

Items 1 - 3 of 3

1 N Engl J Med. 2010 May 13;362(19):1795-803.

**Quality indicators for colonoscopy and the risk of interval cancer.**

Kaminski ME, Regula J, Kraszewska E, Polkowski M, Wojciechowska U, Didkowska J, Zwierko M, Rupinski M, Nowacki MP, Butruk E.

Department of Gastroenterology, Maria Skłodowska-Curie Memorial Cancer Center and Institute of Oncology, Warsaw, Poland.

**Abstract**

**BACKGROUND:** Although rates of detection of adenomatous lesions (tumors or polyps) and cecal intubation are recommended for use as quality indicators for screening colonoscopy, these measurements have not been validated, and their importance remains uncertain. **METHODS:** We used a multivariate Cox proportional-hazards regression model to evaluate the influence of quality indicators for colonoscopy on the risk of interval cancer. Data were collected from 186 endoscopists who were involved in a colonoscopy-based colorectal-cancer screening program involving 45,026 subjects. Interval cancer was defined as colorectal adenocarcinoma that was diagnosed between the time of screening colonoscopy and the scheduled time of surveillance colonoscopy. We derived data on quality indicators for colonoscopy from the screening program's database and data on interval cancers from cancer registries. The primary aim of the study was to assess the association between quality indicators for colonoscopy and the risk of interval cancer. **RESULTS:** A total of 42 interval colorectal cancers were identified during a period of 188,788 person-years. The endoscopist's rate of detection of adenomas was significantly associated with the risk of interval colorectal cancer ( $P=0.008$ ), whereas the rate of cecal intubation was not significantly associated with this risk ( $P=0.50$ ). The hazard ratios for adenoma detection rates of less than 11.0%, 11.0 to 14.9%, and 15.0 to 19.9%, as compared with a rate of 20.0% or higher, were 10.94 (95% confidence interval [CI], 1.37 to 87.01), 10.75 (95% CI, 1.36 to 85.06), and 12.50 (95% CI, 1.51 to 103.43), respectively ( $P=0.02$  for all comparisons). **CONCLUSIONS:** The

adenoma detection rate is an independent predictor of the risk of interval colorectal cancer after screening colonoscopy. 2010 Massachusetts Medical Society

PMID: 20463339 [PubMed - indexed for MEDLINE]

[Related citations](#)



### Publication Types:

- Research Support, Non-U.S. Gov't

### MeSH Terms:

- Adenoma/diagnosis\*
- Adult
- Aged
- Clinical Competence\*
- Colonic Polyps/diagnosis\*
- Colonoscopy/standards\*
- Colorectal Neoplasms/diagnosis\*
- Early Detection of Cancer/standards
- Humans
- Middle Aged
- Multivariate Analysis
- Poland
- Proportional Hazards Models
- Quality Indicators, Health Care\*
- Risk Factors

2. Ann R Coll Surg Engl. 2010 Apr;92(3):268; author reply 269.

### [Splenic injury following colonoscopy.](#)

[Shah PR.](#)

Comment on:

- [Ann R Coll Surg Engl. 2009 May;91\(4\):W6-11.](#)

PMID: 20412679 [PubMed - indexed for MEDLINE]

[Related citations](#)

**Publication Types:**

- Comment
- Letter

**MeSH Terms:**

- Anticoagulants/adverse effects
- Colonoscopy/adverse effects\*
- Hemorrhage/etiology
- Humans
- Splenic Diseases/etiology
- Splenic Rupture/etiology\*
- Warfarin/adverse effects

**Substances:**

- Anticoagulants
- Warfarin

3 Ann R Coll Surg Engl. 2010 Apr;92(3):W4-6.

**Laparoscopic-assisted enteroscopy.**

Baker S, [Nisar A](#), [Paice AG](#), [Abdulaal Y](#).

Department of Surgery, Maidstone Hospital, Maidstone, UK. [susanbaker@doctors.org.uk](mailto:susanbaker@doctors.org.uk)

**Abstract**

This case demonstrates that laparoscopic-assisted enteroscopy (LAE) is a safe and effective technique to aid diagnosis and treatment of small bowel lesions that are difficult to identify with traditional and advanced imaging and interventional techniques. In patients where definite bowel lesions are identified on small bowel capsule endoscopy or small bowel enteroscopy, LAE can be extremely valuable in pinpointing the lesion intra-operatively. This technique may have certain merit for laparoscopic Crohn's stricturoplasty.

PMID: 20412658 [PubMed - indexed for MEDLINE]

[Related citations](#)

**Publication Types:**

- Case Reports

**MeSH Terms:**

- Adult

- Endoscopy, Gastrointestinal/methods\*
- Gastrointestinal Hemorrhage/surgery\*
- Humans
- Ileal Diseases/diagnosis\*
- Ileal Diseases/surgery
- Laparoscopy/methods
- Male

## PubMed Results

Items 1 - 8 of 8

1 Lancet. 2010 May 8;375(9726):1664.

### [Not one, but two, unexpected findings in a young man.](#)

[Sharma N](#), [Patel M](#), [Gladman MA](#), [Ahmed S](#), [Dorudi S](#).

Academic Surgical Unit, Centre for Digestive Diseases, Barts and The London School of Medicine and Dentistry, The Royal London Hospital, Whitechapel, London, UK.

PMID: 20452523 [PubMed - indexed for MEDLINE]

[Related citations](#)



### **Publication Types:**

- Case Reports

### **MeSH Terms:**

- Adenocarcinoma/diagnosis\*
- Colonoscopy
- Colorectal Neoplasms/diagnosis\*
- Humans
- Male
- Neoplasms, Multiple Primary/diagnosis\*
- Tomography, X-Ray Computed
- Young Adult

2 Dtsch Med Wochenschr. 2010 May;135(19):977-9. Epub 2010 May 5.

## [\[Percutaneous endoscopic gastrostomy\]](#)

[Article in German]

[Rosenbaum A](#), [Riemann JF](#), [Schilling D](#).

Medizinische Klinik II, Diakoniekrankenhaus, Mannheim GmbH, Mannheim.

a.rosenbaum@diako-ma.de

PMID: 20446234 [PubMed - indexed for MEDLINE]

[Related citations](#)



### **MeSH Terms:**

- Antibiotic Prophylaxis
- Endoscopy/methods
- Gastroscopy/methods
- Gastrostomy/methods\*
- Humans

3 Clin Med. 2010 Apr;10(2):124-6.

## [Bile acid malabsorption: a forgotten diagnosis?](#)

[Kh alid U](#), [Lalji A](#), [Stafferton R](#), [Andreyev J](#).

Department of Medicine, Royal Marsden Hospital, London.

### **Abstract**

Bile acid malabsorption (BAM) is never life threatening but can cause chronic symptoms. A survey of senior British gastroenterologists was conducted to examine their approach to patients with potential BAM. Of the 706 gastroenterologists contacted, 62% replied. Gastroenterologists see on average 500 new patients in clinic annually; 34% have chronic diarrhoea and 1% are diagnosed with BAM. In those with chronic diarrhoea, 6% of gastroenterologists investigate for BAM first line, while 61% consider the diagnosis only in selected patients or not at all. Sixty-one per cent of patients are diagnosed with

type 1 BAM (secondary to terminal ileal disease), 22% have type 2 (idiopathic bile acid malabsorption) and 15% type 3 (unrelated to terminal ileal disease). Only one third of gastroenterologists use a definitive diagnostic test for BAM. BAM (particularly type 2) is under-diagnosed because it is frequently not considered and even when considered, many patients are not subjected to definitive diagnostic testing.

PMID: 20437979 [PubMed - indexed for MEDLINE]

[Related citations](#)

#### **Publication Types:**

- Research Support, Non-U.S. Gov't

#### **MeSH Terms:**

- Bile Acids and Salts/metabolism
- Colonoscopy
- Gastroenterology
- Health Care Surveys
- Humans
- Irritable Bowel Syndrome/diagnosis
- Malabsorption Syndromes/diagnosis\*
- Malabsorption Syndromes/physiopathology
- Sigmoidoscopy

#### **Substances:**

- Bile Acids and Salts

4 Clin Med. 2010 Apr;10(2):115-8.

**[Anaemia investigation in practice: inappropriate, cost inefficient with a risk of missing gastrointestinal cancer. Can we improve?](#)**

**[Mankodi S, Hayee BH, O'Donohue J, Reffitt D.](#)**

Department of Gastroenterology, University Hospital Lewisham, London.

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## Abstract

Iron-deficiency anaemia (IDA) is often inappropriately investigated. This study aimed to improve referrals, estimate cost implications and determine effectiveness of referral criteria for diagnosing cancer. Patients referred for investigation of anaemia were studied. IDA was defined as haemoglobin < 12.5 g/dl (M) and < 11.5 g/dl (F), with ferritin <15 ng/l (if normal erythrocyte sedimentation rate) or mean corpuscular volume <76 fl. After referral form redesign/trust education, data were recollected. Sixty-six of 118 referred patients had non-IDA with annual cost of inappropriate referrals pounds 176,840. The haematology database identified 37 patients (30 F) with uninvestigated IDA (lost revenue pounds 120,254). After changes, 43/103 referred patients had non-IDA ( $p < 0.05$ ), with an annual saving of pounds 72,600. Fourteen of 112 patients with IDA had cancer versus 4/109 non-IDA ( $p < 0.025$ ), overall prevalence 8.1%. Many referrals for anaemia investigation are inappropriate and a 35% reduction was achieved. The sensitivity and negative predictive value of the referral criteria for diagnosing gastrointestinal cancer were 77.8% and 96.3% respectively.

PMID: 20437977 [PubMed - indexed for MEDLINE]

[Related citations](#)

## MeSH Terms:

- Adult
- Aged
- Aged, 80 and over
- Anemia, Iron-Deficiency/economics
- Anemia, Iron-Deficiency/etiology\*
- Cost Savings
- Cost-Benefit Analysis
- Endoscopy, Gastrointestinal/utilization\*
- Female
- Gastrointestinal Neoplasms/diagnosis\*
- Great Britain
- Health Services Misuse/economics
- Health Services Misuse/statistics & numerical data\*
- Humans

- Male
- Middle Aged
- Referral and Consultation/statistics & numerical data
- Referral and Consultation/utilization\*

5 J Natl Med Assoc. 2010 Apr;102(4):348-51.

### **Gastric sarcoidosis: case report and literature review.**

Liang DB, Price JC, Ahmed H, Farmer N, Montgomery EA, Giday SA.

Division of Gastroenterology and Hepatology, Johns Hopkins Hospital, Baltimore, Maryland, USA.

#### **Abstract**

Sarcoidosis involving the gastrointestinal tract is extremely rare. Clinically recognizable gastrointestinal system involvement occurs in 0.1% to 0.9% of patients with sarcoidosis. We encountered a 22-year-old African American female admitted to Johns Hopkins Hospital (Baltimore, Maryland) for a 2-week history of fever, chills, eye pain, and abdominal pain. Her abdominal CT scan showed multiple subcentimeter retroperitoneal lymph nodes. An upper endoscopy was performed and discovered an antral nodule that measured about 7 mm and antral gastritis in which biopsies showed active chronic necrotizing granulomatous gastritis. Biopsies of the antral polyp showed focal intestinal metaplasia and active chronic necrotizing granulomatous pattern. Stains for *Helicobacter pylori*, acid fast, and fungi were negative. A small-bowel series showed no abnormality. Ophthalmologic evaluation revealed panuveitis with bilateral optic disc edema. The patient was later prescribed 60 mg of prednisone by mouth once a day and subsequently her abdominal pain and fever resolved during follow-up 2 months later. This literature review demonstrates the importance in the diagnosis, pathophysiology, clinical manifestations, types of gastric sarcoidosis, major endoscopic findings, and management of gastric sarcoidosis.

PMID: 20437743 [PubMed - indexed for MEDLINE]

[Related citations](#)

**Publication Types:**

- Case Reports

**MeSH Terms:**

- Endoscopy, Gastrointestinal
- Female
- Humans
- Sarcoidosis/diagnosis\*
- Sarcoidosis/pathology
- Sarcoidosis/physiopathology
- Sarcoidosis/therapy
- Stomach Diseases/diagnosis\*
- Stomach Diseases/pathology
- Stomach Diseases/physiopathology
- Stomach Diseases/therapy
- Young Adult

6 Lancet. 2010 May 8;375(9726):1582-4. Epub 2010 Apr 27.

**[Can endoscopy protect against colorectal cancer? An RCT.](#)**

[Ransohoff DF.](#)

Department of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, NC 27514, USA. ransohof@med.unc.edu

Comment on:

- [Lancet. 2010 May 8;375\(9726\):1624-33.](#)

PMID: 20430430 [PubMed - indexed for MEDLINE]

[Related citations](#)



**Publication Types:**

- Comment

## MeSH Terms:

- Colonoscopy\*
- Colorectal Neoplasms/diagnosis
- Colorectal Neoplasms/mortality
- Colorectal Neoplasms/prevention & control\*
- Humans
- Occult Blood
- Randomized Controlled Trials as Topic
- Sigmoidoscopy

7 Lancet. 2010 May 8;375(9726):1624-33. Epub 2010 Apr 27.

### [Once-only flexible sigmoidoscopy screening in prevention of colorectal cancer: a multicentre randomised controlled trial.](#)

[Atkin WS](#), [Edwards R](#), [Kralj-Hans I](#), [Wooldrage K](#), [Hart AR](#), [Northover JM](#), [Parkin DM](#), [Wardle J](#), [Duffy SW](#), [Cuzick J](#); [UK Flexible Sigmoidoscopy Trial Investigators](#).

Collaborators: [Wooldrage K](#), [Duffy S](#), [Cuzick J](#), [Atkin WS](#), [Cuzick J](#), [Hart AR](#), [Wardle J](#), [Edwards R](#), [Northover JM](#), [Edwards R](#), [Atkin WS](#), [Edwards S](#), [Parkin M](#), [Moss S](#), [Kralj-Hans I](#), [Edwards R](#), [MacRae E](#), [Edwards S](#), [Shah U](#), [Patel R](#), [Kavanagh KP](#), [Frost MV](#), [Rao A](#), [Baron CM](#), [Edwards SL](#), [Wale CJ](#), [Talbot IC](#), [Williams GT](#), [Mackay EH](#), [Quirke P](#), [Warren BF](#), [Williams CB](#), [Hart AR](#), [Saunders BP](#), [Bell GD](#), [Leicester RJ](#), [Swarbrick ET](#), [Thomas WM](#), [Vellacott KD](#), [Northover JM](#), [Finan PJ](#), [Mortensen NJ](#), [Thomas WM](#), [Thompson MR](#), [Mackay EH](#), [Montefiore DS](#), [Moss S](#), [Quirke P](#), [Shepherd NA](#), [Talbot IC](#), [Warren B](#), [Weischede S](#), [Williams GT](#), [Risio M](#), [Senore C](#), [Atkin WS](#), [Cuzick J](#), [Edwards R](#), [Kralj-Hans I](#), [Northover JM](#), [Wardle J](#), [Day NE](#), [Spiegelhalter DJ](#), [Fallowfield LJ](#), [Frankel S](#), [Maynard AK](#), [McArdle CS](#), [Wilson E](#), [Whynes D](#), [Hart AR](#), [Pascoe AL](#), [Painter JE](#), [McKain ES](#), [Ahmad SS](#), [Martin JP](#), [Evans RC](#), [Green MS](#), [Adams C](#), [Watson MA](#), [Macklin CP](#), [Iskander NY](#), [Cecil TD](#), [Hanson JM](#), [McIntyre PB](#), [Aubrey R](#), [Mayberry JF](#), [Wicks AC](#), [Thomas WM](#), [McArdle CS](#), [Finlay I](#), [Cooke TG](#), [Anderson JH](#), [Beynon J](#), [Carr ND](#), [Jacyna MR](#), [Vellacott KD](#), [Radcliffe AG](#), [Kennedy HJ](#), [Stebbing WS](#), [Thompson MR](#), [Senapati A](#), [Hobbiss JH](#), [Watson AJ](#), [O'Dwyer ST](#), [Finan PJ](#), [Rhodes JM](#), [Cunliffe WJ](#), [Griffiths CD](#), [Varma J](#), [Mortensen NJ](#), [Morton DG](#), [Keighley MR](#), [McIntyre PB](#), [Aubrey R](#), [Mackay EH](#), [Foulis AK](#), [Howell S](#), [Talbot IC](#), [Thompson IW](#), [Dallimore NS](#),

[Sams VR](#), [Marley NJ](#), [Wells S](#), [Shanks JH](#), [Haboubi NY](#), [Quirke P](#), [Campbell F](#), [Bennett MK](#), [Warren BF](#), [Sanders DS](#), [Fattah A](#), [Al Izzi M](#), [Barker F](#), [Harrison R](#), [Hemingway D](#), [Scott A](#), [de Caestecker J](#), [Sharpe D](#), [Duthie F](#), [Swan L](#), [Foulis A](#), [Mckee R](#), [McLellan DR](#), [Williams N](#), [Thomas E](#), [John S](#), [Pilley E](#), [Jones M](#), [Williams G](#), [Radcliffe A](#), [Torkington J](#), [Sams V](#), [Cletheroe L](#), [Kapur S](#), [Wharton R](#), [Sargen K](#), [Speakman CT](#), [Stebbing W](#), [Wright S](#), [Flashman K](#), [Bisset D](#), [Hobbiss JH](#), [Jones R](#), [Warburton N](#), [Parkinson M](#), [Senior P](#), [Sagar PM](#), [Jayne D](#), [Ambrose NS](#), [Finan P](#), [Ghanouni A](#), [Campbell F](#), [Reid P](#), [Sheard J](#), [Austin T](#), [Skaife P](#), [Morgan S](#), [Kiff RS](#), [Fitzgerald-Smith A](#), [Tweedy L](#), [Henry JA](#), [Plusa SM](#), [Butler D](#), [Warren BF](#), [Lane L](#), [Cunningham C](#), [Moore J](#), [Bradbury J](#), [Morton D](#), [Stewart S](#), [Colloby P](#), [Rashbass J](#), [Wright K](#), [Gavin A](#), [Middleton R](#), [Moran T](#), [Jones C](#), [Bishop S](#), [Flatt G](#), [Shack L](#), [Forman D](#), [Deer P](#), [Day M](#), [Morris E](#), [Thomas J](#), [Roche M](#), [Kennedy N](#), [Brewster D](#), [Storey C](#), [McDonald A](#), [Taylor R](#), [Verne J](#), [Pring A](#), [Iles M](#), [Møller H](#), [Mak V](#), [Maddams J](#), [Okello C](#), [Hanchett N](#), [Meechan D](#), [Smith A](#), [Stewart J](#), [Vipond L](#), [Lawrence G](#), [Madurasinghe V](#), [Oakes R](#), [Barrett G](#), [Wall P](#), [Gray J](#), [Goldblatt P](#), [Loveday A](#), [Dewane S](#), [Fitzpatrick S](#).

Department of Surgery and Cancer, Imperial College London, London, UK.

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Comment in:

- [Lancet. 2010 May 8;375\(9726\):1582-4.](#)

## **Abstract**

**BACKGROUND:** Colorectal cancer is the third most common cancer worldwide and has a high mortality rate. We tested the hypothesis that only one flexible sigmoidoscopy screening between 55 and 64 years of age can substantially reduce colorectal cancer incidence and mortality. **METHODS:** This randomised controlled trial was undertaken in 14 UK centres. 170 432 eligible men and women, who had indicated on a previous questionnaire that they would accept an invitation for screening, were randomly allocated to the intervention group (offered flexible sigmoidoscopy screening) or the control group (not contacted). Randomisation by sequential number generation was done centrally in blocks of 12, with stratification by trial centre, general practice, and household type. The primary outcomes were the incidence of colorectal cancer, including prevalent cases detected at screening, and mortality from colorectal cancer. Analyses were intention to

treat and per protocol. The trial is registered, number ISRCTN28352761. FINDINGS: 113 195 people were assigned to the control group and 57 237 to the intervention group, of whom 112 939 and 57 099, respectively, were included in the final analyses. 40 674 (71%) people underwent flexible sigmoidoscopy. During screening and median follow-up of 11.2 years (IQR 10.7-11.9), 2524 participants were diagnosed with colorectal cancer (1818 in control group vs 706 in intervention group) and 20 543 died (13 768 vs 6775; 727 certified from colorectal cancer [538 vs 189]). In intention-to-treat analyses, colorectal cancer incidence in the intervention group was reduced by 23% (hazard ratio 0.77, 95% CI 0.70-0.84) and mortality by 31% (0.69, 0.59-0.82). In per-protocol analyses, adjusting for self-selection bias in the intervention group, incidence of colorectal cancer in people attending screening was reduced by 33% (0.67, 0.60-0.76) and mortality by 43% (0.57, 0.45-0.72). Incidence of distal colorectal cancer (rectum and sigmoid colon) was reduced by 50% (0.50, 0.42-0.59; secondary outcome). The numbers needed to be screened to prevent one colorectal cancer diagnosis or death, by the end of the study period, were 191 (95% CI 145-277) and 489 (343-852), respectively. INTERPRETATION: Flexible sigmoidoscopy is a safe and practical test and, when offered only once between ages 55 and 64 years, confers a substantial and longlasting benefit. FUNDING: Medical Research Council, National Health Service R&D, Cancer Research UK, KeyMed. Copyright 2010 Elsevier Ltd. All rights reserved.

PMID: 20430429 [PubMed - indexed for MEDLINE]

[Related citations](#)



### Publication Types:

- Multicenter Study
- Randomized Controlled Trial
- Research Support, Non-U.S. Gov't

### MeSH Terms:

- Colorectal Neoplasms/diagnosis
- Colorectal Neoplasms/mortality
- Colorectal Neoplasms/pathology
- Colorectal Neoplasms/prevention & control\*
- Female

- Humans
- Male
- Middle Aged
- Sigmoidoscopy\*

**Secondary Source ID:**

- ISRCTN/ISRCTN28352761

**Grant Support:**

- Cancer Research UK/United Kingdom
- Medical Research Council/United Kingdom

8.Praxis (Bern 1994). 2010 Mar 31;99(7):399-406; quiz 407-8.

**[\[Assessment of chronic abdominal pain\]](#)**

[Article in German]

[Oliver R, Vavricka SR.](#)

Klinik und Poliklinik für Innere Medizin, Universitätsspital Zürich.

PMID: 20358513 [PubMed - indexed for MEDLINE]

[Related citations](#)

**Publication Types:**

- Case Reports

**MeSH Terms:**

- Abdominal Pain/etiology\*
- Biopsy
- Celiac Disease/diagnosis
- Celiac Disease/pathology
- Chronic Disease
- Colonoscopy

- Female
- Gastrointestinal Diseases/diagnosis\*
- Gastrointestinal Diseases/pathology
- Humans
- Intestinal Mucosa/pathology
- Young Adult