



# Clinical Digest

## CEREBROVASCULAR DISEASE

### A Sleep Apnea and Stroke Connection?

Some evidence has suggested that sleep apnea, which causes repeated episodes of hypoxemia, actually may help protect against severe stroke by conferring ischemic tolerance. The real impact of apnea on stroke, however, is unclear.

Researchers from the University of Miami, Miami, FL aimed to add to the body of knowledge by surveying patients within five days of experiencing acute ischemic stroke. They used the Berlin Questionnaire to determine the prevalence of habitual snoring, daytime sleepiness, hypertension, and body mass index (BMI).

Of 190 patients with a mean age of 60 years, 103 (54%) were classified as being at high risk for sleep apnea. The study confirmed the high prevalence of sleep apnea symptoms in patients with stroke—42% were found to be habitual snorers, 30% had excessive daytime sleepiness, and 31% were considered obese with a BMI greater than 30 kg/m<sup>2</sup>. The researchers found no effect, however, of these symptoms on acute stroke severity and outcome.

Source: *J Stroke Cerebrovasc Dis.* 2007;16(3):114–118. doi:10.1016/j.jstrokecerebrovasdis.2007.01.002.

## ONCOLOGY

### Signs of Cancer: Heed the Alarms

It's a good idea to act quickly on four common cancer "alarm symptoms," according to a cohort study conducted by researchers from King's College and St. Thomas' Hospital, both in London,

United Kingdom. Using a database of 762,325 general practice patients aged 15 years and older, they estimated the likelihood of a urinary tract, respiratory tract, esophageal, or colorectal cancer diagnosis after new onset of hematuria, hemoptysis, dysphagia, or rectal bleeding, respectively.

Generally, cancer diagnoses were more common in men than in women. And while predictive values for the various alarm symptoms were significant across all patient age groups, the researchers say they were "striking" in patients aged 65 years and older, especially those who were male or had hemoptysis or hematuria.

Most of the cancer diagnoses were made within the first three months after alarm symptom presentation. The increased risk of cancer remained high over the first year but dropped gradually to levels that were not significantly different from background rates by five years postpresentation.

Following 11,108 first occurrences of hematuria, 472 men and 162 women were diagnosed with urinary tract cancer, yielding three-year positive predictive values (PPVs) of 7.4% and 3.4%, respectively. The sensitivity of the symptom in signaling cancer was 59% in men and 51% in women. As the cancer diagnosis risk was particularly high for younger patients, middle-aged men, and older women during the first three to six months, the researchers recommend that clinicians investigate this symptom "with a minimum delay" in patients from these high risk groups.

After 4,812 new episodes of hemoptysis, 220 men and 81 women were diagnosed with respiratory tract cancer, resulting in three-year PPVs of 7.5% and 4.3%, respectively. The sensitivity values were 22% in men and 14%

in women. While most of the alarm symptoms studied occurred between 10 and 20 times more frequently than their associated cancers, hemoptysis was only three times more common. Unexplained hemoptysis, in particular, was associated with a very high risk of cancer diagnosis. Therefore, when there is no respiratory infection or other factor to account for the problem, imaging studies should be performed quickly, say the researchers.

A total of 5,999 cases of dysphagia occurred, with 150 men and 81 women eventually diagnosed with esophageal cancer. The corresponding three-year PPVs were 5.7% and 2.4%, respectively, and the sensitivity values were 58% and 54%. Recent guidelines suggest that only progressive dysphagia should be regarded as an alarm symptom and that dysphagia associated with reflux will improve with antisecretory treatment. But the researchers say their data show that dysphagia progress needs to be monitored over a "fairly narrow time frame."

Subsequent to 15,289 episodes of rectal bleeding, 184 men and 154 women received a colorectal cancer diagnosis. The corresponding three-year PPVs were 2.4% and 2%, respectively, and the sensitivity values were 33% and 25%. Because rectal bleeding affects up to 20% of adults, there has been some controversy about when it requires a full investigation. Given their results, the researchers say it may be wise to consider the context of the clinical presentation and the bleeding characteristics in determining the urgency of investigation—though all patients should have a local examination and a digital rectal examination at minimum. ●

Source: *BMJ.* 2007;334(7602):1040. doi:10.1136/bmj.39171.637106.AE.