

Watch for Signs Of Gastric Lymphoma

BY DOUG BRUNK
San Diego Bureau

LOS ANGELES — Have a high index of suspicion for gastric lymphoma in a patient who presents with severe abdominal pain, weight loss, and melena, Dr. Ijeoma A. Azodo advised in a poster session at the annual Digestive Disease Week.

"They will have other symptoms, such as early satiety, heartburn, and things that would warrant upper endoscopy," Dr. Azodo of the Mayo Clinic in Rochester, Minn., said in an interview. She based her comments on results from an analysis of 711 hospitals participating in the gastric



Symptoms include severe abdominal pain, weight loss, melena, early satiety, and heartburn.

DR. AZODO

cancer patient care evaluation study of the National Cancer Data Base, which is an alliance between the American College of Surgeons' Committee on Cancer and the American Cancer Society.

The analysis was limited to clinical data on the management of patients with gastric cancer collected between January 2001 and December 2001. Of the 7,084 gastric malignancies in 2001, 688 (10%) were lymphomas. Patients with gastric lymphoma were predominantly white (73%), and more than half (57%) were male. The mean age at diagnosis was 69 years, and the three most common symptoms at presentation were severe abdominal pain (74%), weight loss (61%), and melena (47%).

Upper endoscopy with tissue biopsy was used in 86% of cases, and the procedure identified a gastric lymphoma in nearly all (97%). Abdominal and pelvic CT scans were also used for staging purposes, but newer technologies such as endoscopic ultrasonography and laparoscopy were infrequently used.

Dr. Azodo also reported that the most common gastric lymphoma sites were unspecified/diffuse/multiple (50%) and distal (16%), and that 31% of patients had a history of *Helicobacter pylori* infection while 22% had negative test results.

Large-cell diffuse lymphoma was present in 49% of patients, and marginal zone B-cell lymphoma was present in 36%.

Fewer than half of all gastric lymphoma patients with *H. pylori* exposure received an adequate regimen of therapy for its eradication.

Most patients (89%) were treated without surgery, but those who underwent surgery had a 30-day mortality of 19%. Postsurgical adjuvant therapy was used in 5% of patients. Radiation was the stand-alone treatment in 9% of patients, and chemotherapy was administered in 51% of patients. ■

Combination Therapy for HCV Assessed

BY MARY ELLEN SCHNEIDER
Senior Writer

LOS ANGELES — Extended combination therapy with consensus interferon for 72 weeks appears to help improve the viral response of patients with chronic hepatitis C virus who have previously relapsed after a 48-week course of treatment, according to a study presented at the annual Digestive Disease Week.

The investigator-initiated study, con-

ducted by researchers from the University of Tübingen in Germany, showed that at the end of 72 weeks of daily therapy, the majority of patients treated with a combination of either consensus interferon plus ribavirin or pegylated interferon alfa-2a plus ribavirin had a reduction in hepatitis RNA. However, the drop was not statistically significant, said the lead study author, Dr. Stephan Kaiser, a professor of medicine at the university.

The investigators compared the two in-

terferon combinations in 81 patients who had experienced a previous relapse after a standard 48 weeks of pegylated interferon plus ribavirin. At the end of week 72, 89% of patients taking the consensus interferon combination were in remission, compared with 76% of the pegylated alfa-2a interferon group.

But relapse rates remained high in the study, Dr. Kaiser said. The pegylated alfa-2a interferon combination led to significantly higher rates of relapse than the

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