Gastroenterology Update

March 2024

Welcome to the latest edition of the Gastroenterology Update. The aim of this publication is to bring together a range of recently published research and guidance that will help you make evidence-based decisions.

Accessing Articles

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A selection of papers from Medline (Jul 2023 – present) most recent first

1. Population-based study of alcohol-related liver disease in England 2001-2018: Influence of socioeconomic position

Item Type: Journal Article

Authors: Askgaard, Gro;Jepsen, Peter;Jensen, Morten Daniel;Kann, Anna Emilie;Morling, Joanne;Kraglund, Frederik;Card, Tim;Crooks, Colin and West, Joe

Publication Date: 2024

Journal: The American Journal of Gastroenterology
Abstract: Background: England has seen an increase in deaths due to alcohol-related liver disease (ALD) since 2001. We studied the influence of socioeconomic position on the incidence of ALD and the mortality after ALD diagnosis in England 2001-2018.; **Methods:** This was an observational cohort study based on health records contained within the UK Clinical Practice Research Datalink covering primary care, secondary care, cause of death registration, and deprivation of neighbourhood areas in 18.8 million residents. We estimated incidence rate and incidence rate ratios (IRR) of ALD and hazard ratios (HR) of mortality.; **Findings:** ALD was diagnosed in 57,784 individuals with a median age of 54 years and of whom 43% had cirrhosis. The ALD incidence rate increased by 65% between 2001 and 2018 in England to reach 56.1 per 100,000 person-years in 2018. The ALD incidence was threefold higher in those from the most vs. the least deprived quintile IRR of 3.30 (95%: 3.21-3.38)], with reducing inequality at older than at younger ages. For 55-74-year-olds, there was a notable increase in the incidence rate between 2001 and 2018, from 96.1 to 158 per 100,000 person-years in the most and from 32.5 to 70.0 in the least deprived quintile. After ALD diagnosis, the mortality risk was higher for patients from the most vs. the least deprived quintile HR of 1.22 (95%CI: 1.18-1.27)] and this ratio did not change during 2001-2018.; **Interpretation:** The increasing ALD incidence in England is a greater burden on individuals of low compared to high socioeconomic position. This finding highlights ALD as a contributor to inequality in health.

Access or request full text: https://libkey.io/10.14309/ajg.0000000000002677

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=38299583&custid=ns023446

2. The impact of bariatric surgery on liver enzymes in people with obesity: A 5-year observational study

Item Type: Journal Article

Authors: Elhelw, Omar;Ragavan, Sharanniyan;Majeed, Waseem;Alkhaffaf, Bilal;Mohammed, Noor;Senapati, Siba;Ammori, Basil J.;Robinson, James Andrew and Syed, Akheel A.

Publication Date: 2024

Journal: The Surgeon : Journal of the Royal Colleges of Surgeons of Edinburgh and Ireland 22(1), pp. e26-e33

Abstract: Background and Purpose: Non-alcoholic fatty liver disease (NAFLD) has increasing worldwide prevalence, fuelled by rising obesity rates, and weight reduction is the mainstay of its management. We sought to study the effect of bariatric surgery, the most effective long-term treatment for obesity and associated metabolic disorders, on liver function in people with obesity.; **Methods:** We performed a retrospective longitudinal cohort study of 511 patients who had undergone bariatric surgery (71 sleeve gastrectomy and 440 gastric bypass) over 60 months of follow-up. Patients were stratified into groups based on their baseline alanine aminotransferase (ALT) into Group A (ALT 40 U/L). Postoperative follow-up weight loss, liver function tests, HbA1c, blood pressure and lipid profiles were collected.; **Findings:** Bariatric surgery resulted in nadir total weight loss of 33.1% by 24 months ($p < 0.001$) with no significant difference between groups. In people with raised baseline ALT (Group B), ALT and gamma glutamyl transferase (GGT) levels decreased significantly by 4 months postoperatively ($p < 0.001$) and sustained over 60 months of follow-up. There was also significant and sustained reduction in HbA1c, blood pressure, total cholesterol, and non-HDL cholesterol overall with no differences between groups.; **Conclusions:** Bariatric surgery results in significant weight loss, improves liver function tests and metabolic outcomes in people with obesity. Bariatric surgery could be a therapeutic

consideration for patients with NAFLD associated with severe obesity who have otherwise been unresponsive to conservative management.; Competing Interests: Declaration of competing interest Prof. Syed is a former honorary selection panel member for the Leadership & Development Awards Programme at the Society for Endocrinology in the United Kingdom. All other authors declare that they have no conflicts of interest.

Access or request full text: https://libkey.io/10.1016/j.surge.2023.07.006

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37567846&custid=ns023446

3. Safety and efficacy of autologous haematopoietic stem-cell transplantation with low-dose cyclophosphamide mobilisation and reduced intensity conditioning versus standard of care in refractory Crohn's disease (ASTIClite): an open-label, multicentre, randomised controlled trial

Item Type: Journal Article

Authors: Lindsay, James O.;Hind, Daniel;Swaby, Lizzie;Berntsson, Hannah;Bradburn, Mike;Uday, Bannur C.;Byrne, Jennifer;Clarke, Christopher;Desoysa, Lauren;Dickins, Ben;Din, Shahida;Emsley, Richard;Foulds, Gemma A.;Gribben, John;Hawkey, Christopher;Irving, Peter M.;Kazmi, Majid;Lee, Ellen;Loban, Amanda;Lobo, Alan, et al

Publication Date: 2024

Journal: The Lancet.Gastroenterology & Hepatology
Abstract: Background: A previous controlled trial of autologous haematopoietic stem-cell transplantation (HSCT) in patients with refractory Crohn's disease did not meet its primary endpoint and reported high toxicity. We aimed to assess the safety and efficacy of HSCT with an immune-ablative regimen of reduced intensity versus standard of care in this patient population.; **Methods:** This open-label, multicentre, randomised controlled trial was conducted in nine National Health Service hospital trusts across the UK. Adults (aged 18-60 years) with active Crohn's disease on endoscopy (Simplified Endoscopic Score for Crohn's Disease SES-CD] ulcer sub-score of ≥2) refractory to two or more classes of biological therapy, with no perianal or intra-abdominal sepsis or clinically significant comorbidity, were recruited. Participants were centrally randomly assigned (2:1) to either HSCT with a reduced dose of cyclophosphamide (intervention group) or standard care (control group). Randomisation was stratified by trial site by use of random permuted blocks of size 3 and 6. Patients in the intervention group underwent stem-cell mobilisation (cyclophosphamide 1 g/m 2 with granulocyte colony-stimulating factor (G-CSF) 5 μg/kg) and stem-cell harvest (minimum 2·0 × 10 6 CD34 + cells per kg), before conditioning (fludarabine 125 mg/m 2 , cyclophosphamide 120 mg/kg, and rabbit anti-thymocyte globulin thymoglobulin] 7·5 mg/kg in total) and subsequent stem-cell reinfusion supported by G-CSF. Patients in the control group continued any available conventional, biological, or nutritional therapy. The primary outcome was absence of endoscopic ulceration (SES-CD ulcer sub-score of 0) without surgery or death at week 48, analysed in the intention-to-treat population by central reading. This trial is registered with the ISRCTN registry, 17160440.; **Findings**: Between Oct 18, 2018, and Nov 8, 2019, 49 patients were screened for eligibility, of whom 23 (47%) were randomly assigned: 13 (57%) to the intervention group and ten (43%) to the control group. In the intervention group, ten (77%) participants underwent HSCT and nine (69%) reached 48-week follow-up; in the control group, nine (90%) reached 48-week follow-up. The trial was halted in response to nine reported suspected unexpected serious adverse reactions in six (46%) patients in the intervention group, including renal failure due to proven thrombotic microangiopathy in three participants and one death due to pulmonary veno-occlusive disease. At week 48, absence of endoscopic ulceration without surgery or death was reported in three (43%) of seven participants in the intervention group and in none of six participants in the control group with available data. Serious adverse events were more frequent in the intervention group (38 in 13 100%] patients)

than in the control group (16 in four 40%] patients). A second patient in the intervention group died after week 48 of respiratory and renal failure.; **Interpretation:** Although HSCT with an immune-ablative regimen of reduced intensity decreased endoscopic disease activity, significant adverse events deem this regimen unsuitable for future clinical use in patients with refractory Crohn's disease.;

Access or request full text: https://libkey.io/10.1016/S2468-1253(23)00460-0

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=38340759&custid=ns023446

4. Modifiable lifestyle factors, genetic and acquired risk, and the risk of severe liver disease in the UK Biobank cohort: (Lifestyle factors and SLD)

Item Type: Journal Article

Authors: Liu, Zhening;Huang, Hangkai;Xie, Jiarong;Shen, Qi-En and Xu, Chengfu

Publication Date: 2024

Journal: Digestive and Liver Disease : Official Journal of the Italian Society of Gastroenterology and the Italian Association for the Study of the Liver 56(1), pp. 130-136

Abstract: Background: Lifestyle intervention is important for the treatment of liver diseases.; Aims: To clarify the association of healthy lifestyle with severe liver disease (SLD) and assessed whether genetic susceptibility and acquired fibrosis risk can modify the association.; **Methods:** We included 417,986 UK Biobank participants who were free of SLD at baseline. Information on seven modifiable lifestyle factors was collected through a baseline questionnaire. SLD was defined as a medical diagnosis of cirrhosis, hepatocellular carcinoma or liver failure. Cox proportional hazards models were used to evaluate the association between healthy lifestyle factors and risk of incident SLD. The polygenic risk score (PRS) and fibrosis-4 index (FIB-4) were calculated and set as an interaction term.; **Results:** During a median follow-up of 12.6 years, 4542 fatal and non-fatal SLD incidents were identified. A higher overall lifestyle score was associated with a significantly lower SLD risk (P trend <0.001). An increment of 1-point lifestyle score combined with a 1-SD increment in FIB-4 or PRS was associated with an additional reduction of 3% or 2% in SLD risk.; **Conclusions:** In European individuals, a healthy lifestyle is associated with a lower risk of incident SLD, which is more pronounced among individuals with a higher genetic and fibrosis risk.; Competing Interests: Conflict of interest The authors declare no conflict of interest.

Access or request full text: https://libkey.io/10.1016/j.dld.2023.06.025

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37407315&custid=ns023446

5. Robotic versus laparoscopic liver resection for liver malignancy: a systematic review and meta-analysis of propensity score-matched studies

Item Type: Journal Article

Authors: Long, Zhang-Tao;Li, Hua-Jian;Liang, Hao;Wu, Ya-Chen;Ameer, Sajid;Qu, Xi-Lin;Xiang, Zhi-Qiang;Wang,

Qian;Dai, Xiao-Ming and Zhu, Zhu

Publication Date: 2024

Journal: Surgical Endoscopy 38(1), pp. 56-65

Abstract: Objective: How different surgical procedures, including the robotic-assisted liver resection (RLR) and laparoscopic liver resection (LLR), can affect the prognosis of patients with liver malignancies is unclear. Thus, in this study, we compared the effects of RLR and LLR on the surgical and oncological outcomes in patients with liver malignancies through propensity score-matched cohort studies.; **Methods:** The PubMed, Embase, and Cochrane databases were searched using Medical Subject Headings terms and keywords from inception until May 31, 2023. The quality of the included studies was assessed using the Newcastle-Ottawa quality assessment scale. The mean difference with 95% confidence interval (95% CI) was used for analysis of continuous variables; the risk ratio with 95% CI was used for dichotomous variables; and the hazard ratio with 95% CI was used for survival-related variables. Meta-analysis was performed using a random-effects model.; **Results:** Five high-quality cohort studies with 986 patients were included (370 and 616 cases for RLR and LLR, respectively). In terms of surgical outcomes, there were no significant differences in the operation time, conversion rate to open surgery, overall complication rate, major complication rate, and length of hospital stay between the RLR and LLR groups. In terms of oncological outcomes, there were no significant differences in the 5-year overall survival and disease-free survival between the two groups.; **Conclusion:** Surgical and oncological outcomes are comparable between RLR and LLR on patients with liver malignancies. Therefore, the benefits of applying RLR in patients with liver malignancies need to be further explored. (© 2023. The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.)

Access or request full text: https://libkey.io/10.1007/s00464-023-10561-5

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=38017157&custid=ns023446

6. Risks of digestive diseases in long COVID: evidence from a population-based cohort study

Item Type: Journal Article

Authors: Ma, Yuying;Zhang, Lijun;Wei, Rui;Dai, Weiyu;Zeng, Ruijie;Luo, Dongling;Jiang, Rui;Zhuo, Zewei;Yang, Qi;Li, Jingwei;Leung, Felix W.;Duan, Chongyang;Sha, Weihong and Chen, Hao

Publication Date: 2024

Journal: BMC Medicine 22(1), pp. 14

Abstract: Background: In the post-pandemic era, a wide range of COVID-19 sequelae is of growing health concern. However, the risks of digestive diseases in long COVID have not been comprehensively understood. To investigate the long-term risk of digestive diseases among COVID patients.; **Methods:** In this large-scale retrospective cohort study with up to 2.6 years follow-up (median follow-up: 0.7 years), the COVID-19 group (n = 112,311), the contemporary comparison group (n = 359,671) and the historical comparison group (n = 370,979) predated the COVID-19 outbreak were built using UK Biobank database. Each digestive outcome was defined as the diagnosis 30 days or more after the onset of COVID-19 infection or the index date. Hazard ratios (HRs) and corresponding 95% confidence intervals (CI) were computed utilizing the Cox regression models after inverse probability weighting.; **Results:** Compared with the contemporary comparison group, patients with previous COVID-19 infection had higher risks of digestive diseases, including gastrointestinal (GI) dysfunction (HR 1.38 (95% CI 1.26 to 1.51)); peptic ulcer disease (HR 1.23 (1.00 to 1.52)); gastroesophageal reflux disease

(GERD) (HR 1.41 (1.30 to 1.53)); gallbladder disease (HR 1.21 (1.06 to 1.38)); severe liver disease (HR 1.35 (1.03 to 1.76)); non-alcoholic liver disease (HR 1.27 (1.09 to 1.47)); and pancreatic disease (HR 1.36 (1.11 to 1.66)). The risks of GERD were increased stepwise with the severity of the acute phase of COVID-19 infection. Even after 1-year follow-up, GERD (HR 1.64 (1.30 to 2.07)) and GI dysfunction (HR 1.35 (1.04 to 1.75)) continued to pose risks to COVID-19 patients. Compared to those with one SARS-CoV-2 infection, reinfected patients were at a higher risk of pancreatic diseases (HR 2.57 (1.23 to 5.38)). The results were consistent when the historical cohort was used as the comparison group.; **Conclusions:** Our study provides insights into the association between COVID-19 and the long-term risk of digestive system disorders. COVID-19 patients are at a higher risk of developing digestive diseases. The risks exhibited a stepwise escalation with the severity of COVID-19, were noted in cases of reinfection, and persisted even after 1-year follow-up. This highlights the need to understand the varying risks of digestive outcomes in COVID-19 patients over time, particularly those who experienced reinfection, and develop appropriate follow-up strategies. (© 2023. The Author(s).)

Access or request full text: https://libkey.io/10.1186/s12916-023-03236-4

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=38195495&custid=ns023446

7. Metabolic disease and the liver: A review

Item Type: Journal Article

Authors: Vargas, Márcia;Cardoso Toniasso, Sheila,de Castro;Riedel, Patricia G.;Baldin, Camila Pereira;Dos Reis, Francielle Lopes;Pereira, Robson Martins;Brum, Maria Carlota Borba;Joveleviths, Dvora and Alvares-da-Silva, Mario Reis

Publication Date: 2024

Journal: World Journal of Hepatology 16(1), pp. 33-40

Abstract: Metabolic dysfunction-associated steatotic liver disease (MASLD) is the most common liver disease worldwide, with an estimated prevalence of 31% in Latin America. The presence of metabolic comorbidities coexisting with liver disease varies substantially among populations. It is acknowledged that obesity is boosting the type 2 diabetes mellitus "epidemic," and both conditions are significant contributors to the increasing number of patients with MASLD. Non-alcoholic steatohepatitis represents a condition of chronic liver inflammation and is considered the most severe form of MASLD. MASLD diagnosis is based on the presence of steatosis, noninvasive scores and altered liver tests. Noninvasive scores of liver fibrosis, such as serum biomarkers, which should be used in primary care to rule out advanced fibrosis, are simple, inexpensive, and widely available. Currently, guidelines from international hepatology societies recommend using noninvasive strategies to simplify case finding and management of high-risk patients with MASLD in clinical practice. Unfortunately, there is no definite pharmacological treatment for the condition. Creating public health policies to treat patients with risk factors for MASLD prevention is essential.; Competing Interests: Conflict-of-interest statement: All the authors declare that they have no conflicts of interest. (©The Author(s) 2024. Published by Baishideng Publishing Group Inc. All rights reserved.)

Access or request full text: https://libkey.io/10.4254/wjh.v16.i1.33

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=38313243&custid=ns023446

8. Critical shortfalls in the management of PBC: Results of a UK-wide, population-based evaluation of care delivery

Item Type: Journal Article

Authors: Abbas, Nadir;Smith, Rachel;Flack, Steven;Bains, Vikram;Aspinall, Richard J.;Jones, Rebecca L.;Burke, Laura;Thorburn, Douglas;Heneghan, Michael;Yeoman, Andrew;Leithead, Joanna;Braniff, Conor;Robertson, Andrew;Mitchell, Chris;Thain, Collette;Mitchell-Thain, Robert;Jones, David;Trivedi, Palak J.;Mells, George F. and Alrubaiy, Laith

Publication Date: 2023

Journal: JHEP Reports : Innovation in Hepatology 6(1), pp. 100931

Abstract: Background & Aims: Guidelines for the management of primary biliary cholangitis (PBC) were published by the British Society of Gastroenterology in 2018. In this study, we assessed adherence to these guidelines in the UK National Health Service (NHS).; **Methods:** All NHS acute trusts were invited to contribute data between 1 January 2021 and 31 March 2022, assessing clinical care delivered to patients with PBC in the UK.; **Results:** We obtained data for 8,968 patients with PBC and identified substantial gaps in care across all guideline domains. Ursodeoxycholic acid (UDCA) was used as first-line treatment in 88% of patients (n = 7,864) but was under-dosed in one-third (n = 1,964). Twenty percent of patients who were UDCA-untreated (202/998) and 50% of patients with inadequate UDCA response (1,074/2,102) received second-line treatment. More than one-third of patients were not assessed for fatigue (43%; n = 3,885) or pruritus (38%; n = 3,415) in the previous 2 years. Fifty percent of all patients with evidence of hepatic decompensation were discussed with a liver transplant centre (222/443). Appropriate use of second-line treatment and referral for liver transplantation was significantly better in specialist PBC treatment centres compared with non-specialist centres (p <0.001).; **Conclusions:** Poor adherence to guidelines exists across all domains of PBC care in the NHS. Although specialist PBC treatment centres had greater adherence to guidelines, no single centre met all quality standards. Nationwide improvement in the delivery of PBC-related healthcare is required.; Impact and Implications: This population-based evaluation of primary biliary cholangitis, spanning four nations of the UK, highlights critical shortfalls in care delivery when measured across all guideline domains. These include the use of liver biopsy in diagnosis; referral practice for second-line treatment and/or liver transplant assessment; and the evaluation of symptoms, extrahepatic manifestations, and complications of cirrhosis. The authors therefore propose implementation of a dedicated primary biliary cholangitis care bundle that aims to minimise heterogeneity in clinical practice and maximise adherence to key guideline standards.; Competing Interests: The authors declare no conflicts of interest. Please refer to the accompanying ICMJE disclosure forms for further details. (© 2023 The Author(s).)

Access or request full text: https://libkey.io/10.1016/j.jhepr.2023.100931

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=38089546&custid=ns023446

9. Audit of Emergency Laparoscopic Cholecystectomy in a District General Hospital

Item Type: Journal Article

Authors: Adenipekun, Ayokunle and Shalaby, Amr Ibrahim

Publication Date: 2023

Journal: Cureus 15(12), pp. e50250

Abstract: Introduction Acute gallstone diseases are common surgical emergencies, accounting for approximately one-third of emergency surgical admissions. Laparoscopic cholecystectomy is the standard choice of treatment for gallstone diseases and is currently one of the most commonly performed surgical procedures in the United Kingdom. Majority of these procedures are carried out as elective cases. National Institute of Clinical Excellence (NICE) guidelines and other upper gastrointestinal surgery specialty bodies encourage early emergency surgery in acute symptomatic gallstone disease. We assessed emergency laparoscopic cholecystectomies performed at Birmingham Heartlands Hospital, United Kingdom and compared the practice against NICE and British Benign Upper Gastrointestinal Surgery Society (BBUGSS) recommendations. **Methods** This is a snapshot retrospective audit, assessing emergency laparoscopic cholecystectomy practice over a nine-month period from November 2022 to July 2023. Variables assessed were demographics, duration of symptoms prior to surgery, imaging modality, indications, C-reactive protein (CRP) levels, operative difficulty, intraoperative and postoperative complications, length of hospital stay and readmission rates. These variables were compared against both NICE and BBUGSS standards. We aimed to establish baseline data to encourage emergency laparoscopic cholecystectomies in our hospital and reduce repeated hospital visits for patients with acute gallbladder disease. **Results** Forty-eight patients had emergency laparoscopic cholecystectomy in the period reviewed, mean age was 44.3 years and females accounted for approximately 71% (n=34) of the group. 66.7% (n=32) of patients had their surgery within seven days of diagnosis with acute gallstone disease; 50% (n=24) of patients had no adverse intraoperative event. No patient had biliary tract injury despite a high number of difficult cases. Overall there was no correlation between duration before surgery and intraoperative difficulty or readmission rates.; Competing Interests: The authors have declared that no competing interests exist. (Copyright © 2023, Adenipekun et al.)

Access or request full text: https://libkey.io/10.7759/cureus.50250

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=38196442&custid=ns023446

10. Effectiveness of conservative management versus laparoscopic cholecystectomy in the prevention of recurrent symptoms and complications in adults with uncomplicated symptomatic gallstone disease (C-GALL trial): pragmatic, multicentre randomised controlled trial

Item Type: Journal Article

Authors: Ahmed, Irfan;Hudson, Jemma;Innes, Karen;Hernández, Rodolfo;Gillies, Katie;Bruce, Rebecca;Bell, Victoria;Avenell, Alison;Blazeby, Jane;Brazzelli, Miriam;Cotton, Seonaidh;Croal, Bernard;Forrest, Mark;MacLennan, Graeme;Murchie, Peter;Wileman, Samantha and Ramsay, Craig

Publication Date: 2023

Journal: BMJ (Clinical Research Ed.) 383, pp. e075383

Abstract: Objective: To assess the clinical and cost effectiveness of conservative management compared with laparoscopic cholecystectomy for the prevention of symptoms and complications in adults with uncomplicated symptomatic gallstone disease.; **Design:** Parallel group, pragmatic randomised, superiority trial.; **Setting:** 20 secondary care centres in the UK.; Participants: 434 adults (>18 years) with uncomplicated symptomatic gallstone disease referred to secondary care, assessed for eligibility between August 2016 and November 2019, and randomly assigned (1:1) to receive conservative management or laparoscopic cholecystectomy.; Interventions: Conservative management or surgical removal of the gallbladder.; **Main Outcome Measures:** The

primary patient outcome was quality of life, measured by area under the curve, over 18 months using the short form 36 (SF-36) bodily pain domain, with higher scores (range 0-100) indicating better quality of life. Other outcomes included costs to the NHS, quality adjusted life years (QALYs), and incremental cost effectiveness ratio.; **Results:** Of 2667 patients assessed for eligibility, 434 were randomised: 217 to the conservative management group and 217 to the laparoscopic cholecystectomy group. By 18 months, 54 (25%) participants in the conservative management arm and 146 (67%) in the cholecystectomy arm had received surgery. The mean SF-36 norm based bodily pain score was 49.4 (standard deviation 11.7) in the conservative management arm and 50.4 (11.6) in the cholecystectomy arm. The SF-36 bodily pain area under the curve up to 18 months did not differ (mean difference 0.0, 95% confidence interval -1.7 to 1.7; P=1.00). Conservative management was less costly (mean difference -£1033, (-$1334; -€1205), 95% credible interval -£1413 to -£632) and QALYs did not differ (mean difference -0.019, 95% credible interval -0.06 to 0.02).; **Conclusions:** In the short term (≤18 months), laparoscopic surgery is no more effective than conservative management for adults with uncomplicated symptomatic gallstone disease, and as such conservative management should be considered as an alternative to surgery. From an NHS perspective, conservative management may be cost effective for uncomplicated symptomatic gallstone disease. As costs, complications, and benefits will continue to be incurred in both groups beyond 18 months, future research should focus on longer term follow-up to establish effectiveness and lifetime cost effectiveness and to identify the cohort of patients who should be routinely offered surgery.; Trial Registration: ISRCTN registry ISRCTN55215960.; **Competing Interests:** Competing interests: All authors have completed the ICMJE uniform disclosure form at www.icmje.org/disclosure-of-interest/ and declare: This project was funded by the National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme: KG reports being a member of the NIHR HTA Clinical Evaluation and Trials committee member since 2020; JB reports grants from NIHR Bristol Biomedical Research Centre and being a member of the NIHR Clinical Trials Unit Standing Advisory Committee 2015-19; SC is a co-investigator on unrelated grants from NIHR (HTA and Efficacy and Mechanism Evaluation: NIHR129819, 15/130/95, 15/130/20) for which her institution has received payment; BC reports a leadership or fiduciary role in the Association of Clinical Biochemistry and Laboratory medicine as president 2021-23, and Royal College of Pathologists as trustee and Scottish chair; CR reports grants from NIHR, during the conduct of the study, and member of the NIHR HTA general funding committee from 2017 to present. No other financial relationships with any organisations that might have an interest in the submitted work in the previous three years; there are no other relationships or activities that could appear to have influenced the submitted work.

Access or request full text: https://libkey.io/10.1136/bmj-2023-075383

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=38084426&custid=ns023446

11. Time to interval cholecystectomy and associated outcomes in a population aged 50 and above with mild gallstone pancreatitis

Item Type: Journal Article

Authors: Blundell, Jian D.;Gandy, Robert C.;Close, Jacqueline C. T. and Harvey, Lara A.

Publication Date: 2023

Journal: Langenbeck's Archives of Surgery 408(1), pp. 380

Abstract: Background: Cholecystectomy on index admission for mild gallstone pancreatitis (GSP) is recommended, although not always feasible. This study examined rates and outcomes of people aged ≥ 50

years who underwent interval (delayed) cholecystectomy at increasing time points.; **Methods:** Hospitalisation and death data were linked for individuals aged ≥ 50 years admitted to hospital in New South Wales, Australia with mild GSP between 2008-2018. Primary outcome was interval cholecystectomy timing. Secondary outcomes included mortality, emergency readmission for gallstone-related disease (GSRD) (28 and 180-day), and length of stay (LOS) (index admission and total six-month GSRD).; **Results:** 3,003 patients underwent interval cholecystectomy: 861 (28.6%) at 1-30, 1,221 (40.7%) at 31-90 and 921 (30.7%) at 91-365 days from index admission. There was no difference in 365-day mortality between groups. Longer delay to cholecystectomy was associated with increased 180-day emergency GSRD readmission (17.5% vs 15.8% vs 19.9%, $p < 0.001$) and total six-month LOS (5.9 vs 8.4 vs 8.3, $p < 0.001$). Endoscopic retrograde cholangiopancreatography (ERCP) was increasingly required with cholecystectomy delay (14.5% vs 16.9% vs 20.4%, $p < 0.001$), as were open cholecystectomy procedures (4.8% vs 7.6% vs 11.3%, $p < 0.001$). Extended delay was associated with patients of lower socioeconomic status, regional/rural backgrounds or who presented to a low volume or non-tertiary hospital ($p < 0.001$).; **Conclusion:** Delay to interval cholecystectomy results in increased rates of emergency readmission, overall LOS, risks of conversion to open surgery and need for ERCP. Index admission cholecystectomy is still recommended, however when not possible, interval cholecystectomy should be performed within 30 days to minimise patient risk and healthcare burden. (© 2023. Crown.)

Access or request full text: https://libkey.io/10.1007/s00423-023-03098-7

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37770612&custid=ns023446

12. Outcomes of first emergency admissions for alcohol-related liver disease in England over a 10-year period: retrospective observational cohort study using linked electronic databases

Item Type: Journal Article

Authors: Bodger, Keith;Mair, Thomas;Schofield, Peità;Silberberg, Benjamin;Hood, Steve and Fleming, Kate M.

Publication Date: 2023

Journal: BMJ Open 13(11), pp. e076955

Abstract: Objectives: To examine time trends in patient characteristics, care processes and case fatality of first emergency admission for alcohol-related liver disease (ARLD) in England.; **Design:** National population-based, retrospective observational cohort study.; **Setting:** Clinical Practice Research Datalink population of England, 2008/2009 to 2017/2018. First emergency admissions were identified using the Liverpool ARLD algorithm. We applied survival analyses and binary logistic regression to study prognostic trends.; **Outcome Measures:** Patient characteristics; 'recent' General Practitioner (GP) consultations and hospital admissions (preceding year); higher level care; deaths in-hospital (including certified cause) and within 365 days. Covariates were age, sex, deprivation status, coding pattern, ARLD stage, non-liver comorbidity, coding for ascites and varices.; **Results:** 17 575 first admissions (mean age: 53 years; 33% women; 32% from most deprived quintile). Almost half had codes suggesting advanced liver disease. In year before admission, only 47% of GP consulters had alcohol-related problems recorded; alcohol-specific diagnostic codes were absent in 24% of recent admission records. Overall, case fatality rate was 15% in-hospital and 34% at 1 year. Case-mix-adjusted odds of in-hospital death reduced by 6% per year (adjusted OR (aOR): 0.94; 95% CI: 0.93 to 0.96) and 4% per year at 365 days (aOR: 0.96; 95% CI: 0.95 to 0.97). Exploratory analyses suggested the possibility of regional inequalities in outcome.; **Conclusions:** Despite improving prognosis of first admissions, we found missed opportunities for earlier recognition and intervention in primary and secondary care. In 2017/2018, one in seven were still dying during index admission, rising to one-third within a year. Nationwide efforts are needed to promote earlier detection

and intervention, and to minimise avoidable mortality after first emergency presentation. Regional variation requires further investigation.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY. Published by BMJ.)

Access or request full text: https://libkey.io/10.1136/bmjopen-2023-076955

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37993152&custid=ns023446

13. Prediction Model for Early-Stage Pancreatic Cancer Using Routinely Measured Blood Biomarkers

Item Type: Journal Article

Authors: Boyd, Lenka N. C.;Ali, Mahsoem;Comandatore, Annalisa;Garajova, Ingrid;Kam, Laura;Puik, Jisce R.;Fraga Rodrigues, Stephanie,M.;Meijer, Laura L.;Le Large, Tessa,Y.S.;Besselink, Marc G.;Morelli, Luca;Frampton, Adam;van Laarhoven, Hanneke,W.M.;Giovannetti, Elisa and Kazemier, Geert

Publication Date: 2023

Journal: JAMA Network Open 6(8), pp. e2331197

Abstract: Importance: Accurate risk prediction models using routinely measured biomarkers-eg, carbohydrate antigen 19-9 (CA19-9) and bilirubin serum levels-for pancreatic cancer could facilitate early detection of pancreatic cancer and prevent potentially unnecessary diagnostic tests for patients at low risk. An externally validated model using CA19-9 and bilirubin serum levels in a larger cohort of patients with pancreatic cancer or benign periampullary diseases is needed.; **Objective:** To assess the discrimination, calibration, and clinical utility of a prediction model using readily available blood biomarkers (carbohydrate antigen 19-9 CA19-9] and bilirubin) to distinguish early-stage pancreatic cancer from benign periampullary diseases.; **Design, Setting, and Participants**: This diagnostic study used data from 4 academic hospitals in Italy, the Netherlands, and the UK on adult patients with pancreatic cancer or benign periampullary disease treated from 2014 to 2022. Analyses were conducted from September 2022 to February 2023.; **Exposures:** Serum levels of CA19-9 and bilirubin from samples collected at diagnosis and before start of any medical intervention.; **Main Outcomes and Measures:** Discrimination (measured by the area under the curve AUC]), calibration, and clinical utility of the prediction model and the biomarkers, separately.; **Results:** The study sample comprised 249 patients in the development cohort (mean SD] age at diagnosis, 67 11] years; 112 45%] female individuals), and 296 patients in the validation cohort (mean SD] age at diagnosis, 68 12] years; 157 53%] female individuals). At external validation, the prediction model showed an AUC of 0.89 (95% CI, 0.84-0.93) for early-stage pancreatic cancer vs benign periampullary diseases, and outperformed CA19-9 (difference in AUC ΔAUC], 0.10; 95% CI, 0.06-0.14; P < .001) and bilirubin (ΔAUC, 0.07; 95% CI, 0.02-0.12; P = .004). In the subset of patients without elevated tumor marker levels (CA19-9 <37 U/mL), the model showed an AUC of 0.84 (95% CI, 0.77-0.92). At a risk threshold of 30%, decision curve analysis indicated that performing biopsies based on the prediction model was equivalent to reducing the biopsy procedure rate by 6% (95% CI, 1%-11%), without missing early-stage pancreatic cancer in patients.; **Conclusions and Relevance:** In this diagnostic study of patients with pancreatic cancer or benign periampullary diseases, an easily applicable risk score showed high accuracy for distinguishing early-stage pancreatic cancer from benign periampullary diseases. This model could be used to assess the added diagnostic and clinical value of novel biomarkers and prevent potentially unnecessary invasive diagnostic procedures for patients at low risk.

Access or request full text: https://libkey.io/10.1001/jamanetworkopen.2023.31197

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37639271&custid=ns023446

14. Optimizing Endoscopy Education in Gastroenterology Fellowship

Item Type: Journal Article

Authors: Chalikonda, Divya M. and Henry, Christopher H.

Publication Date: 2023

Journal: ACG Case Reports Journal 10(10), pp. 1-3

Abstract: Education in endoscopy encompasses a wide breadth of topics and skills. Despite a shared interest in improving training in endoscopy, there is wide variation among programs, largely because of broad requirements put forth by the Accreditation Council on Graduate Medical Education. Historically, efforts to improve education in endoscopy were focused on numerics as a surrogate for competence. However, there is a role for "milestone" development goals to ensure trainees are on the right track to developing procedural competence. These milestones should encompass aspects of preprocedural assessment, intraprocedural technique, and postprocedural management and interpretation. Two important aspects of intraprocedural technique that are not universally emphasized among training programs but would be immensely beneficial to fellow education are (i) mucosal examination and (ii) device education. In this article, we will discuss the importance of developing the aforementioned skills and how we can approach a competency-based assessment of endoscopic skills during fellowship.

Access or request full text: https://libkey.io/10.14309/crj.0000000000001104

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=rzh&AN=173393825&custid=ns023446

15. Clinical and genetic determinants of severe acute pancreatitis: A genetic association study in the UK Biobank

Item Type: Journal Article

Authors: Chou, Wing Kiu;Lam, Stephen and Kumar, Bhaskar

Publication Date: 2023

Journal: Journal of Gastroenterology and Hepatology 38(9), pp. 1656-1662

Abstract: Background and Aim: The clinical severity of acute pancreatitis is unpredictable, ranging from self-limiting disease to life-threatening inflammation. The determinants of severe acute pancreatitis (SAP) are unclear. We aim to identify clinical variables and single nucleotide polymorphisms (SNP) associated with SAP.; **Methods:** We used UK Biobank data to conduct a case-control clinical and genetic association study. Pancreatitis patients were identified through national hospital and mortality records across the United Kingdom. Clinical covariates and SAP were analyzed for associations. Genotyped data that included 35 SNPs were assessed for independent associations with SAP and SNP to SNP interaction.; **Results:** A total of 665 patients with SAP and 3304 non-SAP patients were identified. Male sex and older age increased odds of developing SAP (odds ratio OR] 1.48; 95% confiden interval CI] 1.24-1.78, P < 0.0001) and (OR 1.23; 95% CI 1.17-

1.29), P < 0.0001), respectively. SAP was associated with diabetes (OR 1.46; 95% CI 1.15-1.86, P = 0.002), chronic kidney disease (OR 1.74; 95% CI 1.26-2.42, P = 0.001), and cardiovascular disease (OR 2.00; 95% CI 1.54-2.61, P = 0.0001). A significant association was established between IL-10 rs3024498 and SAP (OR 1.24; 95% CI 1.09-1.41, P = 0.0014). Epistasis analysis revealed that the odds of SAP was greater by an interaction between TLR 5 rs5744174 and Factor V rs6025 (ORinteraction 7.53; P = 6.64 × 10 -5).; **Conclusion:** This study reports clinical risk factors for SAP. We also show evidence for an interaction between rs5744174 and rs6025 as determinants for SAP in addition to rs3024498 independently altering the severity of acute pancreatitis. (© 2023 The Authors. Journal of Gastroenterology and Hepatology published by Journal of Gastroenterology and Hepatology Foundation and John Wiley & Sons Australia, Ltd.)

Access or request full text: https://libkey.io/10.1111/jgh.16284

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37433748&custid=ns023446

16. Global trends and hotspots of treatment for nonalcoholic fatty liver disease: A bibliometric and visualization analysis (2010-2023)

Item Type: Journal Article

Authors: Dai, Jin-Jin;Zhang, Ya-Fei and Zhang, Zhen-Hua

Publication Date: 2023

Journal: World Journal of Gastroenterology 29(37), pp. 5339-5360

Abstract: Background: Nonalcoholic fatty liver disease (NAFLD) is chronic, with its progression leading to liver fibrosis and end-stage cirrhosis. Although NAFLD is increasingly common, no treatment guideline has been established. Many mechanistic studies and drug trials have been conducted for new drug development to treat NAFLD. An up-to-date overview on the knowledge structure of NAFLD through bibliometrics, focusing on research hotspots, is necessary to reveal the rational and timely directions of development in this field.; Aim: To research the latest literature and determine the current trends in treatment for NAFLD.; **Methods:** Publications related to treatment for NAFLD were searched on the Web of Science Core Collection database, from 2010 to 2023. VOSviewers, CiteSpace, and R package "bibliometrix" were used to conduct this bibliometric analysis. The key information was extracted, and the results of the cluster analysis were based on network data for generating and investigating maps for country, institution, journal, and author. Historiography analysis, bursts and cluster analysis, co-occurrence analysis, and trend topic revealed the knowledge structure and research hotspots in this field. GraphPad Prism 9.5.1.733 and Microsoft Office Excel 2019 were used for data analysis and visualization.; **Results:** In total, 10829 articles from 120 countries (led by China and the United States) and 8785 institutions were included. The number of publications related to treatment for NAFLD increased annually. While China produced the most publications, the United States was the most cited country, and the United Kingdom collaborated the most from an international standpoint. The University of California-San Diego, Shanghai Jiao Tong University, and Shanghai University of Traditional Chinese Medicine produced the most publications of all the research institutions. The International Journal of Molecular Sciences was the most frequent journal out of the 1523 total journals, and Hepatology was the most cited and co-cited journal. Sanyal AJ was the most cited author, the most co-cited author was Younossi ZM, and the most influential author was Loomba R. The most studied topics included the epidemiology and mechanism of NAFLD, the development of accurate diagnosis, the precise management of patients with NAFLD, and the associated metabolic comorbidities. The major cluster topics were "emerging drug," "glucagon-like peptide-1 receptor agonist," "metabolic dysfunction-associated fatty liver disease," "gut microbiota," and "glucose metabolism."; **Conclusion:** The bibliometric study identified recent research frontiers and hot directions, which can provide a

valuable reference for scholars researching treatments for NAFLD.; Competing Interests: Conflict-of-interest statement: The authors declare that they have no conflict of interest. (©The Author(s) 2023. Published by Baishideng Publishing Group Inc. All rights reserved.)

Access or request full text: https://libkey.io/10.3748/wjg.v29.i37.5339

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37899789&custid=ns023446

17. Self-management skills in a UK sample of young people with chronic liver disease

Item Type: Journal Article

Authors: Day, Jemma;Hames, Anna;Earl, Megan;Simpson, Anna;Joshi, Deepak;Pissas, Eleanna and Samyn, Marianne

Publication Date: 2023

Journal: Pediatric Transplantation 27(8), pp. e14614

Abstract: Background: We aimed to assess self-management skills and adherence behaviors in young people post-liver transplant and compare these with those of young people with autoimmune liver disease and other forms of chronic liver disease.; **Method:** As part of our specialist multidisciplinary clinic, n = 156 young people (aged 16-25 years) completed the Liver Self-Management Questionnaire (an adaptation of the Developmentally Based Skills Checklist for adolescents post-liver transplant and modified for us across liver disease type and within the United Kingdom). Those taking medication (n = 128) also completed a service-designed questionnaire regarding adherence. The statistical significance of group differences was assessed with non-parametric analyses.; **Results:** Young people post-liver transplant were less likely to report managing their condition independently than those with autoimmune liver disease or those with other forms of chronic liver disease. They also reported higher adherence (93%) compared to those with autoimmune liver disease (77%) and those with other forms of chronic liver disease (85%). However, the vast majority of self-management and adherence behaviors were comparable between young people post-transplant and those with autoimmune liver disease/other forms of chronic liver disease.; **Conclusion:** Our data are in line with existing data from US samples and also extend these findings to include those with other forms of chronic liver disease. These data highlight the importance of individualized care for young adults, regardless of condition type or healthcare setting, and of clinicians managing their expectations regarding what is considered appropriate condition management in early adulthood. (© 2023 Wiley Periodicals LLC.)

Access or request full text: https://libkey.io/10.1111/petr.14614

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37807641&custid=ns023446

18. Prognostic scores in primary biliary cholangitis patients with advanced disease

Item Type: Journal Article

Authors: Feng, Juan;Xu, Jia-Min;Fu, Hai-Yan;Xie, Nan;Bao, Wei-Min and Tang, Ying-Mei

Publication Date: 2023

Journal: World Journal of Gastrointestinal Surgery 15(8), pp. 1774-1783

Abstract: Background: Due to the chronic progressive disease characteristics of primary biliary cholangitis (PBC), patients with advanced PBC should not be ignored. Most prognostic score studies have focused on early stage PBC.; Aim: To compare the prognostic value of various risk scores in advanced PBC to help PBC patients obtain more monitoring and assessment.; **Methods:** This study considered patients diagnosed with PBC during hospitalization between 2015 and 2021. The clinical stage was primarily middle and late, and patients usually took ursodeoxycholic acid (UDCA) after diagnosis. The discriminatory performance of the scores was assessed with concordance statistics at baseline and after 1 year of UDCA treatment. Telephone follow-up was conducted to analyze the course and disease-associated outcomes. The follow-up deadline was December 31, 2021. We compared the risk score indexes between those patients who reached a composite end point of death or liver transplantation (LT) and those who remained alive at the deadline. The combined performance of prognostic scores in estimating the risk of death or LT after 1 year of UDCA treatment was assessed using Cox regression analyses. Predictive accuracy was evaluated by comparing predicted and actual survival through Kaplan-Meier analyses.; **Results:** We included 397 patients who were first diagnosed with PBC during hospitalization and received UDCA treatment; most disease stages were advanced. After an average of 6.4 ± 1.4 years of follow-up, 82 patients had died, and 4 patients had undergone LT. After receiving UDCA treatment for 1 year, the score with the best discrimination performance was the Mayo, with a concordance statistic of 0.740 (95% confidence interval: 0.690-0.791). The albumin-bilirubin, GLOBE, and Mayo scores tended to overestimate transplant-free survival. Comparing 7 years of calibration results showed that the Mayo score was the best model.; **Conclusion:** The Mayo, GLOBE, UK-PBC, and ALBI scores demonstrated comparable discriminating performance for advanced stage PBC. The Mayo score showed optimal discriminatory performance and excellent predictive accuracy.; Competing Interests: Conflict-of-interest statement: The authors declare that they have no competing interests. (©The Author(s) 2023. Published by Baishideng Publishing Group Inc. All rights reserved.)

Access or request full text: https://libkey.io/10.4240/wjgs.v15.i8.1774

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37701680&custid=ns023446

19. HTA and Gastric Cancer: Evaluating Alternatives in Third- and Fourth-Line Patients

Item Type: Journal Article

Authors: Ferrario, Lucrezia;Asperti, Federica;Aprile, Giuseppe and Giuliani, Jacopo

Publication Date: 2023

Journal: International Journal of Environmental Research and Public Health 20(3)

Abstract: Metastatic gastric cancer (mGC) represents an economic and societal burden worldwide. The present study has two aims. Firstly, it evaluates the benefits and the added value of the introduction of trifluridine/tipiracil (FTD/TPI) in the Italian clinical practice, defining the comparative efficacy and safety profiles with respect to the other available treatment options (represented by the best supportive care (BSC) and FOLFIRI (5-FU, irinotecan, and leucovorin) regimens). Secondly, it assesses the potential economic and organizational advantages for hospitals and patients, focusing on third- and fourth-line treatments. For the achievement of the above objective, a health technology assessment study was conducted in 2021, assuming the NHS perspective within a 3-month time horizon. The literature reported a better efficacy of FTD/TPI with respect to both BSC and FOLFIRI regimens. From an economic perspective, despite the additional economic resources that would be required, the investment could positively impact the overall survival rate for the

patients treated with the FTD/TPI strategy. However, the innovative molecule would lead to a decrease in hospital accesses devoted to chemotherapy infusion, ranging from a minimum of 34% to a maximum of 44%, strictly dependent on FTD/TPI penetration rate, with a consequent opportunity to take on a greater number of oncological patients requiring drug administration for the treatment of any other cancer diseases. According to experts' opinions, lower perceptions of FTD/TPI emerged concerning equity aspects, whereas it would improve both individuals' and caregivers' quality of life. In conclusion, the results have demonstrated the strategic relevance related to the introduction of FTD/TPI regarding the coverage of an important unmet medical need of patients with metastatic gastric cancer who were refractory to at least two prior therapies, with important advantages for patients and hospitals, thus optimizing the clinical pathway of such frail patients.

Access or request full text: https://libkey.io/10.3390/ijerph20032107

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36767474&custid=ns023446

20. The risk of recurrent pancreatitis after first episode of acute pancreatitis in relation to etiology and severity of disease: A systematic review, meta-analysis and meta-regression analysis

Item Type: Journal Article

Authors: Hajibandeh, Shahab;Jurdon, Rebecca;Heaton, Emily;Hajibandeh, Shahin and O'Reilly, David

Publication Date: 2023

Journal: Journal of Gastroenterology and Hepatology 38(10), pp. 1718-1733

Abstract: Background and Aim: The study aims to determine and quantify the stratified risk of recurrent pancreatitis (RP) after the first episode of acute pancreatitis in relation to etiology and severity of disease.; **Methods:** A systematic review and meta-analysis in compliance with PRISMA statement standards was conducted. A search of electronic information sources was conducted to identify all studies investigating the risk of RP after the first episode of acute pancreatitis. Proportion meta-analysis models using random effects were constructed to calculate the weighted summary risks of RP. Meta-regression was performed to evaluate the effect of different variables on the pooled outcomes.; **Results:** Analysis of 57,815 patients from 42 studies showed that the risk of RP after first episode was 19.8% (95% confidence interval CI] 17.5-22.1%). The risk of RP was 11.9% (10.2-13.5%) after gallstone pancreatitis, 28.7% (23.5-33.9%) after alcohol-induced pancreatitis, 30.3% (15.5-45.0%) after hyperlipidemia-induced pancreatitis, 38.1% (28.9-47.3%) after autoimmune pancreatitis, 15.1% (11.6-18.6%) after idiopathic pancreatitis, 22.0% (16.9-27.1%) after mild pancreatitis, 23.9% (12.9-34.8%) after moderate pancreatitis, 21.6% (14.6-28.7%) after severe pancreatitis, and 6.6% (4.1-9.2%) after cholecystectomy following gallstone pancreatitis. Meta-regression confirmed that the results were not affected by the year of study (P = 0.541), sample size (P = 0.064), length of follow-up (P = 0.348), and age of patients (P = 0.138) in the included studies.; **Conclusions:** The risk of RP after the first episode of acute pancreatitis seems to be affected by the etiology of pancreatitis but not the severity of disease. The risks seem to be higher in patients with autoimmune pancreatitis, hyperlipidemia-induced pancreatitis, and alcohol-induced pancreatitis and lower in patients with gallstone pancreatitis and idiopathic pancreatitis. (© 2023 Journal of Gastroenterology and Hepatology Foundation and John Wiley & Sons Australia, Ltd.)

Access or request full text: https://libkey.io/10.1111/jgh.16264

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37366550&custid=ns023446

21. Analyses of sex-based clinicopathological differences among patients with gastrointestinal neuroendocrine neoplasms in Europe

Item Type: Journal Article

Authors: Jann, Henning;Krieg, Sarah;Krieg, Andreas;Eschrich, Johannes;Luedde, Tom;Kostev, Karel;Loosen, Sven and Roderburg, Christoph

Publication Date: 2023

Journal: Journal of Cancer Research and Clinical Oncology 149(10), pp. 7557-7563

Abstract: Background: Previous studies have found variations in cancer types, tumor progression, and disease outcomes between men and women. However, there is limited knowledge of the effect of sex on gastrointestinal neuroendocrine neoplasms (GI-NENs).; **Methods:** We identified 1354 patients with GI-NEN from the IQVIA's Oncology Dynamics database. Patients were derived from four European countries (Germany, France, the United Kingdom (UK), Spain). Clinical and tumor related characteristics including patients' age, tumor stage, tumor grading and differentiation, frequency and sites of metastases, as well as co-morbidities were analyzed as a function of patients´ sex.; **Results:** Among the 1354 included patients, 626 were female and 728 were male. The median age was similar between both groups (w: 65.6 years, SD: 12.1 vs. m: 64.7 years; SD: 11.9; p = 0.452). UK was the country with the most patients, however, there was no differences in the sex ratio between the different countries. Among documented co-morbidities, asthma was more often diagnosed in women (7.7% vs. 3.7%), while COPD was more prevalent in men (12.1% vs. 5.8%). The ECOG performance states was comparable between females and males. Of note, the patients´ sex was not associated with tumor origin (e.g., pNET or siNET). Females were overrepresented among G1 tumors (22.4% vs. 16.8%), however, median proliferation rates according to Ki-67 were similar between both groups. In line, no differences in tumor stages was found and rates of metastases as well as the specific sites of metastases were similar between males and females. Finally, no differences in the applied tumor specific treatments between the both sexes became apparent.; **Conclusion**: Females were overrepresented among G1 tumors. No further sex-specific differences became apparent, highlighting that sex-related factors might play a rather subordinate role in the pathophysiology of GI-NENs. Such data may help to better understand the specific epidemiology of GI-NEN. (© 2023. The Author(s).)

Access or request full text: https://libkey.io/10.1007/s00432-023-04711-4

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36971798&custid=ns023446

22. Feasibility of in vivo magnetic resonance elastography of mesenteric adipose tissue in Crohn's disease

Item Type: Journal Article

Authors: Jensen, Laura J.;Loch, Florian N.;Kamphues, Carsten;Shahryari, Mehrgan;Marticorena Garcia, Stephan,R.;Siegmund, Britta;Weidinger, Carl;Kühl, Anja,A.;Hamm, Bernd;Braun, Jürgen;Sack, Ingolf;Asbach, Patrick and Reiter, Rolf

Publication Date: 2023

Journal: Quantitative Imaging in Medicine and Surgery 13(8), pp. 4792-4805

Abstract: Background: Although there is growing evidence that functional involvement and structural changes of mesenteric adipose tissue (MAT) influence the course of Crohn's disease (CD), its viscoelastic properties remain elusive. Therefore, we aimed to investigate the viscoelastic properties of MAT in CD using magnetic resonance elastography (MRE), providing reference values for CD diagnosis.; **Methods:** In this prospective proof-of-concept study, 31 subjects (CD: n=11; healthy controls: n=20) were consecutively enrolled in a specialized care center for inflammatory bowel diseases (tertiary/quaternary care). Inclusion criteria for the CD patients were a clinically and endoscopically established diagnosis of CD based on the clinical record, absence of other concurrent bowel diseases, scheduled surgery for the following day, and age of at least 18 years. Diagnoses were confirmed by histological analysis of the resected bowel the day after MRE. Subjects were investigated using MRE at 1.5-T with frequencies of 40-70 Hz. To retrieve shear wave speed (SWS), volumes of interest (VOIs) in MAT were drawn adjacent to CD lesions (MAT CD) and on the opposite side without adjacent bowel lesions in patients (MAT CD_Opp) and controls (MAT CTRL). The presented study is not registered in the clinical trial platform.; **Results:** A statistically significant decrease in mean SWS of 7% was found for MAT CD_Opp vs. MAT CTRL (0.76±0.05 vs. 0.82±0.04 m/s, P=0.012), whereas there was a nonsignificant trend with an 8% increase for MAT CD vs. MAT CD_Opp (0.82±0.07 vs. 0.76±0.05 m/s, P=0.098) and no difference for MAT CD vs. MAT CTRL . Preliminary area under the receiver operating characteristic curve (AUC) analysis showed diagnostic accuracy in detecting CD to be excellent for SWS of MAT CD_Opp AUC =0.82; 95% confidence interval (CI): 0.64-0.96] but poor for SWS of MAT CD (AUC =0.52; 95% CI: 0.34-0.73).; **Conclusions:** This study demonstrates the feasibility of MRE of MAT and presents preliminary reference values for CD patients and healthy controls. Our results motivate further studies for the biophysical characterization of MAT in inflammatory bowel disease.;

Access or request full text: https://libkey.io/10.21037/qims-23-41

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37581033&custid=ns023446

23. Multi-system diseases and death trajectory of metabolic dysfunction-associated fatty liver disease: findings from the UK Biobank

Item Type: Journal Article

Authors: Jia, Yu;Li, Dongze;You, Yi;Yu, Jing;Jiang, Wenli;Liu, Yi;Zeng, Rui;Wan, Zhi;Lei, Yi and Liao, Xiaoyang

Publication Date: 2023

Journal: BMC Medicine 21(1), pp. 398

Abstract: Background: Metabolic dysfunction-associated fatty liver disease (MAFLD) is a newly defined condition encompassing hepatic steatosis and metabolic dysfunction. However, the relationship between MAFLD and multi-system diseases remains unclear, and the time-dependent sequence of these diseases requires further clarification.; **Methods:** After propensity score matching, 163,303 MAFLD subjects and 163,303 matched subjects were included in the community-based UK Biobank study. The International Classification of Diseases, Tenth Revision (ICD-10), was used to reclassify medical conditions into 490 and 16 specific causes of death. We conducted a disease trajectory analysis to map the key pathways linking MAFLD to various health conditions, providing an overview of their interconnections.; **Results:** Participants aged 59 (51-64) years, predominantly males (62.5%), were included in the study. During the 12.9-year follow-up period, MAFLD participants were found to have a higher risk of 113 medical conditions and eight causes of death, determined through phenome-wide association analysis using Cox regression models. Temporal disease trajectories of MAFLD were established using disease pairing, revealing intermediary diseases such as asthma, diabetes,

hypertension, hypothyroid conditions, tobacco abuse, diverticulosis, chronic ischemic heart disease, obesity, benign tumors, and inflammatory arthritis. These trajectories primarily resulted in acute myocardial infarction, disorders of fluid, electrolyte, and acid-base balance, infectious gastroenteritis and colitis, and functional intestinal disorders. Regarding death trajectories of MAFLD, malignant neoplasms, cardiovascular diseases, and respiratory system deaths were the main causes, and organ failure, infective disease, and internal environment disorder were the primary end-stage conditions. Disease trajectory analysis based on the level of genetic susceptibility to MAFLD yielded consistent results.; **Conclusions:** Individuals with MAFLD have a risk of a number of different medical conditions and causes of death. Notably, these diseases and potential causes of death constitute many pathways that may be promising targets for preventing general health decline in patients with MAFLD. (© 2023. BioMed Central Ltd., part of Springer Nature.)

Access or request full text: https://libkey.io/10.1186/s12916-023-03080-6

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37864216&custid=ns023446

24. Do gut microbiome-targeted therapies improve liver function in cirrhotic patients? A systematic review and meta-analysis

Item Type: Journal Article

Authors: Jiang, Honglin;Xu, Ning;Zhang, Wei;Wei, Hongjian;Chen, Yue;Jiang, Qingwu and Zhou, Yibiao

Publication Date: 2023

Journal: Journal of Gastroenterology and Hepatology 38(11), pp. 1900-1909

Abstract: Background and Aim: Microbiome-targeted therapies (MTTs) are considered as promising interventions for cirrhosis, but the impact of gut microbiome modulation on liver function and disease severity has not been fully assessed. We comprehensively evaluated the efficacy of MTTs in patients with liver cirrhosis.; **Methods:** Data from randomized controlled trials were collected through MEDLINE, EMBASE, Cochrane Central Register of Controlled Trials, and ClinicalTrial.gov from inception to February 20, 2023. Clinical outcomes were pooled and expressed in terms of risk ratios or mean differences (MD). Additional subgroup and sensitivity analyses were performed to validate the robustness of findings. A trial sequential analysis was applied to calculate the required information size and evaluate the credibility of the meta-analysis results.; **Results:** Twenty-one studies with a total of 1699 cirrhotic patients were included for meta-analysis. MTTs were associated with a significant reduction in aspartate aminotransferase (MD, -3.62; 95% CI, -6.59 to -0.65), the risk of hepatic encephalopathy (risk ratio = 0.56, 95% CI: 0.46 to 0.68), model for end-stage liver disease score (MD, -0.90; 95% CI, -1.17 to -0.11), ammonia (MD, -11.86; 95% CI, -16.39 to -7.33), and endotoxin (MD, -0.14; 95% CI, -0.23 to -0.04). The trial sequential analysis yielded reliable results of these outcomes. No effects were observed on the changes of other hepatic function indicators.; **Conclusion**: MTTs appeared to be associated with a slowed deterioration in liver cirrhosis, which could provide reference for clinicians in treatment of cirrhotic patients based on their conditions. (© 2023 Journal of Gastroenterology and Hepatology Foundation and John Wiley & Sons Australia, Ltd.)

Access or request full text: https://libkey.io/10.1111/jgh.16329

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37582506&custid=ns023446

25. Predicting hepatic encephalopathy in patients with cirrhosis: A UK population-based study and validation of risk scores

Item Type: Journal Article

Authors: Jones, Bethan I.;Jenkins, Cerys A.;Murphy, Daniel;Orr, James;Yeoman, Andrew;Hubbuck, Ellen R.;Heywood, Ben R. and Currie, Craig J.

Publication Date: 2023

Journal: Hepatology Communications 7(11)
Abstract: Background: HE is a common neurologic complication in cirrhosis associated with substantial disease and economic burden. HE symptoms are nonspecific and there are limited ways of identifying patients with cirrhosis at high risk of later developing HE. A risk score was previously developed to identify patients at risk of developing HE in a predominately male US cohort. Here, we evaluated the performance of the HE risk scores in a UK cohort study.; **Methods:** Health care records from Clinical Practice Research Datalink and linked Hospital Episode Statistics were used to select patients with cirrhosis who were diagnosed with HE, confirmed by a diagnosis code for HE or a rifaximin-α prescription. The index date was the date of incident cirrhosis. The study period was from January 2003 to June 2019.; **Results**: A total of 40,809 patients with cirrhosis were selected in the UK cohort, of whom 59% were male. A total of 1561 patients were diagnosed with HE. Applying the UK cohort to the baseline sensitivity risk cutoff (≥-11) from the US cohort provided a sensitivity of 92% and a negative predictive value of 99%. Within a longitudinal model, applying a sensitivity cutoff of ≥-3 to this cohort gave a sensitivity of 89% and a negative predictive value of 99%.; **Conclusions:** Using data from the UK, the previously developed HE risk scores were found to be reliable for selecting those most likely to progress to HE in patients with liver cirrhosis. Despite the HE risk scores originally being estimated using the data from a predominately male US cohort, the scores were validated and found to be generalizable to female patients.

Access or request full text: https://libkey.io/10.1097/HC9.0000000000000307

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37930150&custid=ns023446

26. Novel prognostic biomarkers in decompensated cirrhosis: a systematic review and meta-analysis

Item Type: Journal Article

Authors: Juanola, Adrià;Ma, Ann Thu;de Wit, Koos;Gananandan, Kohilan;Roux, Olivier;Zaccherini, Giacomo;Jiménez, César;Tonon, Marta;Solé, Cristina;Villaseca, Clara;Uschner, Frank E.;Graupera, Isabel;Pose, Elisa;Moreta, Maria José;Campion, Daniela;Beuers, Ulrich;Mookerjee, Rajeshawar P.;Francoz, Claire;Durand, Francois;Vargas, Victor, et al

Publication Date: 2023

Journal: Gut 73(1), pp. 156-165

Abstract: Background: Patients with decompensated cirrhosis experience high mortality rates. Current prognostic scores, including the model for end-stage liver disease (MELD), may underperform in settings other than in those they were initially developed. Novel biomarkers have been proposed to improve prognostication

accuracy and even to predict development of complications.; **Methods:** We performed a systematic review and meta-analysis on novel urine and blood biomarkers and their ability to predict 90-day mortality in patients with decompensated cirrhosis. Secondary outcomes included 28-day and 1-year mortality, and development of acute-on-chronic liver failure, acute kidney injury and other complications. To overcome differences in units, temporal changes in assays and reporting heterogeneity, we used the ratio of means (RoM) as measure of association for assessing strength in predicting outcomes. An RoM>1 implies that the mean biomarker level is higher in those that develop the outcome than in those that do not.; **Results:** Of 6629 unique references, 103 were included, reporting on 29 different biomarkers, with a total of 31 362 biomarker patients. Most studies were prospective cohorts of hospitalised patients (median Child-Pugh-Turcotte score of 9 and MELD score of 18). The pooled 90-day mortality rate was 0.27 (95% CI 0.24 to 0.29). The RoM for predicting 90-day mortality was highest for interleukin 6 (IL-6) (2.56, 95% CI 2.39 to 2.74), followed by urinary neutrophil gelatinase-associated lipocalin (uNGAL) (2.42, 95% CI 2.20 to 2.66) and copeptin (2.33, 95% CI 2.17 to 2.50). These RoMs were all higher than for MELD (1.44, 95% CI 1.42 to 1.46).; **Conclusion:** Novel biomarkers, including IL-6, uNGAL and copeptin, can probably improve prognostication of patients with decompensated cirrhosis compared with MELD alone.; Competing Interests: Competing interests: FD consults for Biotest. VV consults for Promethera and is on the speakers bureau for Intercept. SP advises Mallinckrodt. HW is employed by Evotec and owns stock in Sanofi. PG consults for and received grants from Gilead, Grifols and Mallinckrodt, and consults for Novartis, Martin and Ferring. JT has received speaking and/or consulting fees from Versantis, Gore, Boehringer-Ingelheim, Falk, Grifols, Genfit and CSL Behring. RH is part of the Editorial Board of the Gut journal. (© Author(s) (or their employer(s)) 2024. No commercial re-use. See rights and permissions. Published by BMJ.)

Access or request full text: https://libkey.io/10.1136/gutjnl-2023-329923

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37884354&custid=ns023446

27. A Diagnosis of Irritable Bowel Syndrome Using Rome IV Criteria and Limited Investigations is Durable in Secondary Care

Item Type: Journal Article

Authors: Khasawneh, Mais;Craig, Orla F.;Gracie, David J.;Black, Christopher J. and Ford, Alexander C.

Publication Date: 2023

Journal: Clinical Gastroenterology and Hepatology : The Official Clinical Practice Journal of the American Gastroenterological Association 21(13), pp. 3397

Abstract: Background & Aims: Irritable bowel syndrome (IBS) is a positive diagnosis, made using symptom-based criteria and limited, judicious, investigation. However, this may lead to uncertainty on the part of clinicians regarding potential for a missed diagnosis of organic gastrointestinal disease. Few studies have examined durability of a diagnosis of IBS, and none have used the current gold standard to diagnose IBS, the Rome IV criteria.; **Methods:** We collected complete symptom data from 373 well-characterized adults meeting Rome IV criteria for IBS referred to a single UK clinic between September 2016 and March 2020. All patients underwent relatively standardized work-up to exclude relevant organic disease before diagnosis. We followed these individuals up to December 2022, assessing rates of rereferral, reinvestigation, and missed organic gastrointestinal disease.; **Results:** During a mean follow-up of 4.2 years per patient (total follow-up in all patients, 1565 years), 62 (16.6%) patients were rereferred. Of these, 35 (56.5%) were rereferred for IBS and 27 (43.5%) for other gastrointestinal symptoms. Among the 35 rereferred with IBS this was caused by a change in symptoms in only 5 (14.3%). Reinvestigation was undertaken in 21 (60.0%) of 35 rereferred with IBS and 22 (81.5%) of 27 rereferred with other symptoms (P = .12). Only 4 (9.3% of those reinvestigated and 1.1% of the

entire cohort) new cases of relevant organic disease, which may have been responsible for IBS symptoms at baseline, were identified (1 case of chronic calcific pancreatitis among those rereferred with IBS and 1 case each of inflammatory bowel disease-unclassified, moderate bile acid diarrhea, and small bowel obstruction among those rereferred with other gastrointestinal symptoms).; **Conclusions:** Despite rereferral for gastrointestinal symptoms among 1 in 6 patients overall, with almost 10% rereferred with ongoing IBS symptoms, and substantial reinvestigation rates, missed organic gastrointestinal disease occurred in only 1%. A diagnosis of Rome IV IBS after limited investigation is safe and durable.

Access or request full text: https://libkey.io/10.1016/j.cgh.2023.05.022

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37302448&custid=ns023446

28. Disease Recurrence and Long-term Outcomes Following the Development of Intestinal Failure in Crohn's Disease: Over 20 Years of Experience from a National Reference Centre

Item Type: Journal Article

Authors: Kopczynska, Maja;Crooks, Benjamin;Deutsch, Liat;Conley, Thomas;Stansfield, Catherine;Bond, Ashley;Soop, Mattias;Carlson, Gordon and Lal, Simon

Publication Date: 2023

Journal: Journal of Crohn's & Colitis 17(12), pp. 1910-1919

Abstract: Background and Aims: Intestinal failure IF] is a recognised complication of Crohn's disease CD]. The aim of this study was to identify factors predicting the development and recurrence of CD in patients with IF CD-IF], and their long-term outcomes.; **Methods:** This was a cohort study of adults with CD-IF admitted to a national UK IF reference centre between 2000 and 2021. Patients were followed from discharge with home parenteral nutrition HPN] until death or February 28, 2021.; **Results:** In all, 124 patients were included; 47 37.9%] changed disease location and 55 44.4%] changed disease behaviour between CD and CD-IF diagnosis, with increased upper gastrointestinal involvement 4.0% vs 22.6% patients], p <0.001. Following IF diagnosis, 29/124 23.4%] patients commenced CD prophylactic medical therapy; 18 62.1%] had a history of stricturing or penetrating small bowel disease; and nine 31.0%] had ileocolonic phenotype brought back into continuity. The cumulative incidence of disease recurrence was 2.4% at 1 year, 16.3% at 5 years and 27.2% at 10 years; colon-in-continuity and prophylactic treatment were associated with an increased likelihood of disease recurrence. Catheter-related bloodstream infection CRBSI] rate was 0.32 episodes/1000 catheter days, with no association between medical therapy and CRBSI rate.; **Conclusions:** This is the largest series reporting disease behaviour and long-term outcomes in CD-IF and the first describing prophylactic therapy use. The incidence of disease recurrence was low. Immunosuppressive therapy appears to be safe in HPN-dependent patients with no increased risk of CRBSI. The management of CD-IF needs to be tailored to the patient's surgical disease history alongside disease phenotype.

Access or request full text: https://libkey.io/10.1093/ecco-jcc/jjad105

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37343184&custid=ns023446

29. Barrett's oesophagus with indefinite for dysplasia shows high rates of prevalent and incident neoplasia in a UK multicentre cohort

Item Type: Journal Article

Authors: Kopczynska, Maja;Ratcliffe, Elizabeth;Yalamanchili, Harika;Thompson, Anna;Nimri, Adib;Britton, James and Ang, Yeng

Publication Date: 2023

Journal: Journal of Clinical Pathology 76(12), pp. 847-854

Abstract: Aims: Barrett's oesophagus with indefinite for dysplasia (IDD) carries a risk of prevalent and incident dysplasia and oesophageal adenocarcinoma. This study seeks to determine the risk of neoplasia in a multicentre prospective IDD cohort, along with determining adherence to British Society of Gastroenterology (BSG) guidelines for management and histology reporting.; **Methods:** This was a cohort study using prospectively collected data from pathology databases from two centres in the North West of England (UK). Cases with IDD were identified over a 10-year period. Data were obtained on patient demographics, Barrett's endoscopy findings and histology, outcomes and histological reporting.; **Results:** 102 biopsies with IDD diagnosis in 88 patients were identified. Endoscopy was repeated in 78/88 (88%) patients. 12/78 progressed to low-grade dysplasia (15% or 2.6 per 100 person years), 6/78 (7.7%, 1.3 per 100 person years) progressed to high-grade dysplasia and 6/78 (7.7%, 1.3 per 100 person years) progressed to oesophageal adenocarcinoma. The overall incidence rate for progression to any type of dysplasia was 5.1 per 100 person years. Cox regression analysis identified longer Barrett's segment, multifocal and persistent IDD as predictors of progression to dysplasia. Histology reporting did not meet 100% adherence to the BSG histology reporting minimum dataset prior to or after the introduction of the guidelines.; **Conclusions:** IDD carries significant risk of progression to dysplasia or neoplasia. Therefore, careful diagnosis and management aided by clear histological reporting of these cases is required to diagnose prevalent and incident neoplasia.; Competing Interests: Competing interests: YA and ER receive research funding from Medtronic for other studies. (© Author(s) (or their employer(s)) 2023. No commercial re-use. See rights and permissions. Published by BMJ.)

Access or request full text: https://libkey.io/10.1136/jcp-2022-208524

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36150885&custid=ns023446

30. All-cause and cause-specific mortality in individuals with an alcohol-related emergency or hospital inpatient presentation: A retrospective data linkage cohort study

Item Type: Journal Article

Authors: Leung, Janni;Chiu, Vivian;Man, Nicola;Yuen, Wing See;Dobbins, Timothy;Dunlop, Adrian;Gisev, Natasa;Hall, Wayne;Larney, Sarah;Pearson, Sallie-Anne;Degenhardt, Louisa and Peacock, Amy

Publication Date: 2023

Journal: Addiction (Abingdon, England) 118(9), pp. 1751-1762

Abstract: Background and Aims: Alcohol consumption is a leading risk factor for premature mortality globally, but there are limited studies of broader cohorts of people presenting with alcohol-related problems outside of alcohol treatment services. We used linked health administrative data to estimate all-cause and cause-specific

mortality among individuals who had an alcohol-related hospital inpatient or emergency department presentation.; **Design:** Observational study using data from the Data linkage Alcohol Cohort Study (DACS), a state-wide retrospective cohort of individuals with an alcohol-related hospital inpatient or emergency department presentation.; **Setting:** Hospital inpatient or emergency department presentation in New South Wales, Australia, between 2005 and 2014.; **Participants:** Participants comprised 188 770 individuals aged 12 and above, 66% males, median age 39 years at index presentation.; **Measurements:** All-cause mortality was estimated up to 2015 and cause-specific mortality (by those attributable to alcohol and by specific cause of death groups) up to 2013 due to data availability. Age-specific and age-sex-specific crude mortality rates (CMRs) were estimated, and standardized mortality ratios (SMRs) were calculated using sex and age-specific deaths rates from the NSW population.; **Findings:** There were 188 770 individuals in the cohort (1 079 249 person-years of observation); 27 855 deaths were recorded (14.8% of the cohort), with a CMR of 25.8 95% confidence interval (CI) = 25.5, 26.1] per 1000 person-years and SMR of 6.2 (95% CI = 5.4, 7.2). Mortality in the cohort was consistently higher than the general population in all adult age groups and in both sexes. The greatest excess mortality was from mental and behavioural disorders due to alcohol use (SMR = 46.7, 95% CI = 41.4, 52.7), liver cirrhosis (SMR = 39.0, 95% CI = 35.5, 42.9), viral hepatitis (SMR = 29.4, 95% CI = 24.6, 35.2), pancreatic diseases (SMR = 23.8, 95% CI = 17.9, 31.5) and liver cancer (SMR = 18.3, 95% CI = 14.8, 22.5). There were distinct differences between the sexes in causes of excess mortality (all causes fully attributable to alcohol female versus male risk ratio = 2.5 (95% CI = 2.0, 3.1).; **Conclusions**: In New South Wales, Australia, people who came in contact with an emergency department or hospital for an alcohol-related presentation between 2005 and 2014 were at higher risk of mortality than the general New South Wales population during the same period. (© 2023 The Authors. Addiction published by John Wiley & Sons Ltd on behalf of Society for the Study of Addiction.)

Access or request full text: https://libkey.io/10.1111/add.16218

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37132062&custid=ns023446

31. National study of NAFLD management identifies variation in delivery of care in the UK between 2019 to 2022

Item Type: Journal Article

Authors: Li, Wenhao;Sheridan, David;McPherson, Stuart and Alazawi, William

Publication Date: 2023

Journal: JHEP Reports : Innovation in Hepatology 5(12), pp. 100897

Abstract: Background & Aims: Non-alcoholic fatty liver disease (NAFLD) is associated with liver and cardiovascular morbidity and mortality. Recently published NAFLD Quality Standards include 11 key performance indicators (KPIs) of good clinical care. This national study, endorsed by British Association for the Study of the Liver (BASL) and British Society of Gastroenterology (BSG), aimed to benchmark NAFLD care in UK hospitals against these KPIs.; **Methods:** This study included all new patients with NAFLD reviewed in the outpatient clinic in the months of March 2019 and March 2022. Participating UK hospitals self-registered for the study through BASL/BSG. KPI outcomes were compared using Fisher's exact or Chi-square tests.; **Results**: Data from 776 patients with NAFLD attending 34 hospitals (England 25], Scotland four], Wales three], Northern Ireland two]) were collected. A total of 85.3% of hospitals reported established local liver disease assessment pathways, yet only 27.9% of patients with suspected NAFLD had non-invasive fibrosis assessment documented at the point of referral to secondary care. In secondary care, 79.1% of patients had fibrosis assessment. Assessment of cardiometabolic risk factors including obesity, type 2 diabetes, hypertension, and smoking were conducted in 73.2%, 33.0%, 19.3%, and 54.9% of all patients, respectively. There was limited documentation of

diet (35.7%) and exercise advice (55.1%). Excluding those on statins, only 9.1% of patients with NAFLD at increased cardiovascular risk (T2DM and/or QRISK-3 >10%) had documented discussion of statin treatment. Significant KPI improvements from 2019 to 2022 were evident in use of non-invasive fibrosis assessment before secondary care referral, statin recommendations, and diet and exercise recommendations.; **Conclusions:** This national study identified substantial variation in NAFLD management in the UK with clear areas for improvement, particularly fibrosis risk assessment before secondary care referral and management of associated cardiometabolic risk factors.; Impact and Implications: This study identified significant variation in the management of NAFLD in the UK. Only 27.9% of patients with suspected NAFLD had non-invasive fibrosis assessment performed to identify those at greater risk of advanced liver disease before specialist referral. Greater emphasis is needed on the management of associated cardiometabolic risk factors in individuals with NAFLD. Hospitals with multidisciplinary NAFLD service provision had higher rates of fibrosis evaluation and assessment and management of cardiometabolic risk than hospitals without multidisciplinary services. Further work is needed to align guideline recommendations and real-world practice in NAFLD care.; Competing Interests: WA has received honoraria for speaking and consultancy from Gilead Sciences, Glaxosmithkline, Intercept, and Coherus, and competitive funding from Gilead Sciences and Glaxosmithkline. He is supported by grant funding from the Medical Research Council. SMc has received consultancy/speaker's fees from Abbvie, Allergan, BMS, Gilead, Intercept, MSD, Novo Nordisk, Norgine, Novartis, and Sequana. He is supported by a Medical Research Council CARP grant and the Newcastle NIHR Biomedical Research Centre. Other authors have no conflicts of interest to declare. Please refer to the accompanying ICMJE disclosure forms for further details. (© 2023 Published by Elsevier B.V. on behalf of European Association for the Study of the Liver (EASL).)

Access or request full text: https://libkey.io/10.1016/j.jhepr.2023.100897

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=38023607&custid=ns023446

32. British Society of Gastroenterology Best Practice Guidance: outpatient management of cirrhosis - part 2: decompensated cirrhosis

Item Type: Journal Article

Authors: Mansour, Dina;Masson, Steven;Corless, Lynsey;Douds, Andrew C.;Shawcross, Debbie L.;Johnson, Jill;Leithead, Joanna A.;Heneghan, Michael A.;Rahim, Mussarat Nazia;Tripathi, Dhiraj;Ross, Valerie;Hammond, John;Grapes, Allison;Hollywood, Coral;Botterill, Gemma;Bonner, Emily;Donnelly, Mhairi;McPherson, Stuart and West, Rebecca

Publication Date: 2023

Journal: Frontline Gastroenterology 14(6), pp. 462-473

Abstract: There are two distinct phases in the natural history of cirrhosis: compensated disease (corresponding to Child Pugh A and early Child Pugh B disease), where the patient may be largely asymptomatic, progressing with increasing portal hypertension and liver dysfunction to decompensated disease (corresponding to Child Pugh late B-C), characterised by the development of overt clinical signs, including jaundice, hepatic encephalopathy (HE), ascites, renal dysfunction and variceal bleeding. The transition from compensated cirrhosis to decompensated cirrhosis (DC) heralds a watershed in the nature and prognosis of the disease. DC is a systemic disease, characterised by multiorgan/system dysfunction, including haemodynamic and immune dysfunction. In this second part of our three-part series on the outpatient management of cirrhosis, we address outpatient management of DC, including management of varices, ascites, HE, nutrition, liver transplantation and palliative care. We also introduce an outpatient DC care bundle. For recommendations on screening for osteoporosis, hepatocellular carcinoma surveillance and vaccination see part one of the guidance. Part 3 of the

guidance focusses on special circumstances encountered in patients with cirrhosis, including surgery, pregnancy, travel, management of bleeding risk for invasive procedures and portal vein thrombosis.; Competing Interests: Competing interests: DM has received consultancy fees from Falk Pharma; SMcPherson has received personal fees outside the submitted work from Gilead, Intercept and Novonordisk and Norgine Pharmaceuticals; SMasson has received speakers fees from Dr Falk, Norgine Pharmaceuticals, Sandoz; JAL has received speakers fees from Advanz; DLS has undertaken consultancy for Norgine Pharmaceuticals, EnteroBiotix, Mallinckrodt Pharmaceuticals and ONO Pharma UK and has delivered paid lectures for Norgine Pharmaceuticals Ltd, Falk Pharma and Aska Pharmaceutical. (© Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.)

Access or request full text: https://libkey.io/10.1136/flgastro-2023-102431

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37862447&custid=ns023446

33. British Society of Gastroenterology Best Practice Guidance: outpatient management of cirrhosis - part 3: special circumstances

Item Type: Journal Article

Authors: Mansour, Dina;Masson, Steven;Hammond, John;Leithead, Joanna A.;Johnson, Jill;Rahim, Mussarat Nazia;Douds, Andrew C.;Corless, Lynsey;Shawcross, Debbie L.;Heneghan, Michael A.;Tripathi, Dhiraj;McPherson, Stuart;Bonner, Emily;Botterill, Gemma;West, Rebecca;Donnelly, Mhairi;Grapes, Allison;Hollywood, Coral and Ross, Valerie

Publication Date: 2023

Journal: Frontline Gastroenterology 14(6), pp. 474-482

Abstract: The prevalence of cirrhosis has risen significantly over recent decades and is predicted to rise further. Widespread use of non-invasive testing means cirrhosis is increasingly diagnosed at an earlier stage. Despite this, there are significant variations in outcomes in patients with cirrhosis across the UK, and patients in areas with higher levels of deprivation are more likely to die from their liver disease. This three-part best practice guidance aims to address outpatient management of cirrhosis, in order to standardise care and to reduce the risk of progression, decompensation and mortality from liver disease. Part 1 addresses outpatient management of compensated cirrhosis: screening for hepatocellular cancer, varices and osteoporosis, vaccination and lifestyle measures. Part 2 concentrates on outpatient management of decompensated disease including management of ascites, encephalopathy, varices, nutrition as well as liver transplantation and palliative care. In this, the third part of the guidance, we focus on special circumstances encountered in managing people with cirrhosis, namely surgery, pregnancy, travel, managing bleeding risk for invasive procedures and portal vein thrombosis.; Competing Interests: Competing interests: DM has received consultancy fees from Falk Pharma; SMcPherson has received personal fees outside the submitted work from Gilead, Intercept and Novonordisk and Norgine Pharmaceuticals; SMasson has received speakers fees from Dr Falk, Norgine Pharmaceuticals, Sandoz; JAL has received speakers fees from Advanz; DLS has undertaken consultancy for Norgine Pharmaceuticals, EnteroBiotix, Mallinckrodt Pharmaceuticals and ONO Pharma UK and has delivered paid lectures for Norgine Pharmaceuticals, Falk Pharma and Aska Pharmaceutical. (© Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.)

Access or request full text: https://libkey.io/10.1136/flgastro-2023-102432

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37862443&custid=ns023446

34. British Society of Gastroenterology Best Practice Guidance: outpatient management of cirrhosis - part 1: compensated cirrhosis

Item Type: Journal Article

Authors: Mansour, Dina;Masson, Steven;Shawcross, Debbie L.;Douds, Andrew C.;Bonner, Emily;Corless, Lynsey;Leithead, Joanna A.;Hammond, John;Heneghan, Michael A.;Rahim, Mussarat Nazia;Tripathi, Dhiraj;West, Rebecca;Johnson, Jill;Botterill, Gemma;Hollywood, Coral;Ross, Valerie;Donnelly, Mhairi;Compston, Juliet E.;McPherson, Stuart and Grapes, Allison

Publication Date: 2023

Journal: Frontline Gastroenterology 14(6), pp. 453-461

Abstract: The prevalence of cirrhosis has risen significantly over recent decades and is predicted to rise further. Widespread use of non-invasive testing means cirrhosis is increasingly diagnosed at an earlier stage. Despite this, there are significant variations in outcomes in patients with cirrhosis across the UK, and patients in areas with higher levels of deprivation are more likely to die from their liver disease. This three-part best practice guidance aims to address outpatient management of cirrhosis, in order to standardise care and to reduce the risk of progression, decompensation and mortality from liver disease. Here, in part one, we focus on outpatient management of compensated cirrhosis, encompassing hepatocellular cancer surveillance, screening for varices and osteoporosis, vaccination and lifestyle measures. We also introduce a compensated cirrhosis care bundle for use in the outpatient setting. Part two concentrates on outpatient management of decompensated disease including management of ascites, encephalopathy, varices, nutrition as well as liver transplantation and palliative care. The third part of the guidance covers special circumstances encountered in managing people with cirrhosis: surgery, pregnancy, travel, managing bleeding risk for invasive procedures and portal vein thrombosis.; Competing Interests: Competing interests: DM has received consultancy fees from Falk Pharma. SMc has received personal fees outside the submitted work from Gilead, Intercept and Novonordisk and Norgine Pharmaceuticals. SM has received speakers' fees from Dr Falk, Norgine Pharmaceuticals and Sandoz. JAL has received speakers' fees from Advanz. DLS has undertaken consultancy for Norgine Pharmaceuticals, EnteroBiotix, Mallinckrodt Pharmaceuticals and ONO Pharma UK, and has delivered paid lectures for Norgine Pharmaceuticals, Falk Pharma and Aska Pharmaceutical Co.

Access or request full text: https://libkey.io/10.1136/flgastro-2023-102430

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37862444&custid=ns023446

35. Utilising Pancreatic Exocrine Insufficiency in the Detection of Resectable Pancreatic Ductal Adenocarcinoma

Item Type: Journal Article

Authors: McDonnell, Declan;Afolabi, Paul R.;Wilding, Sam;Griffiths, Gareth O.;Swann, Jonathan R.;Byrne, Christopher D. and Hamady, Zaed Z.

Publication Date: 2023

Journal: Cancers 15(24)
Abstract: Pancreatic ductal adenocarcinoma (PDAC) is usually diagnosed late, leading to a high mortality rate. Early detection facilitates better treatment options. The aim of this UK-based case-control study was to determine whether two validated tests for pancreatic exocrine insufficiency (PEI), namely, the 13 C-mixed triglyceride breath test (13 C-MTGBT) and a faecal elastase (FE-1) test, can discriminate between patients with resectable PDAC versus healthy volunteers (HVs) along with a comparison group with chronic pancreatitis (CP). Discrimination between disease states and HVs was tested with receiver operator characteristic (ROC) curves. In total, 59 participants (23 PDAC (16 men), 24 HVs (13 men) and 12 CP (10 men)) were recruited, with a similar age in each population, and a combined median (IQR) age of 66 (57-71). The areas under the ROC curve for discriminating between PDAC and HVs were 0.83 (95% CI: 0.70-0.96) for the 13 C-MTGBT, and 0.85 (95% CI: 0.75-0.95) for the FE-1 test. These were similar to CP vs. HV. In conclusion, PEI occurs in resectable PDAC to a similar extent as in CP; further large-scale, prospective studies using these tests in the primary care setting on high-risk groups are warranted.

Access or request full text: https://libkey.io/10.3390/cancers15245756

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=38136302&custid=ns023446

36. Survey of liver pathologists to assess attitudes towards digital pathology and artificial intelligence

Item Type: Journal Article

Authors: McGenity, Clare;Randell, Rebecca;Bellamy, Christopher;Burt, Alastair;Cratchley, Alyn;Goldin, Robert;Hubscher, Stefan G.;Neil, Desley A. H.;Quaglia, Alberto;Tiniakos, Dina;Wyatt, Judy and Treanor, Darren

Publication Date: 2023

Journal: Journal of Clinical Pathology 77(1), pp. 27-33

Abstract: Aims: A survey of members of the UK Liver Pathology Group (UKLPG) was conducted, comprising consultant histopathologists from across the UK who report liver specimens and participate in the UK National Liver Pathology External Quality Assurance scheme. The aim of this study was to understand attitudes and priorities of liver pathologists towards digital pathology and artificial intelligence (AI).; **Methods:** The survey was distributed to all full consultant members of the UKLPG via email. This comprised 50 questions, with 48 multiple choice questions and 2 free-text questions at the end, covering a range of topics and concepts pertaining to the use of digital pathology and AI in liver disease.; **Results:** Forty-two consultant histopathologists completed the survey, representing 36% of fully registered members of the UKLPG (42/116). Questions examining digital pathology showed respondents agreed with the utility of digital pathology for primary diagnosis 83% (34/41), second opinions 90% (37/41), research 85% (35/41) and training and education 95% (39/41). Fatty liver diseases were an area of demand for AI tools with 80% in agreement (33/41), followed by neoplastic liver diseases with 59% in agreement (24/41). Participants were concerned about AI development without pathologist involvement 73% (30/41), however, 63% (26/41) disagreed when asked whether AI would replace pathologists.; **Conclusions:** This study outlines current interest, priorities for research and concerns around digital pathology and AI for liver pathologists. The majority of UK liver pathologists are in favour of the application of digital pathology and AI in clinical practice, research and education.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY. Published by BMJ.)

Access or request full text: https://libkey.io/10.1136/jcp-2022-208614

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36599660&custid=ns023446

37. Opinion paper on the diagnosis and treatment of progressive familial intrahepatic cholestasis

Item Type: Journal Article

Authors: McKiernan, Patrick;Bernabeu, Jesus Quintero;Girard, Muriel;Indolfi, Giuseppe;Lurz, Eberhard and Trivedi, Palak

Publication Date: 2023

Journal: JHEP Reports : Innovation in Hepatology 6(1), pp. 100949

Abstract: Background & Aims: Progressive familial intrahepatic cholestasis (PFIC) relates to a group of rare, debilitating, liver disorders which typically present in early childhood, but have also been reported in adults. Without early detection and effective treatment, PFIC can result in end-stage liver disease. The aim of the paper was to put forward recommendations that promote standardisation of the management of PFIC in clinical practice.; **Methods:** A committee of six specialists came together to discuss the challenges faced by physicians in the management of PFIC. The committee agreed on two key areas where expert guidance is required to optimise care: (1) how to diagnose and treat patients with a clinical presentation of PFIC in the absence of clear genetic test results/whilst awaiting results, and (2) how to monitor disease progression and response to treatment. A systematic literature review was undertaken to contextualise and inform the recommendations.; **Results:** An algorithm was developed for the diagnosis and treatment of children with suspected PFIC. The algorithm recommends the use of licensed inhibitors of ileal bile acid transporters as the first-line treatment for patients with PFIC and suggests that genetic testing be used to confirm genotype whilst treatment is initiated in patients in whom PFIC is suspected. The authors recommend referring patients to an experienced centre, and ensuring that monitoring includes measurements of pruritus, serum bile acid levels, growth, and quality of life following diagnosis and during treatment.; **Conclusions:** The algorithm presented within this paper offers guidance to optimise the management of paediatric PFIC. The authors hope that these recommendations will help to standardise the management of PFIC in the absence of clear clinical guidelines.; Impact and Implications: This opinion paper outlines a consistent approach to the contemporaneous diagnosis, monitoring, referral and management of children with progressive familial intrahepatic cholestasis. This should assist physicians given the recent developments in genetic diagnosis and the availability of effective drug therapy. This manuscript will also help to raise awareness of current developments and educate health planners on the place for new drug therapies in progressive familial intrahepatic cholestasis.; Competing Interests: PM: consultant for Albireo Pharma. JQB: consultant for Albireo Pharma, Mirum, Orphalan, Astra-Zeneca and Intercept Pharmaceuticals. MG: consultant for Albireo Pharma, Mirum and Orphalan. GI: consultant for Albireo Pharma, Mirum and Kedrion Pharma. EL: speaker agreements with Albireo Pharma, Mirum, Nutiricia and Takeda. PT: consultant for Albireo Pharma, GSK, Dr Falk Pharma, Gilead Medical, Advanz / Intercept Pharmaceuticals, Pliant Pharma, Cymabay. Grant Support from BMS, GSK, Dr Falk Pharma, Gilead Medical, Advanz / Intercept Pharmaceuticals, Regeneron, the Wellcome Trust, the Medical Research Foundation, LifeArc, Innovate UK and NIHR. Please refer to the accompanying ICMJE disclosure forms for further details. (© 2023 The Author(s).)

Access or request full text: https://libkey.io/10.1016/j.jhepr.2023.100949

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=38192535&custid=ns

023446

38. Fifteen-minute consultation: Rectal bleeding in children

Item Type: Journal Article

Authors: Metezai, Huria;Wahid, Amar;Jones, Ceri and Evans, Jordan

Publication Date: 2023

Journal: Archives of Disease in Childhood.Education and Practice Edition 108(5), pp. 320-325

Abstract: Bleeding per rectum in children is an infrequent presentation associated with a wide range of differential diagnoses, from benign to life-threatening. Irrespective of the underlying aetiology, it is typically a worrisome symptom for caregivers. Published data are limited, particularly for the UK population, from which to provide clear evidence-based guidance for assessment and management of infants, children and young people presenting with bleeding per rectum. In this Fifteen-Minute Consultation, we therefore explore the common aetiologies and combine opinions from acute paediatrics, paediatric gastroenterology and paediatric surgery to offer a structure for a diagnostic approach and initial management of lower gastrointestinal bleeding in infants, children and young people.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2023. No commercial re-use. See rights and permissions. Published by BMJ.)

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URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36564158&custid=ns023446

39. The top 10 research priorities for pancreatitis: findings from a James Lind Alliance priority setting partnership

Item Type: Journal Article

Authors: Mitra, Vikramjit;Munnelly, Stacey;Grammatikopoulos, Tassos;Mole, Damian;Hopper, Andrew;Ryan, Barbara;Phillips, Mary;Tarpey, Maryrose and Leeds, John

Publication Date: 2023

Journal: The Lancet. Gastroenterology & Hepatology 8(9), pp. 780-782

Abstract: Competing Interests: The James Lind Alliance priority setting partnership dealing with the diagnosis, treatment, and care of people with pancreatitis was funded equally by the Guts UK Charity, the British Society of Gastroenterology, and the Pancreatic Society of Great Britain and Ireland. JL has received research funding and honoraria from Viatris for teaching. DMis a founder director of Kynos Therapeutics and APPreSci (neither of which have products in development for pancreatitis), and has received consulting fees from GSK, Calcimedica, Medixci, FlexWave Medical, Healthcare Ventures, Phoenix Group, and Epidarex Capital. MP has received honoraria for teaching and advisory panel membership from Viatris and Nutricia Clinical Care. AH has received honoraria for teaching and resource development from Mylan. SM has received honoraria for teaching via webinar from Viatris 2020, and for reviewing information materials from the Guts UK charity in 2022. MT was paid a professional fee as the independent James Lind adviser for this priority setting partnership. All other authors declared no competing interests. We thank all the people with pancreatitis, relatives, carers, and

health-care professionals who took part in this priority setting partnership, including the final workshop.

Access or request full text: https://libkey.io/10.1016/S2468-1253(23)00151-6

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37356452&custid=ns023446

40. Retrospective chart review study of use of cannabidiol (CBD) independent of concomitant clobazam use in patients with Lennox-Gastaut syndrome or Dravet syndrome

Item Type: Journal Article

Authors: Nabbout, Rima;Arzimanoglou, Alexis;Auvin, Stéphane;Berquin, Patrick;Desurkar, Archana;Fuller, Douglas;Nortvedt, Charlotte;Pulitano, Patrizia;Rosati, Anna;Soto, Victor;Villanueva, Vicente and Cross, J. H.

Publication Date: 2023

Journal: Seizure 110, pp. 78-85

Abstract: Purpose: This retrospective chart review study (GWEP20052) evaluated plant-derived highly purified cannabidiol (CBD; Epidyolex®; 100 mg/mL oral solution) use without clobazam as add-on therapy in patients aged ≥2 years with Lennox-Gastaut syndrome (LGS) or Dravet syndrome (DS) enrolled in a European Early Access Program.; **Methods:** Data were extracted from patient charts covering a period starting 3 months before CBD treatment and concluding after 12 months of CBD treatment, or sooner if a patient discontinued CBD or started clobazam.; **Results**: Of 114 enrolled patients, data were available for 107 (92 LGS, 15 DS) who received CBD without clobazam for ≥3 months. Mean age: 14.5 (LGS) and 10.5 (DS) years; female: 44% (LGS) and 67% (DS). Mean time-averaged CBD dose: 13.54 (LGS) and 11.56 (DS) mg/kg/day. Median change from baseline in seizure frequency per 28 days over 3-month intervals varied from -6.2% to -20.9% for LGS and 0% to -16.7% for DS. Achievement of ≥50% reduction in drop (LGS) or convulsive (DS) seizures at 3 and 12 months: LGS, 19% (n = 69) and 30% (n = 53); DS, 21% (n = 14) and 13% (n = 8). Retention on CBD without clobazam (enrolled set): 94%, 80%, 69%, and 63% at 3, 6, 9, and 12 months. Adverse event (AE) incidence was 31%, most commonly somnolence, seizure, diarrhea, and decreased appetite. Two patients discontinued CBD owing to AEs, and four patients with LGS experienced elevated liver enzymes.; **Conclusion:** Results support favorable effectiveness and retention of CBD without concomitant clobazam for up to 12 months in clinical practice.;

Access or request full text: https://libkey.io/10.1016/j.seizure.2023.05.003

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37331197&custid=ns023446

41. Endoscopic ultrasound guided gastrojejunostomy in the treatment of gastric outlet obstruction: multi-centre experience from the United Kingdom

Item Type: Journal Article

Authors: On, Wei;Huggett, Matthew T.;Young, Alistair;Pine, James;Smith, Andrew M.;Tehami, Nadeem;Maher, Ben;Pereira, Stephen P.;Johnson, Gavin and Paranandi, Bharat

Publication Date: 2023

Journal: Surgical Endoscopy 37(3), pp. 1749-1755

Abstract: Background: Endoscopic ultrasound guided gastrojejunostomy (EUS-GJ) with lumen apposing metal stents has recently emerged as a viable option, as an alternative to surgical gastrojejunostomy and endoscopic enteral stenting, for managing gastric outlet obstruction (GOO). We aim to perform a retrospective analysis of the efficacy, safety and outcomes of EUS-GJ performed at three tertiary institutions in the United Kingdom.; **Methods:** Consecutive patients who underwent EUS-GJ between August 2018 and March 2021 were identified from a prospectively maintained database. Data were obtained from interrogation of electronic health records.; **Results:** Twenty five patients (15 males) with a median age of 63 years old (range 29-80) were included for analysis. 88% (22/25) of patients had GOO due to underlying malignant disease. All patients were deemed surgically inoperable or at high surgical risk. Both technical and clinical success were achieved in 92% (23/25) of patients. There was an improvement in the mean Gastric Outlet Obstruction Scoring System scores following a technically successful EUS-GJ (2.52 vs 0.68, p < 0.01). Adverse events occurred in 2/25 patients (8%), both due to stent maldeployment necessitating endoscopic closure of the gastric defect with clips. Long-term follow-up data were available for 21 of 23 patients and the re-intervention rate was 4.8% (1/21) over a median follow-up period of 162 (range 5-474) days.; **Conclusion:** EUS-GJ in carefully selected patients is an effective and safe procedure when performed by experienced endoscopists. (© 2022. Crown.)

Access or request full text: https://libkey.io/10.1007/s00464-022-09692-y

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36217058&custid=ns023446

42. Health-related Quality of Life in Patients With Nonalcoholic Fatty Liver Disease: A Prospective Multi-center UK Study

Item Type: Journal Article

Authors: Papatheodoridi, Margarita;Pallini, Giada;Aithal, Guruprasad;Lim, Hong Kai;Cobbold, Jeremy;Plaz Torres, Maria Corina;Misas, Marta Guerrero;Ryan, John;Tomlinson, Jeremy;Allison, Michael;Longworth, Louise and Tsochatzis, Emmanuel A.

Publication Date: 2023

Journal: Clinical Gastroenterology and Hepatology : The Official Clinical Practice Journal of the American Gastroenterological Association 21(12), pp. 3107

Abstract: Background & Aims: It is unclear whether health-related quality of life (HRQoL) is impaired in patients with nonalcoholic fatty liver disease (NAFLD) without advanced fibrosis and how this compares with the general population. We aimed to assess HRQoL in patients with NAFLD in comparison to the general population and any associations of fibrosis severity and metabolic comorbidities with impairments in HRQoL.; **Methods:** We prospectively enrolled 513 consecutive patients with NAFLD who completed the EuroQol 5-dimensional questionnaire (EQ-5D) and Chronic Liver Disease Questionnaires (CLDQ). Demographic and clinical information, liver biopsy results, and/or liver stiffness (LS) by transient elastography were recorded. A general population sub-cohort of the Health Survey for England 2018 was used as a comparator (n = 5483), and a 1:1 propensity-score (PS) matching was performed, according to age, sex, body mass index, and type 2 diabetes mellitus (T2DM).; **Results:** EQ-5D-5L utility was significantly lower in 466 PS-matched patients with NAFLD compared with PS-matched controls (0.77 ± 0.27 vs 0.84 ± 0.19; P < .001), even in those without advanced fibrosis (F ≤2 or LS <8kPa) (0.80 ± 0.24 vs 0.84 ± 0.19; P = .024). HRQoL measures (EQ-5D-5L, EQ-VAS, CLDQ) did not differ between patients with NAFLD with and without advanced fibrosis. LS was independently associated with lower EQ-5D-5L in all patients with NAFLD but not in those without advanced fibrosis. In the latter, lower EQ-5D-5L

was associated with female sex, T2DM, and depression.; **Conclusions:** Patients with NAFLD, even those without advanced fibrosis, have worse HRQoL compared with the general population. In patients with NAFLD without advanced fibrosis, HRQoL is independently associated with non-liver comorbidities but not LS. Multi-disciplinary management is therefore required in NAFLD, irrespective of fibrosis severity. (Copyright © 2023 The Authors. Published by Elsevier Inc. All rights reserved.)

Access or request full text: https://libkey.io/10.1016/j.cgh.2023.04.018

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37880933&custid=ns023446

43. Quality standards for the management of alcohol-related liver disease: consensus recommendations from the British Association for the Study of the Liver and British Society of Gastroenterology ARLD special interest group

Item Type: Journal Article

Authors: Parker, Richard;Allison, Michael;Anderson, Seonaid;Aspinall, Richard;Bardell, Sara;Bains, Vikram;Buchanan, Ryan;Corless, Lynsey;Davidson, Ian;Dundas, Pauline;Fernandez, Jeff;Forrest, Ewan;Forster, Erica;Freshwater, Dennis;Gailer, Ruth;Goldin, Robert;Hebditch, Vanessa;Hood, Steve;Jones, Arron;Lavers, Victoria, et al

Publication Date: 2023

Journal: BMJ Open Gastroenterology 10(1)
Abstract: Objective: Alcohol-related liver disease (ALD) is the most common cause of liver-related ill health and liver-related deaths in the UK, and deaths from ALD have doubled in the last decade. The management of ALD requires treatment of both liver disease and alcohol use; this necessitates effective and constructive multidisciplinary working. To support this, we have developed quality standard recommendations for the management of ALD, based on evidence and consensus expert opinion, with the aim of improving patient care.; **Design:** A multidisciplinary group of experts from the British Association for the Study of the Liver and British Society of Gastroenterology ALD Special Interest Group developed the quality standards, with input from the British Liver Trust and patient representatives.; **Results:** The standards cover three broad themes: the recognition and diagnosis of people with ALD in primary care and the liver outpatient clinic; the management of acutely decompensated ALD including acute alcohol-related hepatitis and the posthospital care of people with advanced liver disease due to ALD. Draft quality standards were initially developed by smaller working groups and then an anonymous modified Delphi voting process was conducted by the entire group to assess the level of agreement with each statement. Statements were included when agreement was 85% or greater. Twenty-four quality standards were produced from this process which support best practice. From the final list of statements, a smaller number of auditable key performance indicators were selected to allow services to benchmark their practice and an audit tool provided.; **Conclusion:** It is hoped that services will review their practice against these recommendations and key performance indicators and institute service development where needed to improve the care of patients with ALD.; Competing Interests: Competing interests: RP: research support from NIHR and LEeds Hospital Charity. Consulting fees from Durect. Fees for speaking from Norgine Pharmaceuticals. Advisory board fees from Novo Nordisk. LC: consulting fees from Novo Nordisk relating to non-alcohol-related fatty liver disease. TP: research grant support from NIHR, Society for the Study of Addiction, Office of Police and Crime Commissioner. SMorgan: research support from NIHR. Consulting fees from Norgine Pharmaceuticals, Payment or honoraria from Sandoz UK and Dr Falk. LEadership roles with BRitish Society of Gastroenterology, Alcohol HEalth Alliance, Medical Council on Alcohol.These authors declare no conflicts of interest: SA, MA, RA, SB, VB, RB, ID, AD, PD, RGailer, EForrest, EForster, RGoldin, VH, AJ, VL, DL, JMcDonagh, JMaurice, SMasson, TN, EO, GP, NRajoriya, NRainford, PR, JR, JS, MS, AS, ES, JT, RV, IW and AW. (©

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URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37797967&custid=ns023446

44. A Systematised Literature Review of Real-World Treatment Patterns and Outcomes in Unresectable Advanced or Metastatic Biliary Tract Cancer

Item Type: Journal Article

Authors: Peirce, Vivian;Paskow, Michael;Qin, Lei;Dadzie, Ruby;Rapoport, Maria;Prince, Samantha and Johal, Sukhvinder

Publication Date: 2023

Journal: Targeted Oncology 18(6), pp. 837-852

Abstract: Background: Biliary tract cancers are rare aggressive malignancies typically diagnosed when the disease is metastatic or unresectable, precluding curative treatment.; **Objective:** We aimed to identify treatment guidelines, real-world treatment patterns, and outcomes for unresectable advanced or metastatic biliary tract cancers in adult patients.; **Methods**: Databases (MEDLINE, Embase, Cochrane Database of Systematic Reviews) were systematically searched between 1 January, 2000 and 25 November, 2021, and supplemented by hand searches. Eligible records were (1) treatment guidelines and (2) observational studies reporting real-world treatment outcomes, for unresectable advanced or metastatic biliary tract cancers. Only studies performed in the UK, Germany, France, Australia, Canada and South Korea were extracted, to moderate the number of records for synthesis while maintaining representation of a wide range of biliary tract cancer incidences.; **Results:** A total of 66 relevant unique full-text records were extracted, including 16 treatment guidelines and 50 observational studies. Among guidelines, chemotherapies were most strongly recommended at first line (1L); the combination of gemcitabine and cisplatin (GEMCIS) was recommended as the standard of care in 1L. Recommendations for systemic chemotherapy in the second line (2L) conflicted because of uncertainties around survival benefit. Guidelines on further lines of treatment included a range of locoregional modalities and stenting or best supportive care without providing clear recommendations because of data paucity. Fifty observational studies reporting real-world treatment outcomes were extracted, of which 25 (50%) and 9 (18%) reported outcomes in 1L and 2L, respectively; 22 (44%) reported outcomes for treatments described as 'palliative'. In 1L, outcomes for systemic chemotherapy were most frequently described (23/25 studies), and GEMCIS was the most common systemic chemotherapy used (10/23 studies) in line with guidelines. Median overall survival with 1L systemic chemotherapy was < 12 months in most studies (16/23; range 4.7-22.3 months). Most 2L studies (10/11) described outcomes for systemic chemotherapy, most commonly for fluoropyrimidine-based regimen (5/10 studies). Median overall survival with 2L systemic chemotherapy was < 12 months in 5/10 studies (range 4.9-21.5 months). Median progression-free survival was reported more rarely than median overall survival. Some studies with small sample sizes or specifically selected patient populations (e.g. higher performance status, or patients who had already responded to treatment) achieved higher median overall survival.; **Conclusions:** At the time of this review, treatment options for unresectable advanced or metastatic biliary tract cancers confer poor real-world survival. For over a decade, GEMCIS remained the 1L standard of care, highlighting the lack of therapeutic innovation in this indication and the urgent unmet need for novel treatments with improved outcomes in this aggressive condition. Additional observational studies are needed to further understand the effectiveness of currently available treatments, as well as newly available therapies including the addition of immunotherapy in the evolving treatment landscape.

Access or request full text: https://libkey.io/10.1007/s11523-023-01000-5

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37751011&custid=ns023446

45. Diagnostic accuracy of FibroScan-AST (FAST) score for the non-invasive identification of patients with fibrotic non-alcoholic steatohepatitis: a systematic review and meta-analysis

Item Type: Journal Article

Authors: Ravaioli, Federico;Dajti, Elton;Mantovani, Alessandro;Newsome, Philip Noel;Targher, Giovanni and Colecchia, Antonio

Publication Date: 2023

Journal: Gut 72(7), pp. 1399-1409

Abstract: Objective: A simple combined score with liver stiffness, controlled attenuation parameter and serum aspartate aminotransferase (AST), the FibroScan-AST (FAST) score, has been proposed to non-invasively identify patients with fibrotic non-alcoholic steatohepatitis (NASH). We performed a systematic review and meta-analysis of published studies to evaluate the overall diagnostic accuracy of the FAST score in identifying patients with fibrotic NASH.; **Design:** We systematically searched MEDLINE, Ovid Embase, Scopus and Cochrane Library electronic databases for full-text published articles in any language between 3 February 2020 and 30 April 2022. We included original articles that reported data for the calculation of sensitivity and specificity of the FAST score for identifying adult patients with fibrotic NASH adults, according to previously described rule-out (≤0.35) and rule-in (≥0.67) cut-offs.; **Results:** We included 12 observational studies for a total of 5835 participants with biopsy-confirmed non-alcoholic fatty liver disease. The pooled prevalence of fibrotic NASH was 28% (95% CI 21% to 34%). The FAST score's pooled sensitivity was 89% (95% CI 82% to 93%), and the pooled specificity was 89% (95% CI 83% to 94%) according to the aforementioned rule-in/rule-out cut-offs. The negative predictive value and positive predictive value of the FAST score were 92% (95% CI 91% to 95%) and 65% (95% CI 53% to 68%), respectively. Subgroup analyses and influential bias analyses did not alter these findings.; **Conclusion:** The results of our meta-analysis show that the FAST score has a good performance for non-invasive diagnosis of fibrotic NASH. Therefore, this score can be used to efficiently identify patients who should be referred for a conclusive liver biopsy and/or consideration for treatment with emerging pharmacotherapies.; Prospero Registration Number: CRD42022350945.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2023. No commercial re-use. See rights and permissions. Published by BMJ.)

Access or request full text: https://libkey.io/10.1136/gutjnl-2022-328689

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36599683&custid=ns023446

46. Use of probiotics, prebiotics, and synbiotics in non-alcoholic fatty liver disease: A systematic review and meta-analysis

Item Type: Journal Article

Authors: Rong, Lim;Ch'ng, Daniel;Jia, Pingping;Tsoi, Kelvin K. F.;Wong, Sunny H. and Sung, Joseph J. Y.

Publication Date: 2023

Journal: Journal of Gastroenterology and Hepatology 38(10), pp. 1682-1694

Abstract: Background and Aim: Patients with non-alcoholic fatty liver disease (NAFLD) exhibit compositional changes in their gut microbiome, which represents a potential therapeutic target. Probiotics, prebiotics, and synbiotics are microbiome-targeted therapies that have been proposed as treatment for NAFLD. We aim to systematically review the effects of these therapies in liver-related outcomes of NAFLD patients.; **Methods:** We conducted a systematic search in Embase (Ovid), Medline (Ovid), Scopus, Cochrane, and EBSCOhost from inception to August 19, 2022. We included randomized controlled trials (RCTs) that treated NAFLD patients with prebiotics and/or probiotics. We meta-analyzed the outcomes using standardized mean difference (SMD) and assessed study heterogeneity using Cochran's Q test and I 2 statistics. Risk of bias was assessed using the Cochrane Risk-of-Bias 2 tool.; **Results:** A total of 41 (18 probiotics, 17 synbiotics, and 6 prebiotics) RCTs were included. Pooled data demonstrated that the intervention had significantly improved liver steatosis (measured by ultrasound grading) (SMD: 4.87; 95% confidence interval CI]: 3.27, 7.25), fibrosis (SMD: -0.61 kPa; 95% CI: -1.12, -0.09 kPa), and liver enzymes including alanine transaminase (SMD: -0.86 U/L; 95% CI: -1.16, -0.56 U/L), aspartate transaminase (SMD: -0.87 U/L; 95% CI: -1.22, -0.52 U/L), and gamma-glutamyl transferase (SMD: -0.77 U/L; 95% CI: -1.26, -0.29 U/L).; **Conclusions:** Microbiome-targeted therapies were associated with significant improvements in liver-related outcomes in NAFLD patients. Nevertheless, limitations in existing literature like heterogeneity in probiotic strains, dosage, and formulation undermine our findings. This study was registered with PROSPERO (CRD42022354562) and supported by the Nanyang Technological University Start-up Grant and Wang Lee Wah Memorial Fund. (© 2023 Journal of Gastroenterology and Hepatology Foundation and John Wiley & Sons Australia, Ltd.)

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47. Improving detection of cystic fibrosis related liver disease using liver fibrosis assessment tools

Item Type: Journal Article

Authors: Scott, Jennifer A.;Jones, Andrew M.;Jokl, Elliot;Gordon-Walker, Timothy;Barry, Peter J.;Hanley, Neil A.;Piper Hanley, Karen and Athwal, Varinder S.

Publication Date: 2023

Journal: Heliyon 9(11), pp. e21861

Abstract: Background & Aims: Cystic Fibrosis related liver disease (CFLD) is the 3rd largest cause of death in Cystic Fibrosis (CF). As advances in pulmonary therapies have increased life-expectancy, CFLD has become more prevalent. Current guidelines may underdiagnose liver fibrosis, particularly in its early stages. Newer modalities for the assessment of fibrosis may provide a more accurate assessment. FibroScan is validated in assessing fibrosis for several aetiologies including alcohol and fatty liver, the CFLD cohort have an entirely different phenotype so the cut off values are not transferrable. We appraised fibrosis assessment tools to improve diagnosis of CFLD.; **Methods:** A prospective cohort (n = 114) of patients from the Manchester Adult Cystic Fibrosis Centre, UK were identified at annual assessment. Demographic data including co-morbidity, CFTR genotyping, biochemistry and imaging were used alongside current guidelines to group into CFLD and CF without evidence of liver disease. All patients underwent liver stiffness measurement (LSM) and assessment of

serum-based fibrosis biomarker panels. A new diagnostic criterion was created and validated in a second, independent cohort.; **Results:** 12 of 114 patient classified as CFLD according to the European Cystic Fibrosis Society best practice guidelines. No specific risk factors for development of CFLD were identified. Liver enzymes were elevated in patients with CFLD. Serum biomarker panels did not improve diagnostic criteria. LSM accurately predicted CFLD. A new diagnostic criterion was proposed and validated in a separate cohort, accurately predicating CFLD in 10 of 32 patients (31 %).; **Conclusion:** We present a cohort of patients with CF assessed for the presence of liver fibrosis using blood biomarkers and LSM based platforms. We propose a new, simplified diagnostic criteria, capable of accurately predicting liver disease in patients with CF.Clinical trials number: NCT04277819.; Competing Interests: The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (© 2023 The Authors. Published by Elsevier Ltd.)

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48. Future cancer risk after urgent suspected cancer referral in England when cancer is not found: a national cohort study

Item Type: Journal Article

Authors: Scott, Suzanne E.;Gildea, Carolynn;Nicholson, Brian D.;Evans, Ruth E.;Waller, Jo;Smith, Debs;Purushotham, Arnie and Round, Thomas

Publication Date: 2023

Journal: The Lancet.Oncology 24(11), pp. 1242-1251

Abstract: Background: Following referral for investigation of urgent suspected cancer within the English National Health Service referral system, 7% of referred individuals are diagnosed with cancer. This study aimed to investigate the risk of cancer occurrence within 1-5 years of finding no cancer following an urgent suspected cancer referral.; **Methods:** This national cohort study used urgent suspected cancer referral data for England from the Cancer Waiting Times dataset and linked it with cancer diagnosis data from the National Cancer Registration dataset. Data were extracted for the eight most commonly referred to urgent suspected cancer referral pathways (breast, gynaecological, head and neck, lower and upper gastrointestinal, lung, skin, and urological) for the period April 1, 2013, to March 31, 2014, with 5-year follow-up for individuals with no cancer diagnosis within 1 year of referral. The primary objective was to investigate the occurrence and type of subsequent cancer in years 1-5 following an urgent suspected cancer referral when no cancer was initially found, both overall and for each of the eight referral pathways. The numbers of subsequent cancers were compared with expected cancer incidence in years 1-5 following referral, using standardised incidence ratios (SIRs) based on matched age-gender distributions of expected cancer incidence in England for the same time period. The analysis was repeated, stratifying by referral group, and by calculating the absolute and expected rate of all cancers and of the same individual cancer as the initial referral.; **Findings:** Among 1·18 million referrals without a cancer diagnosis in years 0-1, there were 63 112 subsequent cancers diagnosed 1-5 years post-referral, giving an absolute rate of 1338 (95% CI 1327-1348) cancers per 100 000 referrals per year (1038 1027-1050] in females, 1888 1867-1909] in males), compared with an expected rate of 1054 (1045-1064) cancers per 100 000 referrals per year (SIR 1·27 95% CI 1·26-1·28]). The absolute rate of any subsequent cancer diagnosis 1-5 years after referral was lowest following suspected breast cancer referral (746 728-763] cancers per 100 000 referrals per year) and highest following suspected urological (2110 2070-2150]) or lung cancer (1835 1767-1906]) referral. For diagnosis of the same cancer as the initial referral pathway, the highest absolute

rates were for the urological and lung pathways (1011 984-1039] and 638 598-680] cancers per 100 000 referrals per year, respectively). The highest relative risks of subsequent diagnosis of the same cancer as the initial referral pathway were for the head and neck pathway (SIR 3·49 95% CI 3·22-3·78]) and lung pathway (3·00 2·82-3·20]).; Interpretation: Cancer risk was higher than expected in the 5 years following an urgent suspected cancer referral. The potential for targeted interventions, such as proactive monitoring, safety-netting, and cancer awareness or risk reduction initiatives should be investigated.; **Funding:** Cancer Research UK.; Competing Interests: Declaration of interests SES has received grant support from the National Institute of Health Research (NIHR) and Cancer Research UK for research outside of the current study. JW has received grant support from Breast Cancer Now, GRAIL Bio UK, NHS England, and the Department of Health and Social Care for research outside of the current study. AP has received grant support from Cancer Research UK and Wellcome LEAP for research outside of the current study, is on the Board of Directors for Maggie's Cancer Charity, and is a Trustee of The Richard Dimbleby Cancer Fund Charity. TR has received support from the NIHR, Royal Marsden Partners, and GRAIL Bio UK for research outside of the current study and has an honorary contract with the National Disease Registration Service, NHS England for data analysis. BDN has received grant support from Cancer Research UK, GRAIL Bio UK, and the NIHR outside of the current study and is a member of the independent data monitoring and ethics committee for the CaDET study. BDN and TR receive honoraria for medical education content for the Royal College of General Practitioners. All other authors declare no competing interests.

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49. Ablative and non-surgical therapies for early and very early hepatocellular carcinoma: a systematic review and network meta-analysis

Item Type: Journal Article

Authors: Wade, Ros;South, Emily;Anwer, Sumayya;Sharif-Hurst, Sahar;Harden, Melissa;Fulbright, Helen;Hodgson, Robert;Dias, Sofia;Simmonds, Mark;Rowe, Ian;Thornton, Patricia and Eastwood, Alison

Publication Date: 2023

Journal: Health Technology Assessment (Winchester, England) 27(29), pp. 1-172

Abstract: Background: A wide range of ablative and non-surgical therapies are available for treating small hepatocellular carcinoma in patients with very early or early-stage disease and preserved liver function.; Objective: To review and compare the effectiveness of all current ablative and non-surgical therapies for patients with small hepatocellular carcinoma (≤ 3 cm).; **Design**: Systematic review and network meta-analysis.; Data Sources: Nine databases (March 2021), two trial registries (April 2021) and reference lists of relevant systematic reviews.; **Review Methods**: Eligible studies were randomised controlled trials of ablative and non-surgical therapies, versus any comparator, for small hepatocellular carcinoma. Randomised controlled trials were quality assessed using the Cochrane Risk of Bias 2 tool and mapped. The comparative effectiveness of therapies was assessed using network meta-analysis. A threshold analysis was used to identify which comparisons were sensitive to potential changes in the evidence. Where comparisons based on randomised controlled trial evidence were not robust or no randomised controlled trials were identified, a targeted systematic review of non-randomised, prospective comparative studies provided additional data for repeat network meta-analysis and threshold analysis. The feasibility of undertaking economic modelling was explored. A workshop with patients and clinicians was held to discuss the findings and identify key priorities for future

research.; **Results:** Thirty-seven randomised controlled trials (with over 3700 relevant patients) were included in the review. The majority were conducted in China or Japan and most had a high risk of bias or some risk of bias concerns. The results of the network meta-analysis were uncertain for most comparisons. There was evidence that percutaneous ethanol injection is inferior to radiofrequency ablation for overall survival (hazard ratio 1.45, 95% credible interval 1.16 to 1.82), progression-free survival (hazard ratio 1.36, 95% credible interval 1.11 to 1.67), overall recurrence (relative risk 1.19, 95% credible interval 1.02 to 1.39) and local recurrence (relative risk 1.80, 95% credible interval 1.19 to 2.71). Percutaneous acid injection was also inferior to radiofrequency ablation for progression-free survival (hazard ratio 1.63, 95% credible interval 1.05 to 2.51). Threshold analysis showed that further evidence could plausibly change the result for some comparisons. Fourteen eligible non-randomised studies were identified (n ≥ 2316); twelve had a high risk of bias so were not included in updated network meta-analyses. Additional non-randomised data, made available by a clinical advisor, were also included (n = 303). There remained a high level of uncertainty in treatment rankings after the network meta-analyses were updated. However, the updated analyses suggested that microwave ablation and resection are superior to percutaneous ethanol injection and percutaneous acid injection for some outcomes. Further research on stereotactic ablative radiotherapy was recommended at the workshop, although it is only appropriate for certain patient subgroups, limiting opportunities for adequately powered trials.; Limitations: Many studies were small and of poor quality. No comparative studies were found for some therapies.; **Conclusions:** The existing evidence base has limitations; the uptake of specific ablative therapies in the United Kingdom appears to be based more on technological advancements and ease of use than strong evidence of clinical effectiveness. However, there is evidence that percutaneous ethanol injection and percutaneous acid injection are inferior to radiofrequency ablation, microwave ablation and resection.; Study Registration: PROSPERO CRD42020221357.; Funding: This award was funded by the National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme (NIHR award ref: NIHR131224) and is published in full in Health Technology Assessment ; Vol. 27, No. 29. See the NIHR Funding and Awards website for further award information.

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50. Comprehensive evaluation of disease coding quality in gastroenterology and its impact on the diagnosis-related group system: a cross-sectional study

Item Type: Journal Article

Authors: Yuan, Baiyang and Quan, Lili

Publication Date: 2023

Journal: BMC Health Services Research 23(1), pp. 1-10

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