

Study Backs Role of PCPs In Colonoscopy Screening

BY HEIDI SPLETE
Senior Writer

RIO GRANDE, P.R. — Primary care physicians can successfully perform screening colonoscopies and identify patients at increased risk for developing colorectal cancer, according to a review of 559 colonoscopies.

Colonoscopy is the preferred screening method for patients who are at increased risk for developing colorectal cancer, while flexible sigmoidoscopy is considered adequate for average risk individuals, said Dr. Khalid Jaboori of Madigan Army Medical Center in Fort Lewis, Washington.

There aren't enough gastroenterologists to perform screening colonoscopies on all the patients who need them, whether they are at high risk or not, said Dr. Jaboori. Colonoscopy is a safe, cost-effective procedure that allows a full view of the colon and management of the findings, he added.

The researchers reviewed outpatient colonoscopies performed by a family physician between September 2003 and October 2007 on patients aged 26-87 years. The study population included 324 patients at average risk and 235 at high risk. The researchers recorded the location of all neoplasias and calculated the diagnostic yield of a flexible sigmoidoscopy for how many neoplasias would have been found with flexible sigmoidoscopy alone. The neoplasias that would have been detected by flexible sigmoidoscopy alone were defined as those in the left colon or in the dis-

tal part of the right colon. Dr. Jaboori presented the results in a poster at the annual meeting of the North American Primary Care Research Group.

Overall, the presence of colonic neoplasia was 23% in the average-risk group and 33% in the high-risk group. There was no significant difference in the prevalence of proximal colonic neoplasia that would have been found by colonoscopy between average-risk (10%) and high-risk patients (15%). Also, isolated advanced lesions on the right side of the colon were identified in four patients (1.2%) in the average-risk group and one patient (0.4%) in the high-risk group, which was not a significant difference.

The diagnostic ability of flexible sigmoidoscopy to detect any neoplasia was similar for the average-risk and high-risk groups (both 56%).

"Approximately 44% of the neoplasias would have been missed in both groups with flexible sigmoidoscopy alone," Dr. Jaboori said.

The results suggest that primary care residents and physicians should be trained in colonoscopies. "Increasing the pool of competently trained endoscopists will allow more patients to benefit from screening colonoscopy as the standard of care," the researchers noted.

Dr. Jaboori had no conflicts of interest to report. The views in the study are those of the authors and do not reflect the policy of the U.S. Army, the Department of Defense, or the U.S. government. To watch a video go to www.youtube.com/user/FamilyPracticeNews. ■

IBD Incidence Rising in Kids, Independent of Gender, Race

BY DAMIAN MCNAMARA
Miami Bureau

ORLANDO — The incidence of inflammatory bowel disease is rising in children and adolescents, a retrospective study of 272 newly diagnosed pediatric patients indicates, and children of all races, ethnicities, genders, and ages can be affected.

Researchers overseas have shown an increasing incidence of inflammatory bowel disease (IBD) in children, for example, in Sweden (*Eur. J. Gen. Pract.* 2006;12:88-90) and Taiwan (*J. Formos. Med. Assoc.* 2004;103:685-91).

"I wanted to see if this is also happening in the U.S.," Dr. Hoda Malaty said in an interview at her poster during the annual meeting of the American College of Gastroenterology. "I have a great interest in IBD in children because there are a lot of gaps in the literature."

Dr. Malaty and her associates assessed 272 children with a first diagnosis of IBD who were enrolled in a disease registry at Texas Children's Hospital during 1991-2002. The investigators compared patients based on two time periods: 1991-1996 versus 1997-2002. The ratio was 1.2 boys to each girl.

The overall incidence of IBD increased from 1% to 2.5% from the first time period to the second. "It's on the rise. It increased about three times," said Dr. Malaty, a pediatrician within the department of medicine, section of gastroenterology and hepatology, Texas Children's Hospital and Baylor College of Medicine, Houston. She had no relevant disclosures, and UCB Inc. supported the study.

A total of 56% of patients in the cohort had Crohn's disease, 22% had ulcerative colitis, and 22% had indeterminate colitis. There was no significant difference in mean age at diagnosis between children with Crohn's disease (11.7 years) and those with ulcerative colitis (10.4 years).

Another U.S. pediatric IBD study was done in Wisconsin (*J. Pediatr.* 2003;143:525-31), "but they didn't look at race or ethnicity," Dr. Malaty said. Using census data for the denominator, she and her associates found a significantly higher incidence of IBD in white children (4.15 per 100,000 per year), compared with African American children (1.83), or Hispanic children (0.61). Although Crohn's disease was more common than ulcerative colitis in all groups, the difference was particularly pronounced in African American children.

"IBD was not diagnosed in children for a long time," Dr. Malaty said. "It was thought to be an adult, Caucasian, Jewish disease." Now the disease can be diagnosed histologically, pathologically, and/or with endoscopy in children as young as 1 year, she said. "It is no longer difficult to diagnose."

Symptoms, such as abdominal pain and rectal bleeding, are not specific enough for diagnosis, Dr. Malaty said. "You have to think twice if symptoms persist." The general physician should refer a patient with continued symptoms to a pediatric gastroenterologist to obtain biopsies during endoscopy and/or colonoscopy, she said. A limitation in the number of pediatric gastroenterologists, however, is an additional challenge. ■

Probiotic Is Deemed Safe, Effective for Children With IBS

BY DAMIAN MCNAMARA
Miami Bureau

ORLANDO — Children and adolescents with irritable bowel syndrome reported significant improvements in symptoms and quality of life with the use of a proprietary probiotic mixture, compared with placebo, in a randomized, double-blind, crossover trial.

Probiotics have shown some efficacy in adults with irritable bowel syndrome (IBS), said Dr. Stefano Guandalini. However, the probiotic *Lactobacillus GG* has yielded conflicting results in pediatric IBS studies.

Data from a randomized, double-blind trial showed no superiority over placebo for relief of abdominal pain among children with IBS (*J. Pediatr.* 2005;147:197-201), whereas data from another study demonstrated that a modest increase in treatment success and reduced frequency of pain with

the probiotic compared with placebo (*Aliment. Pharmacol. Ther.* 2007;25:177-84).

Dr. Guandalini presented results of the first pediatric study of VSL#3—a patented preparation of live, freeze-dried lactic acid bacteria (VSL Pharmaceuticals Inc./Sigma-Tau Consumer Products)—at the annual meeting of the American College of Gastroenterology.

A total of 59 children aged 4 years to 18 years (mean, 12.5 years) completed the trial. Researchers recruited the 35 boys and 24 girls from seven pediatric gastroenterology practices in the United States, Italy, and India.

After a 2-week baseline period, the participants were randomized to probiotic treatment or placebo. The treatment group received one sachet of VSL#3, containing 450 billion lyophilized bacteria, once daily (children up to 11 years of age) or twice daily (children aged 12 years to 18 years). The placebo

was identical to the probiotic in terms of appearance and taste.

After 6 weeks of treatment and then a 2-week washout period, patients switched to the other group for an additional 6 weeks of the study.



'VSL#3 may well have a role in alleviating symptoms and improving quality of life in children with IBS.'

DR. GUANDALINI

There were "no untoward side effects in any patients," suggesting that the probiotic is safe to use, said Dr. Guandalini, professor of pediatrics at the University of Chicago and chief of the pediatric gastroenterology, hepatology, and nutrition section at the university's Comer Children's Hospital.

Patients were assessed at base-

line and at 2, 4, and 6 weeks of each phase. Children and adolescents who were treated with VSL#3 reported significant improvements in IBS symptoms, the primary end point. At 6 weeks, they improved from a

mean of 4.0 at baseline to 2.4 on the SGARC (Subject's Global Assessment of Relief for Children) index. Although there was a placebo effect (scores improved from 4.0 to 3.3), the change from baseline to 6 weeks was not significant.

The probiotic also was associated with significant improvements, compared with placebo, in three out of four secondary outcomes. For example, abdominal pain/discomfort improved significantly from a baseline score of 2.6 to 1.2 at 6 weeks, compared with a nonsignificant change from 2.1 to 1.6 in the placebo group.

However, abdominal bloating/gassiness improved significantly in both groups. The treatment group scores improved from 2.9 to 1.1 after 6 weeks, whereas placebo group scores improved from 2.2 to 1.5.

In addition, there was no significant difference between groups in occurrence of diarrhea or constipation, "although the slope trended in favor of probiotic treatment," Dr. Guandalini said. Stool pattern score improved from 2.8 to 1.2 with the probiotic and from 2.2 to 1.3 with placebo at 6 weeks.

"VSL#3 may well have a role in alleviating symptoms and improving quality of life in children with IBS, especially in light of the extreme paucity of currently available means of treatment that can be considered safe and effective in children," Dr. Guandalini said. "We think probiotic mixture VSL#3 was safe and effective in children with IBS." ■