

Risk of Small-Bowel Cancers Higher Among Patients With Celiac Disease

Patients with celiac disease have a significantly increased risk of small-bowel adenocarcinomas and adenomas, but not carcinoids, compared to individuals without celiac disease, although the absolute risk of small-bowel cancer is low, according to an analysis of Swedish national registries published online on July 14, 2020 ahead of print publication in *Gastroenterology*.

Using information from 28 pathology databases across Sweden, Dr Louise Emilsson and colleagues examined the risk of future small-bowel adenocarcinomas, adenomas, and carcinoids in 48,119 patients with celiac disease (diagnosed from 1965 through 2017) and in 239,249 matched controls who did not have celiac disease, with a median follow-up of 11 years. Celiac disease was defined as duodenal or jejunal villous atrophy (stage 3 Marsh score). A stratified Cox regression was used to calculate hazard ratios (HRs) for small-bowel cancers.

Overall, 29 patients with celiac disease (0.06%) were diagnosed with small-bowel adenocarcinoma compared to 45 matched controls (0.02%; HR, 3.05; 95% CI, 1.86-4.99), which corresponds to an extra case of small-bowel adenocarcinoma for every 2944 patients with celiac disease followed for 10 years. Forty-eight patients with celiac disease were diagnosed with small-bowel adenoma vs 50 matched controls (HR, 5.73; 95% CI, 3.70-8.88), and 7 patients with celiac disease were diagnosed with small-bowel carcinoids compared to 31 matched controls (HR, 0.59; 95% CI, 0.16-2.10). No significant difference was found in the risk of carcinoids between groups.

Tenofovir Alafenamide Improves Renal Dysfunction in Patients With HIV/HBV Coinfection and Renal Impairment

For patients coinfecting with HIV/hepatitis B virus (HBV) with renal impairment, treatment with tenofovir alafenamide (TAF) resulted in improvements in estimated glomerular filtration rate (eGFR), a decline in urine protein-to-creatinine ratio, and normalization of alanine aminotransferase (ALT) levels compared to treatment with tenofovir disoproxil fumarate (TDF), according to results of a prospective study published online on July 2, 2020 ahead of print publication in the *Journal of Acquired Immune Deficiency Syndromes*.

Dr Bernard Surial and colleagues enrolled 106 patients from the Swiss HIV Cohort Study who had

HIV/HBV coinfection and who had switched treatment from TDF to TAF. All patients had an eGFR below 90 mL/min/1.73 m² and a suppressed (<200 cp/mL) HIV viral load. Changes in eGFR, urine protein-to-creatinine ratio, and ALT levels were assessed after 1 year using mixed-effect models with interrupted time-series.

At baseline, 79.2% of patients (n=84) had an eGFR between 60 to 89 mL/min/1.73 m² and 20.8% (n=22) had an eGFR less than 60 mL/min/1.73 m². One year after the treatment switch, patients with the higher eGFR experienced an improvement of 3.2 mL/min/1.73 m² (95% CI, 1.2-5.2 mL/min/1.73 m²), whereas patients with the lower eGFR had improvements of 6.2 mL/min/1.73 m² (95% CI, 2.4-10.0 mL/min/1.73 m²). Among the 58 patients who had urine protein-to-creatinine ratios available, switching to TAF was associated with a decrease of 6.3 mg/mmol after 1 year (95% CI, -10.0 to -2.7 mg/mmol). Similarly, among patients who had elevated ALT at baseline, switching to TAF was associated with significant ALT reductions after 1 year (-11.8 IU/L; 95% CI, -17.3 to -6.4 IU/L).

The authors advise against using TAF in patients who are pregnant until more data are available, and recommend reviewing all drug-drug interactions.

Nonalcoholic Fatty Liver Disease Associated With Increased Arrhythmia Recurrence Rates Following Atrial Fibrillation Ablation

Nonalcoholic fatty liver disease (NAFLD) is associated with higher rates of arrhythmia recurrence in patients who undergo atrial fibrillation (AF) ablation, according to results of a retrospective study published in the August 2020 issue of *JACC Clinical Electrophysiology*.

Dr Eoin Donnellan and colleagues examined data from 267 consecutive patients who underwent AF ablation (radiofrequency ablation, 98%; cryoablation, 2%) between 2013 and 2017, 89 of whom were diagnosed with NAFLD prior to ablation. Patients were matched in a 2:1 manner based on AF type, age, body mass index, ejection fraction, and sex, and were monitored for arrhythmia recurrence during a mean follow-up of 29 months.

Recurrent arrhythmia was more common among patients with NAFLD than those without NAFLD (56%, n=50 vs 21%, n=37). After adjusting for various factors, including AF type and body mass index, NAFLD was also independently associated with increased rates of arrhythmia recurrence (HR, 3.010; 95% CI, 1.980-4.680; *P*<.0001).