

IFFGD is Seeking Applications for 2009 Research Awards

IFFGD is seeking applications/nominations for research awards. The awards will be given to active investigators in six categories who have a record of research interest in basic mechanisms or clinical aspects of functional gastrointestinal and motility disorders, and neurogastroenterology. These awards of \$7,500 each are intended to encourage the participation of clinicians and scientists in multidisciplinary efforts aimed at advancing the understanding of these basic mechanisms and clinical aspects in adults and in children. The individuals selected for awards will be recognized at IFFGD's 8th International Symposium for Functional GI Disorders to be held in Milwaukee, WI on April 17–19, 2009. The deadline for receipt of applications is October 20, 2008.

Details on web page: www.giresearch.org/site/gi-research/iffgd-research-awards/2009.

Colonoscopy Used to Identify and Remove Flat Colon Lesions: Flat Colon Lesions More Common and More Likely to Be Cancer According to JAMA Study

A study from researchers at the Veterans Affairs Palo Alto Healthcare System in California shows that non-polypoid colorectal neoplasms or flat colon lesions, are more common in Americans than previously thought and may have a greater association with cancer compared to polypoid neoplasms or the more commonly diagnosed colorectal polyp. The study appeared in the March 5 issue of the *Journal of the American Medical Association*. Researchers identified these flat lesions through colonoscopy.

“This study is very significant, as these flat lesions are more difficult to detect than the typical polyp during colorectal cancer screening,” said Grace H. Elta, MD, FASGE, president of the American Society for Gastrointestinal Endoscopy (ASGE). “Researchers identified these lesions in their study through colonoscopy, which has the ability to detect lesions of all sizes and is the only procedure that allows for the removal of lesions and polyps. Studies have shown that other imaging methods are ineffective at identifying even small polyps and miss flat lesions entirely.

This study highlights the importance of quality colonoscopy screening. ASGE, as the standard-setting society for endoscopy, has issued quality indicators for colorectal cancer screening that define measures for improving quality in colonoscopy.”

Flat lesions are challenging to detect because subtle findings through examination can be difficult to distinguish from the normal mucosa. As compared with the surrounding normal mucosa, the flat lesions appear to be slightly elevated, completely flat or slightly depressed.

The study examined data from a group of 1,819 patients, almost all men with an average age of 64, from July 2003 to June 2004 undergoing elective colonoscopy to estimate the prevalence of non-polypoid colorectal neoplasms (NP-CRNs), or flat lesions, and to characterize their association with colorectal cancer. Patients were divided into three groups; screening, surveillance and a group of patients with symptoms for colorectal cancer. Flat lesions were found in 170 people, approximately 10 percent. The surveillance group had the highest incidence with more than 15 percent who had flat lesions. Approximately six percent of the screening and symptoms groups had flat lesions. Researchers found that the flat growths were five times more likely to be cancerous than polyps.

“Experts in gastrointestinal endoscopy will need to be more vigilant than ever in encouraging their patients to take their bowel prep as directed before the colonoscopy. Proper bowel prep is important so that the physician can clearly see the colon. This study also highlights the importance of not withdrawing too soon during the procedure, allowing the physician enough time to thoroughly examine the colon. According to ASGE quality indicators, withdrawal time should be six minutes or more. ASGE will continue to provide training and education to physicians to ensure that patients are receiving the highest quality of care possible,” said Elta.

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BOOK REVIEWS

Liver Immunology Principles and Practice

M. Eric Gershwin, John M. Vierling, Michael P. Manns
Humana Press Inc, 2007
eISBN-13: 978-1-59745-518-3; \$169

The immunologic system of the liver is the foundation for all liver disease and the reason that liver transplantation is successful. The second edition of this book explores not only individual cells responsible for immunologic functions of the liver but also broad topics such as autoimmune disease in children as well as an entire section on liver transplant.

The book is divided into seven parts. Overall, the chapters are each individually easy to read and well organized. Each of the 35 chapters in the book begins with 5–15 “Key Points” and each conclude with “Open Questions.” The first part, Introduction to Immunology of the Liver takes up 150 pages (one-third of the book). This part consists of 11 chapters. Not surprisingly, there is much redundancy in these chapters. The first chapter has a helpful glossary of immunologic terms. The next 10 chapters expand on those concepts introduced in chapter 1. This section has rare color graphics, which are helpful since many of the basic drawings are repeated throughout this long section.

Part 2 is an excellent discussion of infections of the liver. The chapter on Hepatitis A and E has a very relevant discussion on vaccinations. The concluding chapter in this section on Extrahepatic Manifestations of Hepatitis is intuitive and interesting. Part 3 is the heart of hepatic immunology (Autoimmune Liver Diseases). In this section, the authors explore seven fascinating chapters including primary biliary cirrhosis, autoimmune hepatitis, overlap syndrome, and animal models. I expected this section to be most useful and complete, and I was not disappointed.

Part 4 is an overview of Alcohol and Fatty Liver Diseases. The chapter “Immunomodulation Therapy for Alcoholic Hepatitis” contains the most up-to-date clinical information and is an excellent evidence-based review of our current treatment of this syndrome. Part 5 is a single chapter on Acute Liver Failure. Part 6 is a three-chapter discussion reviewing Hepatotoxic Drugs. A chapter on immunosuppressive medication used for non-hepatic diseases and the subsequent effect on underlying liver diseases would be a helpful addition.

The concluding section is a six-chapter section addressing the immunologic implications of liver transplant. This overview includes chapters regarding medication, complications, rejection, tolerance and recurrence of liver diseases.

Overall, this book is an excellent resource for anyone taking care of liver patients. The first section should be made more concise; however, the short chapters are greatly appreciated when dealing with such complex matters. Almost all the pages included legible and attractive graphics and tables. The clinical scenarios are immediately applicable and usable. The “Open Questions” open doors for more research.

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Aspirin and Colorectal Cancer in Men

A prospective study of 47,363 male health professionals who were ages 40 to 75 years at enrollment in 1986 was conducted biannually. Data was collected on aspirin use, other risk factors and diagnoses of colorectal cancer. During 18 years of follow-up, 975 cases of colorectal cancer were documented over 761,757 person/years. After adjustment for risk factors, men who regularly used aspirin (2 or greater times per week), had a multivariate relative risk (RR) for colorectal cancer of 0.75, compared with nonregular users. However, significant risk reduction required at least 6 to 10 years of use and was no longer evident within 4 years of discontinuing use.

The benefit appeared related to increasing cumulative average dose, compared with men who denied any aspirin use. The multivariate RRs for cancer were 0.94 for men who used 0.5 to 1.5 standard aspirin tablets per week, 0.80 for 2 to 5 aspirin tablets per week, 0.72 for 6 to 14 aspirin tablets per week and 0.3 for greater than 14 aspirin tablets per week.

It was concluded that regular, long-term aspirin use reduces risk of colorectal cancer among men. However, the benefit of aspirin necessitates at least six years of constant use, with maximal risk reduction at doses greater than 14 tablets per week. The potential hazards associated with long-term use of such doses should be carefully considered. (Chan AT, Giovanucci EL, Meyerhardt JA, et al. "Aspirin Dose and Duration of Use and Risk of Colorectal Cancer in Men." *Gastroenterology*, 2008; Vol. 134, 21-28.)

Mucosal Atrophy in Celiac Disease

To study the macroscopic features in celiac disease by means of a magnified view of the intestinal mucosa utilizing wireless capsule endoscopy, evaluation of the following: (1) the distribution of atrophy in untreated celiac disease, (2) the correlation between extent of changes and clinical manifestations, (3) the accuracy and interobserver agreement of wireless capsule endoscopy assessment, and (4) the affect of gluten withdrawal.

Thirty-eight consecutive patients with untreated, biopsy-proven celiac disease underwent wireless capsule endoscopy (WCE). Each subject was invited to

undergo repeat testing after at least six months of gluten withdrawal. The video images of each patient were reviewed independently by two investigators. Thirty-five (92%) subjects had visible atrophy detected by capsule endoscopy. Twenty-two (59%) subjects showed an extensive enteropathy. Twelve (32%) had enteropathy limited to the duodenum and only one had a jejunal enteropathy. No association was shown between the extent of the lesion and clinical manifestations. Capsule endoscopy had a better overall sensitivity for the detection of atrophy as compared with upper endoscopy (92% vs. 55%), with a specificity of 100%.

The overall interobserver agreement for the two reviewers was high (total agreement 86.5%). After gluten withdrawal, the extended pattern of atrophy improved both qualitatively and quantitatively.

It was concluded that celiac disease affects a highly variable portion of the small intestine, starting at the duodenum. The extent of visible enteropathy does not explain differences in clinical presentation. Most subjects with visually detectable villous atrophy showed a clinically significant improvement after gluten withdrawal. (Murray JA, Rubio-Tapia A, VanDyke C, et al. "Mucosal Atrophy in Celiac Disease: Extent of Involvement, Correlation with Clinical Presentation and Response to Treatment." *Clinical Gastroenterology and Hepatology*, 2008; Vol. 6, 186-193.)

Murray H. Cohen, MD, editor of "From the Literature" is a member of the Editorial Board of *Practical Gastroenterology*.

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