Clinical Digest

Surgery

Roux-en-Y or Laparoscopic Adjustable Gastric Banding?

While Roux-en-Y gastric bypass (RYGB) is the standard bariatric surgery in the United States, laparoscopic adjustable gastric banding (LAGB) is the standard in Europe and Australia and has been marketed as a less invasive and potentially reversible alternative to RYGB. So which surgery results in the best outcomes for patients?

To find out, researchers from University of California, San Francisco performed a meta-analysis on all past studies comparing RYGB and LAGB that had at least one year of follow-up. They identified a total of 14 studies—one randomized, controlled trial and 13 retrospective studies—and pooled their results.

Taken together, these results indicate that weight loss outcomes "consistently favored" patients who underwent RYGB over those who underwent LAGB, the researchers say. They note that, at one year after surgery, patients in the former group had lost 25% more excess body fat in median absolute terms than patients in the latter group. And while RYGB's weight-loss advantage dwindled with longer follow-up in some studies, it persisted in others—including the randomized controlled trial, which described five years of follow-up.

RYGB also showed an absolute advantage of at least 25% over LAGB in resolving such comorbidities as diabetes, hypertension, dyslipidemia, and sleep apnea. In addition, the one study to deal with patient satisfaction reported that 80% of patients who underwent RYGB were satisfied with their procedure, compared with 46% of those who underwent LAGB. On the other hand, LAGB was associated with fewer short-term complications, shorter operative and hospitalization times, and less mortality compared with RYGB.

These results suggest that RYGB should remain the standard bariatric surgery for the present, the researchers say. They note, however, that the "complex mixture of early and late complications and benefits after both procedures, as well as the impact of patient characteristics on outcomes, requires randomized trials" to gain better comparisons of RYGB and LAGB.

Source: *Am J Med.* 2008;121(10):885–893. doi:10.1016/j.amjmed.2008.05.036.

Oncology

Cervical Cancer Screening

In Europe, the most commonly recommended interval for cervical cancer screening is three years. But that interval can safely be extended to six years for women who test negative for human papillomavirus (HPV), according to the findings of a multinational cohort study with joint database analysis.

The researchers examined the pooled results of seven studies on cervical cancer screening in six countries (Denmark, Germany, United Kingdom, France, Sweden, and Spain). These studies included a combined 24,295 patients who had HPV and cytology examinations at baseline and at least one follow-up histologic or cytologic examination. The researchers focused primarily on the baseline results' ability to predict the development of cervical intraepithelial lesions of grade 3 or higher (CIN3+) after six years. They also looked at results involving three-year predictions of CIN3+ and predictions of high-grade lesions of grade 2 or worse (CIN2+).

Negative HPV results at baseline had the strongest negative predictive value for CIN3+ at six years: Only 0.27% of the patients with these results developed the disease. Similarly, women who had both negative HPV and negative cytology results at baseline had a CIN3+ rate of only 0.28%. Women with negative cytology results had a CIN3+ rate of 0.97%.

The best positive predictor of CIN3+ at six years was a combination of positive HPV and positive cytology results—34% of patients with these results developed the disease. Among women with negative cytology but positive HPV results, the CIN3+ rate increased continuously over time and reached 10% at six years. The rate among women with positive cytology and negative HPV results remained below 3% at six years. At three years, the CIN3+ rate for patients with negative HPV results at baseline was 0.12%, and the rate for patients with negative cytology results at baseline was 0.51%. The researchers say that using CIN2+ as an outcome measure resulted in "essentially similar results"—despite the higher number of CIN2+ cases.

Overall, they say, their findings indicate that screening for HPV every six years is a "safe and effective" strategy. The researchers also note that, while HPV testing has reduced specificity compared to cytology, lengthening HPV screening intervals by three years could "at least partly compensate for the increased referral rate resulting from HPV-based screening strategies."

Source: *BMJ.* 2008;337:a1754. doi:10.1136/bmj.a1754.