GASTRO-HEP News

By Samantha Alleman

Higher Risk of Interval Colorectal Cancer Found Among Older Black Patients

Older black patients have a higher risk for interval colorectal cancer (CRC), particularly cancer of the distal colon and rectum, than white patients, according to results of a study published online on May 22, 2017 in *Annals of Internal Medicine*. Interval CRC accounts for 3% to 8% of all cases of CRC in the United States.

For the population-based cohort study, Dr Stacey A. Fedewa and colleagues examined 61,433 patient Medicare claims files linked to data from the National Cancer Institute's Surveillance, Epidemiology, and End Results Program for interval CRC. Patients between 66 and 75 years of age at the time of a colonoscopy performed between 2002 and 2011 were included in the study. Cumulative probabilities and hazard ratios (HRs) of interval CRC were estimated with Kaplan-Meier curves and adjusted Cox models. Interval CRC was defined as a diagnosis of CRC 6 to 59 months following colonoscopy.

A total of 2735 cases of interval CRC were identified over 235,146 person-years of follow-up, which ended in December 2013. More black patients (52.8%) than white patients (46.2%) underwent colonoscopy performed by physicians with a lower polyp detection rate (PDR), which was associated with the overall risk for interval CRC (black patients, 7.1%; white patients, 5.8%; HR, 1.31; 95% CI, 1.13-1.51). In comparison to white patients, black patients had a higher risk for distal colon cancer (HR, 1.45; 95% CI, 1.00-2.11) and cancer of the rectum (HR, 1.70; 95% CI, 1.25-2.31). The risk was less significant for proximal colon cancer (HR, 1.17; 95% CI, 0.96-1.42). Although adjustments for PDR did not change HRs by race or ethnicity, disparities between white and black patients were more significant among clinicians with higher PDRs.

Fecal Microbiota Transplantation Effective in Patients With Ulcerative Colitis

Fecal microbiota transplantation (FMT) may be effective in inducing remission of ulcerative colitis (UC), but its effects on long-term durability and safety are still not known, according to results of a systematic review and meta-analysis published online on May 9, 2017 ahead of print publication in the *Journal of Crohn's and Colitis*. Further studies are needed to evaluate the use of FMT in patients with inflammatory bowel disease, particularly Crohn's disease and pouchitis.

The systematic review, conducted by Dr Sudarshan Paramsothy and colleagues until January 2017, included a total of 53 studies (41 on UC, 11 on Crohn's disease, 4 on pouchitis). The primary outcome was clinical remission. Studies in which data were pooled across disease subtypes or patients had coinfection were excluded from the review. The random effect model was used to gather pooled effect sizes and 95% CIs.

In general, 50.5% (42/83) of Crohn's disease patients, 36% (201/555) of UC patients, and 21.5% (5/23) of pouchitis patients achieved clinical remission. The pooled proportion of patients achieving clinical remission among cohort studies was 52% (95% CI, 31%-72%) for Crohn's disease and 33% (95% CI, 23%-43%) for UC. Both groups had a moderate risk of heterogeneity. A significant benefit in clinical remission with moderate heterogeneity (P=.188; I^2, 37%) was reported in 4 randomized, controlled trials on UC (95% CI, 1.36-6.13; P=.006). Improvement in UC remission appeared to correlate with increased number of FMT infusions and decreased gastrointestinal tract administration. The most common adverse events were transient gastrointestinal complaints.

New Submucosal Injection Agent Available for Gastrointestinal Endoscopic Procedures

On May 2, 2017, Aries Pharmaceuticals, Inc, announced in a press release published online the launch of Eleview, an injectable composition intended for the submucosal lift of polyps, adenomas, early-stage cancers, and other lesions in the gastrointestinal tract prior to removal with a snare or endoscopic device. The injection agent was developed by Aries' parent company Cosmo Pharmaceuticals NV and entered the European market in June 2016. The product has received 510(k) clearance from the US Food and Drug Administration.

Upon injection, the product forms a cushion beneath the polyp to improve shape and height for safe removal. The injection agent is premixed with methylene blue to aid in the visibility of the lesion. Compared to saline, one of the most commonly used agents, the injection agent has demonstrated better cushion-forming ability and a lift duration of up to 45 minutes.

The injection agent is contraindicated in patients with known sensitivity to any of the components of the solution, and its safety has not been established in pregnant or lactating women or in children younger than 18 years of age. Adverse reactions, although rare, include local bleeding and inflammation. The performing endoscopist must be experienced in the injection technique. Clinicians are advised to review the instructions for use for a complete list of safety information.