

Endoscopic Mucosal Resection for Colonic Mucosal Neoplasia

A prospective, multicenter, observational study conducted by the Australian Colonic Endoscopic Resection study group investigated whether endoscopic criteria can predict invasive disease in patients referred for endoscopic mucosal resection (EMR) and whether these criteria can help to direct the optimal treatment strategy. Data regarding lesion characteristics and procedural, clinical, and histologic outcomes were collected from 479 patients with a mean sessile colorectal polyp size of 35.6 mm. The investigators identified Paris classification 0-IIa+c morphology, nongranular surface, and Kudo pit pattern type V as risk factors for submucosal invasion. The most commonly observed lesion (O-IIa granular) had a low rate of submucosal invasion (1.4%). EMR achieved complete removal of the polyp in 89.2% of patients. Significant risk factors for failure of EMR included a prior attempt at EMR (odds ratio [OR], 3.8%; 95% confidence interval [CI], 1.77–7.94; $P=.001$) and ileocecal valve involvement (OR, 3.4; 95% CI, 1.20–9.52; $P=.021$). Lesion size greater than 40 mm and use of argon plasma coagulation were significant independent predictors of recurrence after effective EMR (OR, 4.37 and 3.51, respectively). No deaths were caused by EMR, and 83.7% of patients were able to avoid surgery. The study findings were published in the June issue of *Gastroenterology*.

Exploratory Study Shows Efficacy of Telaprevir-Based Triple Therapy in HCV Genotype 2 Infection

A small, exploratory study by Foster and colleagues evaluated the antiviral activity of telaprevir (Incivek, Vertex) in treatment-naïve adults with genotype 2 or 3 chronic hepatitis C virus (HCV) infection. Forty-nine patients (23 with genotype 2 HCV infection and 26 with genotype 3 HCV infection) were randomized to receive 1 of 3 regimens for 2 weeks: monotherapy (telaprevir 750 mg every 8 hours); triple therapy (telaprevir plus peginterferon α -2a [180 μ g weekly] plus ribavirin [400 mg twice daily]); or placebo plus peginterferon and ribavirin. All treatment arms then received peginterferon and ribavirin for 22 or 24 weeks. Rates of sustained virologic response (SVR) among patients with genotype 2 HCV infection were 56% with telaprevir monotherapy,

100% with telaprevir-based triple therapy, and 89% with peginterferon plus ribavirin. Patients with genotype 3 HCV infection had SVR rates of 50%, 67%, and 44%, respectively. Published online on June 1 in *Gastroenterology*, this study concluded that telaprevir monotherapy reduces levels of HCV RNA in patients with chronic genotype 2 HCV infection, but telaprevir has limited activity in patients with genotype 3 HCV infection.

Coffee Consumption and Response to Peginterferon and Ribavirin Treatment in Patients with HCV Infection

In order to determine whether consuming larger amounts of coffee can improve response to treatment in patients with HCV infection, Freedman and associates examined coffee intake and response to treatment using data from the lead-in phase of the HALT-C trial. Enrolled patients ($n=885$) had HCV infection and fibrosis or cirrhosis at baseline, exhibited no signs of hepatic decompensation or hepatocellular carcinoma, and had failed to respond to interferon therapy. Patients recorded coffee intake before re-treatment with peginterferon α -2a (180 μ g/wk) and ribavirin (1,000–1,200 mg/day). The investigators assessed patients for early virologic response (2 \log_{10} reduction in HCV RNA level at Week 12; $n=466$) and undetectable levels of HCV RNA at Week 20 ($n=320$), Week 48 (end of treatment; $n=284$), and Week 72 (SVR; $n=157$). Patients who consumed more than 3 cups of coffee per day had twice as great a decline in HCV RNA viral load from baseline compared to nondrinkers (median 4.0 vs 2.0 log, respectively). After adjusting for sex, age, race/ethnicity, alcohol use, presence of cirrhosis, ratio of aspartate aminotransferase to alanine aminotransferase, interleukin-28B genotype, interferon dose reduction, and other factors affecting response, patients who drank the most coffee remained approximately twice as likely to respond to treatment. Response rates were significantly higher in heavy coffee consumers compared to nondrinkers at all time points (early virologic response: 76% vs 46%, respectively; Week 20 response: 52% vs 26%, respectively; SVR: 26% vs 11%, respectively). These findings, which were published in the June issue of *Gastroenterology*, suggest that heavy coffee consumption is an independent predictor of improved virologic response to peginterferon and ribavirin treatment in patients with HCV infection.