

CLINICAL CAPSULES

Repeat Capsule Endoscopy Useful

Performance of repeat capsule endoscopy in patients with obscure GI bleeding who had a negative or suboptimal first capsule endoscopy often reveals new findings and leads to changes in patient management, according to findings from a retrospective study.

Bradford H. Jones, M.D., and his colleagues at the Mayo Clinic Scottsdale (Ariz.) reviewed the cases of 294 patients who were evaluated with capsule endoscopy for obscure GI bleeding. Of the 24 patients who had a second capsule endoscopy, 18 had an abnormality on the repeat procedure that was not reported on the first one. These patients with new findings had significantly more prior bleeding episodes and fewer prior procedures than those who did not have new findings (Am. J. Gastroenterol. 2005;100:1058-64).

Of 10 patients who had repeat capsule endoscopy because of poor visualization on the first exam, 8 had new findings that led to a change in management.

Rectal Ca After Prostate Irradiation

Men who receive radiation therapy for prostate cancer have a higher risk of rectal cancer than do those who undergo surgery, reported Nancy N. Baxter, M.D., and her associates at the University of Minnesota, Minneapolis.

In a population-based study of 85,815 men treated for prostate cancer, those who received radiation therapy had a significant, 70% increase in the risk of rectal cancer, compared with men who had surgery; the mean follow-up time was about 9 years. Potentially irradiated areas (the cecum, rectosigmoid, or sigmoid) and nonirradiated areas (the remainder of the colon) did not show any increases in cancer risk (Gastroenterology 2005;128:819-24).

The investigators included only men who had survived at least 5 years (to eliminate any men who had rectal cancer prior to prostate cancer treatment) and excluded those with previous colorectal cancer or colorectal cancer that developed in the first 5 years after treatment. "Men undergoing radiation for prostate cancer should undergo endoscopic evaluation beginning 5 years after radiation," the investigators wrote.

Iron Exposure in Hemochromatosis

The duration of hepatic iron exposure in patients with hereditary hemochromatosis may help predict the severity of fibrosis seen on a liver biopsy or an MRI scan, reported John K. Olynyk, M.D., of Fremantle (Australia) Hospital, and his colleagues.

In a retrospective study of 60 patients with the disease who had a liver biopsy, the researchers determined that the product of patient age and hepatic iron concentration distinguished patients with high-grade fibrosis from those with low-grade fibrosis at 100% sensitivity and 86% specificity. Patients with other inherited or acquired forms of chronic liver injury were excluded. "This may explain why some hereditary hemochromatosis subjects with relatively lower hepatic iron concentration levels may still develop significant fibrosis provided they have been exposed for a sufficient duration," the re-

searchers reported (Am. J. Gastroenterol. 2005;100:837-41).

The results of a separate prospective pilot study in 10 other patients with hereditary hemochromatosis showed that the replacement of a liver biopsy with an MRI measurement of hepatic iron concentration could differentiate high-grade from low-grade fibrosis with 100% sensitivity and 80% specificity.

Intrahepatic Cholangiocarcinoma

Several new risk factors for intrahepatic cholangiocarcinoma have been estab-

lished in U.S. patients, according to findings from a case-control study.

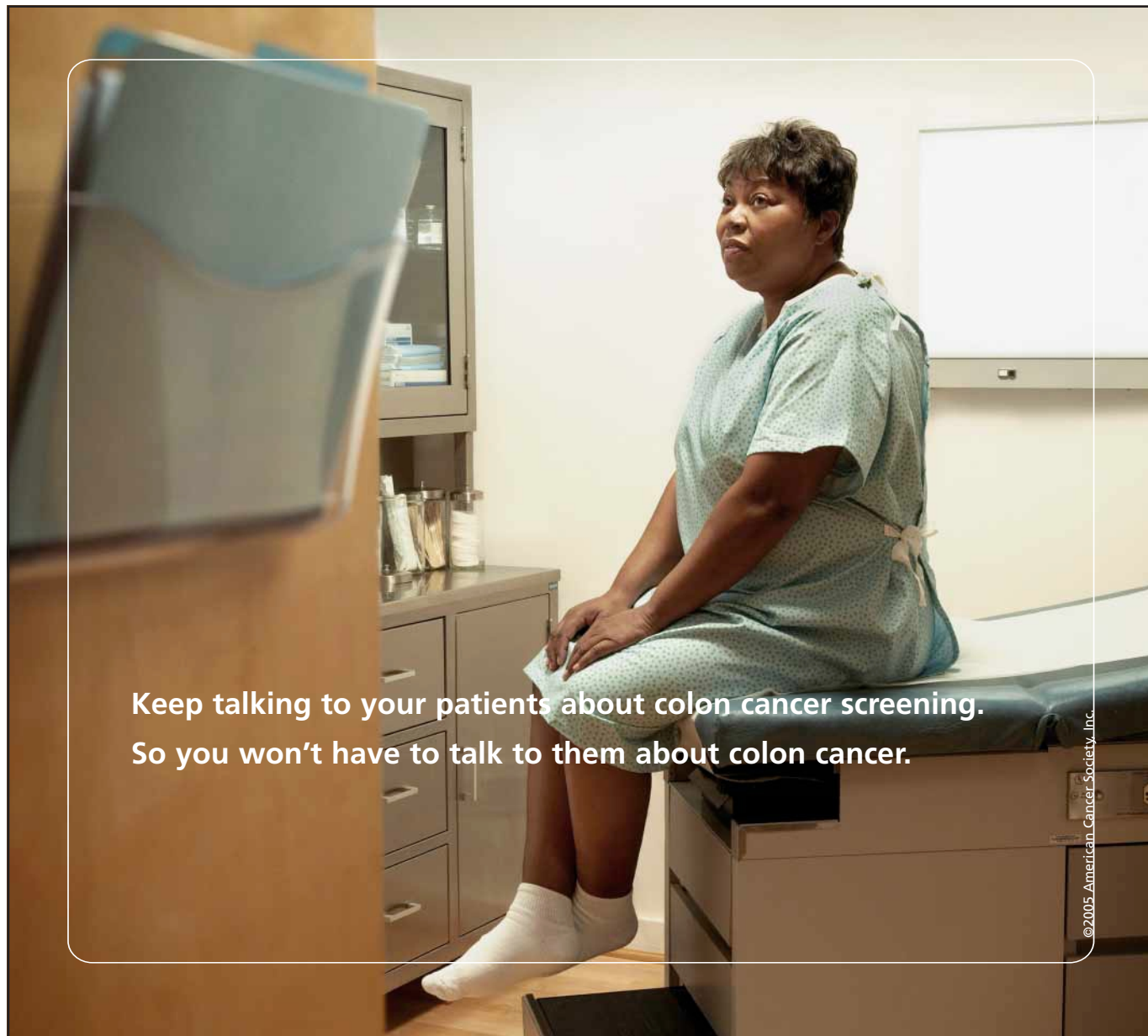
Yasser H. Shaib, M.D., of Baylor College of Medicine, Houston, and his associates determined that nonspecific cirrhosis; alcoholic liver disease; HIV infection; hepatitis C virus infection; several bile duct diseases (cholangitis, cholelithiasis, and cholestasis); smoking; diabetes; and inflammatory bowel disease were significant, independent risk factors for intrahepatic cholangiocarcinoma (ICC) in a multivariate logistic regression analysis.

The previously unidentified risk factors in U.S. patients included hepatitis C, chron-

ic liver disease of any etiology, HIV infection, diabetes, and smoking (Gastroenterology 2005;128:620-6).

The investigators adjusted the analysis for age, gender, race, geographic location, and Medicare/Medicaid dual-enrollment status. The study included 625 ICC patients aged 65 years and older from the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) registry and 90,834 individuals without ICC or any other cancer from a random sample of 5% of Medicare-enrolled beneficiaries living in the geographic regions covered by the SEER registry.

—Jeff Evans



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