GASTRO-HEP News

By Stacey Small

Reduced Dosing and Duration of Peginterferon α-2b for Genotype 2 or 3 Chronic Hepatitis C Patients

A study by Manns and colleagues sought to evaluate whether clinicians can reduce the burden of peginterferon α-2b (PegIntron, Schering-Plough) and ribavirin therapy while maintaining high levels of efficacy in patients with genotype 2 or 3 chronic hepatitis C virus (HCV) infection. Published online on January 12th in the *Journal of Hepatology*, this study included 682 treatment-naïve patients, 80.2% of whom had genotype 3 HCV infection. The primary endpoint was sustained virologic response (SVR), which was defined as undetectable HCV RNA levels 24 weeks after the last dose of therapy. Patients were randomized to 3 treatment arms: group A received standard treatment with peginterferon α-2b (1.5 µg/kg/wk) for 24 weeks; group B received a reduced dose of peginterferon α-2b (1.0 µg/kg/wk) for 24 weeks; and group C received peginterferon α-2b (1.5 µg/kg/wk) for 16 weeks. All 3 groups also received weight-based ribavirin (800–1,200 mg/day). Rates of SVR were 66.5%, 64.3%, and 56.6% in groups A, B, and C, respectively. Differences between standard treatment and the reduced-dose or -duration regimens did not reach the margin for noninferiority, which was predefined to be –10%. Among patients who achieved a rapid virologic response (ie, undetectable levels of HCV RNA at Week 4), SVR rates were 75.3%, 75.9%, and 72.4%, respectively. Group C had the highest relapse rate (29.3%), compared to 17.8% and 16.3% for groups A and B, respectively. Serious adverse events were highest in group A and lowest in group C, but discontinuations occurred at similar rates across all 3 treatment arms. The researchers concluded that 24 weeks of peginterferon α-2b (1.5 µg/kg/wk) plus weight-based ribavirin remains the standard-of-care therapy for patients with genotype 2 or 3 HCV infection, but a 16-week treatment regimen may be considered for patients with undetectable levels of HCV RNA at Week 4.

Comparing Outcomes of Self-Expandable Metal Stent Placement in Patients with Proximal and Distal Esophageal Cancer

In order to elucidate the risk of complications associated with self-expandable metal stents (SEMSs) placed near the upper esophageal sphincter (UES), Parker and associates compared outcomes among patients stented for proximal esophageal cancer (PC) and distal esophageal cancer (DC). The matched, case-control study from a prospective database was published online on February 2nd in *Gastrointestinal Endoscopy*. A total of 151 patients with PC located within 6 cm of the UES were identified and matched with DC controls. The main outcome measurements were dysphagia score, complications, and median survival. There were improvements in mean dysphagia scores (scale 0–4), from 3.4 and 3.3 before stenting for PC and DC, respectively, to 1.5 after stenting for both groups (P=.93). Early complications were observed in 6.5% of PC cases and 9.7% of DC controls (P=.44). A total of 20.4% of PC patients and 15.1% of DC patients experienced late complications (P=.25). The PC group had a median survival of 210 days versus 272 days for patients in the DC control group (P=.25). The investigators noted that the study's findings were limited by the lack of sufficient follow-up data for 58 of the 151 case-control pairs. Nonetheless, they concluded that SEMSs can be used in PC cases to effectively address dysphagia, with no statistical differences in complication and survival rates between PC and DC patients.

Azathioprine Therapy in Pregnant and Postoperative Crohn's Disease Patients

A Web-based, cross-sectional, statement-based survey conducted by Peyrin-Biroulet and colleagues evaluated how often gastroenterologists specializing in inflammatory bowel disease (IBD) utilize thiopurines for pregnant and postoperative Crohn's disease (CD) patients. The survey was conducted among experts with at least 1 published work relating to thiopurines in IBD. A total of 175 questionnaires were received between December 20, 2009 and April 9, 2010; the total number of IBD patients followed by all responders was 82,379. Each physician had a median of 400 IBD patients per year (IQR 25–75th, 188–600). The survey revealed that 89% of experts would usually continue azathioprine until delivery in pregnant women with a history of severe CD who are in clinical remission after 1 year on therapy, while 9% of experts never prescribe azathioprine during pregnancy. In postoperative patients, azathioprine is initiated by 39% of physicians for high-risk patients only, 28% utilize endoscopic evaluation to determine whether azathioprine should be administered, and 20% systematically initiate azathioprine. Published online on January 20th in *Alimentary Pharmacology & Therapeutics*, this study showed that nearly 9 of 10 experts continue azathioprine during pregnancy; in the postoperative setting, approximately 7 of 10 physicians prescribe this drug, but only 1 of 5 physicians systematically initiate azathioprine.