Preface

In March 2010 in Miami near the Florida Keys, we tried to find 'The Keys to IBD' with respect to treatment, diagnostics and pathophysiology.

In the last years we have seen a tremendous increase in our knowledge of IBD pathophysiology, gained several new 'keys'. Recent findings on innate immune functions and barrier disturbances in the mucosa of IBD are exciting and will lead to the development of new therapies. Working in a medical field with such a rapid development is rewarding but also challenging: we have to keep up-to-date with respect to new diagnostic procedures and questions on treatment modalities.

To address this need, the Falk Foundation gave us the opportunity to organise a meeting on new insights in IBD pathophysiology, diagnostics and treatment, which was held in Miami on March 26 and 27, 2010. The meeting was a stunning success as it explored the disease beyond traditional boundaries with an internationally acclaimed faculty and experts from various fields, such as immunology, epidemiology, infectious diseases, gastroenterology, dermatology, rheumatology, radiology, and oncology.

The papers in this publication follow the organisation of the conference. There were seven topics:

- Impact of new keys in pathophysiology on IBD treatment
- New keys to diagnostic procedures: laboratory markers
- New keys to diagnostic procedures: MRI, CT and endoscopy
- General treatment considerations
- New keys to the treatment of ulcerative colitis
- New keys to immunosuppression
- New keys to CD therapy

The first section sums up recent insights into IBD pathophysiology and their potential impact on present and future treatment. The role of cytokines that have come into focus recently, such as IL-13 and IL-23, is discussed. The different aspects of a disruption of the mucosal barrier function are explained, and the molecular basis of the innate immune defects associated with a risk of developing Crohn's disease is outlined by experts in the field. The second part is focussed on old and new diagnostic tools and their changing roles in disease management. With the description of new serologic markers the questions arise: when do we need them and how useful are they? Furthermore, it is important to know whether serologic markers help to determine prognosis and guide therapy. It will be a question in the future whether genetic or epigenetic markers can be used to predict the disease course and thus contribute to the decision of whether to choose an early aggressive therapy or a more conservative approach.

The value of diagnostic procedures has to be re-evaluated as there seems to be a significant cancer risk associated with the ra-

diation exposure during CT scans in IBD patients. As small bowel diagnostics, CT or MRI enterography have specific advantages and disadvantages. Capsule endoscopy and double balloon may be useful in selected IBD patients.

A further section clarifies terms that have frequently been used in recent publications without being adequately defined. What is 'early IBD' and how does the time from diagnosis and the presence or absence of complications and previous surgery influence the response to therapy? What is 'accelerated step-up' treatment and what are the time parameters for advancing conventional therapy? What is 'supportive therapy' and what concomitant diagnoses must be considered and treated? What is the patient's perspective and how important are patient-reported outcomes, quality of life, and disability?

In a section on treatment aspects in ulcerative colitis patients, the treatment schedule for 5-ASA is discussed. The open question of the best maintenance treatment is addressed, as are new developments such as oral therapy with lecithin to support the intestinal mucus layer.

To address aspects beyond gastroenterology or surgery, experts from other medical fields share their perspectives on IBD. Surveillance strategies in IBD patients are discussed from a dermatologist's viewpoint, while the hepatotoxicity of IBD therapy is explained by a hepatologist. Virus infections in immunocompromised IBD patients are another important subject of review. Another significant clinical problem, vaccination and IBD, is highlighted from a virologist's view.

The publication closes with the newest insights in Crohn's therapy. Options for induction therapy, for maintenance therapy, for failure of biological therapy, for fistula treatment, for drug monitoring and chronic pouchitis are outlined. These chapters conclude a publication that crosses boundaries.

We hope that both clinicians and basic scientists will be interested in this publication as it presents up-to-date knowledge in all areas of IBD. As the time between the meeting in Miami and the publication of this issue is just a few months, this information is indeed brand new. It was a pleasure to plan this meeting, to develop the programme and learn from specialists in different fields. We would like to take the opportunity to thank the authors and contributors, as well as the Falk Foundation for supporting the meeting without trying to influence the content in any way.

We hope that the reader may enjoy reading the publication as much as we enjoyed putting it together.

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