GASTRO-HEP News

By Dee Rapposelli

National Colorectal Cancer Roundtable Launches Initiative to Achieve 80% Colorectal Cancer Screening Rate by 2018

The incidence of colon cancer among persons age 50 years and older has dropped 30% over the past 10 years, especially among persons age 65 years and older. The decline in incidence has been attributed to the widespread use of colonoscopy, according to findings from the article Colorectal Cancer Statistics, 2014, published in the March/April issue of *CA: A Cancer Journal for Clinicians*. Indeed, these findings suggest that colonoscopy use among Medicare-eligible seniors has nearly tripled—from 19% in 2000 to 55% in 2010—likely thanks to universal insurance coverage. However, about 1 in 3 adults age 50 to 75 years living in the United States have not been tested for colorectal cancer, according to the US Centers for Disease Control and Prevention (CDC). More advocacy and education are needed, considering that colorectal cancer is expected to be diagnosed in nearly 137,000 persons and to take the lives of another 50,000 persons this year.

These findings were shared at a recent convocation in Washington, DC, where a new initiative to increase the nation's colorectal cancer screening rate to 80% by the year 2018 was launched by the National Colorectal Cancer Roundtable (NCCRT). The NCCRT, cofounded by the American Cancer Society and CDC, also includes the American College of Gastroenterology, the Department of Health and Human Services, American Association of Retired Persons, Fight Colorectal Cancer, Walgreens, and the National Association of Community Health Centers. Organizations interested in being part of the initiative should visit http://www.nccrt.org for details about how to get involved.

Tumor Ablation Plus Antiviral Therapy Provides Long-term Survival to Patients with Hepatitis B-associated Hepatocellular Carcinoma

Chronic hepatitis B virus infection (CHB) can be well controlled with antiviral therapy and tumor ablation in treatment-naive patients with CHB-associated hepatocellular carcinoma (HCC), according to findings from a long-term study conducted by a team from Jefferson Medical College in Philadelphia, Pennsylvania. The 12-year follow-up study, titled A Long-term Study of the Effects of Antiviral Therapy on Survival of Patients with HBV-associated Hepatocellular Carcinoma (HCC) Following Local Tumor Ablation, was recently published online ahead of print in *Cancer Medicine.* It adds to a study, published in 2010 in the *International Journal of Cancer,* that confirmed the value of tumor ablation in select patients in the treatment of HCC, otherwise managed by liver transplantation.

In this study, Hie-Won Hann, MD, of the Liver Disease Prevention Center at Jefferson Medical College and colleagues identified 25 of 555 patients with CHB-associated HCC who were referred to the Liver Disease Center between 1991 and 2013. These 25 patients met the study eligibility criteria of being treatment-naive at presentation and having a single tumor of less than 7 cm that was excised via ablation. Nine (all male; median age, 53 years) of the 25 patients underwent tumor ablation between 1991 and 1999 and did not receive antiviral treatment following diagnosis of CHB-associated HCC. The remaining 16 patients (14 male, 2 female; median age, 57 years), who underwent tumor ablation after 1999, did receive antiviral therapy for CHB following diagnosis. Otherwise, no significant differences existed between the 2 patient groups.

The researchers discovered that the tumor recurred in 8 of the 9 untreated patients within 2 to 12 months following tumor ablation and that these 8 patients died within 17 months. HCC recurred in the remaining untreated patient at 20 months after initial tumor ablation, and this patient died of metastatic disease at 36 months. In contrast, 14 of the 16 patients who received antiviral therapy in conjunction with tumor ablation for treatment of CHB-associated HCC are still alive and continuing maintenance antiviral therapy for CHB. Two of these 14 patients experienced recurrence of tumor but successfully underwent a second ablation procedure. Of the 2 patients in this group who died, 1 was lost to follow-up and was nonadherent to antiviral therapy, ultimately dying of multifocal HCC. The other experienced recurrence of disease at 6 months following ablation via transarterial chemoembolization and died of advanced disease at 15 months.

Median survival of the patients who did not receive antiviral therapy but underwent tumor ablation for HCC was 16 months (range, 3-36 months), whereas median survival of patients who did begin antiviral therapy and underwent tumor ablation after HCC was diagnosed was 80 months (range, 15-152 months; P=.001).

The researchers concluded that, although their study was small, its findings strongly indicate that tumor ablation plus antiviral therapy reduces disease recurrence and increases survival in patients with single small HCC.