough (Ireland) Company, a subsidiary of Merck & Co, Inc.

Please read important information about REMICADE®, including full U.S. prescribing information and Medication Guide, at: www.remicade.com

For more information on Janssen Biotech, Inc. or its products, visit www.janssenbiotech.com or follow us on Twitter at www.twitter.com/JanssenUS.

References

1. Crohn’s & Colitis Foundation of America and the Starlight Children’s Foundation.
(continued from page 60)

Dr. Satish Rattan, an internationally renowned researcher and educator, and professor of medicine in the division of Gastroenterology and Hepatology at Thomas Jefferson University, was recently awarded a grant for more than $1 million by National Institutes of Health (NIH) to continue his research on rectoanal motility disorders. These disorders include fecal incontinence, recurrent anal fissures and hemorrhoids, and Hirschsprung’s disease (a condition where nerves are missing from the end of the bowel).

“I am grateful to receive this grant and continue my research into rectoanal motility disorders,” says Dr. Rattan. “These disorders affect millions of people, and while numerous therapeutic and surgical modalities have been tried to treat the abnormalities, there are currently no satisfactory treatments available that are free of side effects. That is why research in this area is so important.”

Rectoanal motility disorders have been directly associated with the dysfunction of the internal anal sphincter (IAS) smooth muscle, according to Dr. Rattan. The IAS is unique smooth muscle in the body that remains spontaneously tonic and thus contributes to the rectoanal continence. He says for this reason research is expected to help physicians better understand the basic mechanisms that regulate the basal tone in the IAS.

Dr. Rattan’s laboratory has been pursuing studies to determine the factors that regulate basal tone in the IAS. His work has been funded by the NIH under the title, “Neurohumoral Control of Internal Anal Sphincter.” This grant is one of the longest continuously funded by NIH.

Over the years, Dr. Rattan’s laboratory has made major breakthroughs in the field. His team’s research recently garnered the cover of the journal Neurogastroenterology and Motility with an illustration of distinct smooth muscle cells of the IAS. Dr. Rattan’s noted work will commence in January 2012 and will appear for the whole next year in the journal, as an honor for Dr. Rattan’s insightful work in the field.

Answers to this month’s crossword puzzle:

| A | E | X | D | H | O | O | A | T
|---|---|---|---|---|---|---|---|---|
P | O | L | Y | P | S | V | A | C | K | I | N | E | S
| I | L | A | I | R | A | P
| L | B | O | I | M | M | U | N | O | L | O | G | Y
| L | W | V | Y | P | R | E | E | K
| A | G | C | Y | C | L | E | S | M | R | N | A
| R | C | A | E | E | Y | I | B
| I | R | O | N | O | C | T | R | E | O | T | I | D | E
| E | E | O | O | G | E | T
| S | U | N | H | Y | P | O | V | O | L | E | M | I | A
| Z | O | D | A | O | A | I
| T | H | Y | M | U | S | U | R | O | B | I | L | I | N
| M | E | S | O | N | P | I | E | V
| U | R | E | T | E | R | F | I | T | N | E | S

Interactive crossword and answers can also be found on our website: www.practicalgastro.com
MEETINGS CALENDAR

December 1–3
2011 Advances in Inflammatory Bowel Diseases Crohn’s & Colitis Foundation’s Clinical & Research Conference
The Westin Diplomat, Hollywood, Florida. We are excited to be celebrating the 10th anniversary of what has become the “can’t miss” event for healthcare professionals who study and manage patients with inflammatory bowel diseases. Our goal is to provide you with the information you need to optimize care of your patients and to direct your attention to advances and breakthroughs in the field. If you’ve attended this meeting before, you’ll notice that the schedule has shifted a bit this year. Instead of having a Sunday morning session, we will be starting the scientific agenda on Thursday afternoon. Two new workshops on The Future of IBD Healthcare and The Future of Clinical Research in IBD will kick off the 10th year with engaging discussion and interaction. The complete agenda is online at www.advancesinibd.com. The outstanding faculty is composed of expert specialists, some new this year and some who have been with us since the first year, who will lead the sessions and interact with conference attendees. We are certain that you will find this meeting to be informative and enjoyable, and hope that you will plan on joining us to celebrate 10 years of excellence in IBD education!

December 2–3
ASGE Institute for Training & Technology
Hyatt Lodge at McDonald’s Campus Oak Brook, IL. ERCP Boot Camp for the GI Team

January 20 & 21, 2012
AGA Clinical Congress of Gastroenterology and Hepatology
Miami, FL Take advantage of this comprehensive, highly-relevant meeting for updating your clinical knowledge, earning MOC points and CME, and improving your ability to run a successful practice. By attending, you’ll have direct access to a world-renowned faculty in a small, relaxed setting that encourages faculty-attendee interaction. Plus, network with the expert faculty and connect with other like-minded GI physicians and health-care professionals from a variety of practice settings. For more information visit: www.gastro.org

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# Practical Gastroenterology Crossword Puzzle

**ACROSS**

1. Lymph system components
2. Color associated with jaundice
3. Expectorant, for short
4. Doctor abbr.
5. The C in MCT
6. One kind of anaesthetic
7. Long period of time
8. Returnable envelope, for short
10. Dosage amount, abbr.
11. Small vascular growth
12. Prophylactic ______
13. Cut
14. Hydrocarbon radical
17. Harvard or Yale, e.g.
18. NHL great
19. Brilliant people
20. Word of success
21. Tin vessel
22. Corp. top dog
23. Strain of microorganisms or viruses distinguished by their cell surface antigens
25. A hemoprotein that receives oxygen from hemoglobin and stores it in the tissues until needed
26. A small molecule essential for the activity of some enzymes
27. Sweet tasting alkaloid that occurs in sugar beets
29. One of the treatment options for chyle leaks
30. Largest source of natural light
31. Lung disease
33. Notorious TV doc
34. Demographic segment
35. Ductless glandular organ
36. Intersected
37. Supraorbitate, for short
38. Subatomic particle
39. Select, a treatment method for example
40. Drips

**DOWN**

1. _____ leaks (from the Latin word for juice)
2. Aggregates of amphiphilic molecules (often fatty acids)
3. Cereal containing fiber
4. Long period of time
5. One kind of anaesthetic
6. Returnable envelope, for short
7. Doctor abbr.
8. Doctor abbr.
9. Cereal containing fiber
10. Dosage amount, abbr.
11. Small vascular growth
12. Prophylactic ______
13. Cut
14. Hydrocarbon radical
17. Harvard or Yale, e.g.
18. NHL great
19. Brilliant people
20. Word of success
21. Tin vessel
22. Corp. top dog
23. Strain of microorganisms or viruses distinguished by their cell surface antigens
25. A hemoprotein that receives oxygen from hemoglobin and stores it in the tissues until needed
26. A small molecule essential for the activity of some enzymes
27. Sweet tasting alkaloid that occurs in sugar beets
29. One of the treatment options for chyle leaks
30. Largest source of natural light
31. Lung disease
33. Notorious TV doc
34. Demographic segment
35. Ductless glandular organ
36. Intersected
37. Supraorbitate, for short
38. Subatomic particle
39. Select, a treatment method for example
40. Drips

*(Answers on Page 62)*