Gastroenterology Update #4

July 2023

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

The following abstracts are taken from a selection of recently published articles.
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Interventional procedures guidance [IPG764]
Published: 22 June 2023
https://www.nice.org.uk/guidance/ipg764

Intraoperative electron beam radiotherapy for locally advanced and locally recurrent colorectal cancer
Interventional procedures guidance [IPG763]
Published: 06 June 2023
https://www.nice.org.uk/guidance/ipg763

Quantitative faecal immunochemical testing to guide colorectal cancer pathway referral in primary care
In development [GID-DG10036]
Expected publication date: 24 August 2023
https://www.nice.org.uk/guidance/indevelopment/gid-dg10036

Endoluminal gastroplication for gastro-oesophageal reflux disease
Interventional procedures guidance [IPG753]
Published: 01 March 2023
https://www.nice.org.uk/guidance/ipg753

Upadacitinib for previously treated moderately to severely active Crohn's disease
Technology appraisal guidance [TA905]
Published: 21 June 2023
https://www.nice.org.uk/guidance/ta905

Risankizumab for previously treated moderately to severely active Crohn's disease
Technology appraisal guidance [TA888]
Published: 17 May 2023
https://www.nice.org.uk/guidance/ta888

Trastuzumab deruxtecan for treating HER2-positive unresectable or metastatic gastric or gastro-oesophageal junction cancer after anti-HER2 treatment (terminated appraisal)
Technology appraisal [TA879]
Published: 06 April 2023
https://www.nice.org.uk/guidance/ta879

Ripretinib for treating advanced gastrointestinal stromal tumour after 3 or more treatments
Technology appraisal guidance [TA881]
Published: 03 May 2023
https://www.nice.org.uk/guidance/ta881

What's new in gastroenterology and hepatology (UpToDate)

https://www.uptodate.com/contents/whats-new-in-gastroenterology-and-hepatology

ENDOSCOPY

Risk of post-sphincterotomy bleeding with antithrombotic therapy (June 2023)

The magnitude of post-sphincterotomy bleeding risk is uncertain in patients on antithrombotic therapy undergoing endoscopic retrograde cholangiopancreatography (ERCP). In a large study of such patients, the adjusted odds for post-sphincterotomy bleeding was 2.2 for antiplatelet agents (excluding aspirin) and 3.6 for anticoagulants [1]. Patients who resumed anticoagulants within 24 hours after ERCP had higher bleeding rates than those not resuming anticoagulants within 24 hours (14 versus 5 percent). While these data inform periprocedural management of antithrombotic agents, other factors to consider include the patient's underlying risk for thrombosis and specific features of the antithrombotic agent. We also consult with the clinician managing antithrombotic therapy to determine if it can be safely interrupted. (See "Post-endoscopic retrograde cholangiopancreatography (ERCP) bleeding", section on 'Factors that guide decision-making'.)

New guidelines on management of biliary strictures (April 2023)

The American College of Gastroenterology has published new guidelines on managing biliary strictures [2]. For patients with unresectable extrahepatic biliary strictures, they recommend placing self-expandable metal stents (SEMS) and individualizing the decision for use of uncovered versus covered SEMS. For patients with malignant hilar strictures who require hepatobiliary drainage, they emphasize preprocedure cross-sectional imaging with a goal of draining >50 percent of the liver. Our approach to stenting malignant biliary strictures is generally consistent with these guidelines. (See "Endoscopic stenting for malignant biliary obstruction", section on 'Introduction'.)

Updated guidelines on preventing post-ERCP pancreatitis (March 2023)

The American Society of Gastrointestinal Endoscopy (ASGE) has published updated guidelines on preventing pancreatitis related to endoscopic retrograde cholangiopancreatography (ERCP) [3]. The guidelines endorse several preventive strategies including use of nonsteroidal anti-inflammatory drugs administered rectally prior to ERCP, a guidewire-assisted cannulation technique, and peri-and post-procedural intravenous hydration. For patients at higher risk for pancreatitis, ASGE recommends temporary pancreatic stent placement. Our approach is generally consistent with these guidelines. (See "Post-endoscopic retrograde cholangiopancreatography (ERCP) pancreatitis", section on 'Rectal nonsteroidal anti-inflammatory drugs'.)

ESOPHAGEAL AND GASTRIC DISEASE

Helicobacter pylori, pathogenic variants associated with inherited cancer syndromes, and gastric cancer risk (April 2023)

Certain hereditary cancer syndromes and Helicobacter pylori infection are risk factors for gastric cancer, but their combined effect has not previously been studied. In an observational cohort study including 10,000 patients with gastric cancer and 38,000 controls, pathogenic variants in APC, ATM, BRCA1, BRCA2, PALB2, CDH1, MLH1, MSH2, and MSH6 were associated with an increased risk of gastric cancer [4]. Carriers of these pathogenic variants with H. pylori infection also had a higher lifetime risk of gastric cancer compared with infected noncarriers (46 versus 14 percent). These data suggest that individuals with these pathogenic variants should be tested for H. pylori infection

and offered eradication treatment if present. (See "Risk factors for gastric cancer", section on 'Other hereditary cancer syndromes' and "Indications and diagnostic tests for Helicobacter pylori infection in adults".)

Cow's milk elimination alone for eosinophilic esophagitis (March 2023, Modified April 2023)

Dietary treatment of eosinophilic esophagitis (EoE) traditionally has involved removal of multiple foods/food groups simultaneously. However, this approach is associated with poor adherence and can cause nutritional deficiencies. In a multicenter randomized trial of 129 adults with EoE that compared elimination of mammalian milk (1 food elimination diet [FED]) with removal of six foods/food groups (6FED), rates of histologic remission were similar between the two groups at six weeks (34 versus 40 percent, respectively) [5]. Improvements in disease-relatedquality-of-life scores and peak eosinophil counts were also similar. These results confirm earlier findings in a pediatric trial. For most patients with EoE who opt for a dietary approach to treatment, we suggest an initial empiric elimination diet of cow's milk (all forms of dairy/milk) plus cross-reacting mammalian milk (eg, goat's milk). (See "Dietary management of eosinophilic esophagitis", section on 'Efficacy of different dietary approaches'.)

Monitoring patients with eosinophilic esophagitis (February 2023)

Eosinophilic esophagitis (EoE) is a chronic condition; however, the optimal strategy for long-term monitoring is unclear. A panel of international experts recently published recommendations for monitoring patients with clinically stable EoE [6]. The recommendations included follow-up visits every 12 to 24 months and individualizing the decision to perform upper endoscopy based on symptoms, prior esophageal pathology, medication adjustments, and clinician and patient preferences. Our approach to monitoring patients with EoE is consistent with the expert recommendations. (See "Treatment of eosinophilic esophagitis (EoE)", section on 'Introduction'.)

Dupilumab for eosinophilic esophagitis (January 2023)

Therapeutic options for eosinophilic esophagitis (EoE) are expanding. In a two-part trial in patients with EoE that had not responded to proton pump inhibitor therapy, weekly dupilumab resulted in higher rates of histologic improvement after 24 weeks relative to placebo (part A [weekly dupilumab]: 60 versus 5 percent, and part B [dupilumab every 2 weeks]: 59 versus 6 percent) [7]. Dupilumab also improved dysphagia symptom scores. Based on these findings, the US Food and Drug Administration approved dupilumab for EoE in patients ≥12 years of age who weigh ≥40 kg [8]. Future studies will help to inform the role of dupilumab in EoE management. (See "Treatment of eosinophilic esophagitis (EoE)", section on 'Options for nonresponders'.)

HEPATOLOGY

Updated guidance on management of nonalcohol-associated fatty liver disease (June 2023)

The American Association for the Study of Liver Diseases (AASLD) has published updated guidance on the management of nonalcohol-associated fatty liver disease (NAFLD) [9]. The guidance endorses dietary modification and physical activity for patients who are overweight or obese, with consideration for subsequent interventions (eg, bariatric surgery, pharmacologic therapy) for those who do not achieve weight loss goals with lifestyle modification. AASLD emphasizes optimizing glucose control for patients with diabetes, lipid-lowering therapy for patients with hyperlipidemia, and abstinence from alcohol for patients with clinically significant hepatic fibrosis. Our approach is generally consistent with this guidance. (See "Management of nonalcoholic fatty liver disease in adults", section on 'Introduction'.)

Bariatric surgery for patients with nonalcoholic fatty liver disease and obesity (June 2023)

In a trial of 288 patients with biopsy-proven nonalcoholic steatohepatitis (NASH), gastric bypass or sleeve gastrectomy resulted in higher rates of resolution without worsening fibrosis after one year than lifestyle modification (56, 57, and 16 percent, respectively) [10]. By per-protocol analysis, gastric bypass or sleeve gastrectomy also resulted in higher rates of improvement in fibrosis without worsening NASH (46, 47, and 28 percent, respectively). A large database study comparing bariatric surgery with no surgical intervention in patients with nonalcoholic fatty liver disease (NAFLD) found surgery was associated with lower risks of new-onset heart failure, cardiovascular events, cerebrovascular events, coronary artery interventions, and all-cause mortality at up to seven years follow-up [11]. These data support use of bariatric surgery for patients with NAFLD and obesity who do not achieve weight loss through lifestyle modification. (See "Outcomes of bariatric surgery", section on 'Nonalcoholic fatty liver disease'.)

FDA warning on selective androgen receptor modulators in some supplements (May 2023)

Selective androgen receptor modulators (SARMs) are found in some supplements labeled as natural testosterone replacements or used for muscle-building. SARMs cannot be legally marketed as dietary supplements in the United States. The US Food and Drug Administration recently issued a consumer warning because of increasing reports of SARM-related adverse events, such as liver injury (predominantly cholestatic) and hallucinations [12]. This warning reinforces our approach to advise patients to avoid pre-workout and muscle-building supplements and to ask patients with unexplained liver injury about supplement use. (See "High-risk dietary supplements: Patient evaluation and counseling", section on 'Anabolic (muscle-building) supplements (higher risk)' and "Hepatotoxicity due to herbal medications and dietary supplements", section on 'Androgenic anabolic steroids'.)

Aspirin and risk of acute rejection after liver transplantation (April 2023)

Whether aspirin use mitigates the risk of acute T-cell mediated rejection after liver transplantation is uncertain. In a cohort study comparing daily, low-dose aspirin use with no aspirin in over 2000 liver transplant recipients, aspirin use was associated with higher rates of rejection-free survival after one, three, and five years (89, 87, and 84 percent versus 82, 81, and 80 percent, respectively) [13]. Aspirin was not associated with increased bleeding complications. Although these data are promising, additional evidence is needed to confirm efficacy and safety before aspirin prophylaxis can be routinely recommended in liver transplant recipients. (See "Liver transplantation in adults: Clinical manifestations and diagnosis of acute T-cell mediated (cellular) rejection of the liver allograft", section on 'Protective factors'.)

Liver transplantation for severe alcohol-associated hepatitis (January 2023)

Liver transplantation (LT) can be lifesaving for patients with severe alcohol-associated hepatitis (AH), but studies evaluating patient selection are limited. In a study including 241 patients with AH who underwent LT, a prior history of liver decompensation was associated with higher risks of post-LT mortality and harmful alcohol use compared with no prior decompensation (adjusted hazard ratios 2.72 and 1.77, respectively) [14]. Additional studies with long-term follow-up are needed to optimize criteria for patient selection. (See "Liver transplantation for alcohol-associated liver disease", section on 'Patients with severe alcohol-associated hepatitis (AH)'.)

Obeticholic acid for primary biliary cholangitis (January 2023)

Obeticholic acid is a second-line therapy for primary biliary cholangitis (PBC) in the absence of cirrhosis. However, the long-term benefits of obeticholic acid are uncertain. In a recent study, 209 patients treated with obeticholic acid were compared with untreated patients from two disease registries (Global PBC and PBC-UK) [15]. After six years of follow-up, obeticholic acid was associated with lower rates of mortality or liver transplantation compared with no

obeticholic acid use (2 versus 10 and 13 percent, respectively). These data lend support for long-term therapy with obeticholic acid. (See "Overview of the management of primary biliary cholangitis", section on 'Subsequent therapy'.)

SMALL BOWEL AND COLONIC DISEASE

Upadacitinib for moderate to severe Crohn disease (June 2023)

Therapeutic options for patients with moderate to severe Crohn disease (CD) are expanding. In two induction trials comparing 45 mg upadacitinib (an oral small molecule) with placebo in adults with moderate to severe CD, upadacitinib resulted in higher clinical remission rates at 12 weeks (39 to 49 percent in the treatment groups versus 21 to 29 percent in the placebo groups) [16]. In the maintenance trial comparing upadacitinib 15 or 30 mg with placebo, upadacitinib resulted in higher rates of sustained remission after 52 weeks (37 and 48 percent, respectively, versus 15 percent). Based on these data, the US Food and Drug Administration approved upadacitinib for patients with moderate to severe CD who have not responded to antitumor necrosis factor therapy [17]. We anticipate using upadacitinib as an option for second-line therapy for CD. (See "Medical management of moderate to severe Crohn disease in adults", section on 'Other agents'.)

Vedolizumab for treating chronic pouchitis (April 2023)

Pouchitis is common in patients with ulcerative colitis who have undergone proctocolectomy with ileal pouch-anal anastomosis. Some patients develop chronic pouchitis that does not improve with standard therapies (eg, antibiotics, mesalamine), but data on additional treatment options are limited. In a trial comparing the biologic agent vedolizumab with placebo in 102 patients with chronic pouchitis, vedolizumab resulted in higher rates of combined clinical and endoscopic remission after 14 and 34 weeks (14 weeks: 31 versus 10 percent; 34 weeks: 35 versus 18 percent) [18]. These data support our approach of using vedolizumab for chronic pouchitis that does not respond to other therapies. (See "Management of acute and chronic pouchitis", section on 'Other options'.)

New guidelines on the role of biomarkers in ulcerative colitis (March 2023)

The American Gastroenterological Association has published new guidelines on using biomarkers for monitoring patients with ulcerative colitis [19]. The guidelines emphasize that noninvasive biomarkers may serve as surrogates for endoscopic evaluation and may complement a symptom-based monitoring strategy. The recommendations include measuring fecal calprotectin, fecal lactoferrin, and/or C-reactive protein periodically to screen for colonic inflammation in asymptomatic patients. Abnormal biomarkers prompt further assessment with lower endoscopy and may guide adjustments in therapy. Our approach to using biomarkers in ulcerative colitis is consistent with these guidelines. (See "Medical management of low-risk adult patients with mild to moderate ulcerative colitis", section on 'Monitoring during remission'.)

Fecal microbiota rectal suspension for preventing recurrent Clostridioides difficile infection (March 2023)

In 2022, the US Food and Drug Administration approved a fecal microbiota rectal suspension live biotherapeutic product (Rebyota) for preventing recurrent Clostridioides difficile infection (CDI) in adults with ≥2 prior episodes [20]. It is administered rectally via an enema 24 to 72 hours after the last dose of antibiotics for CDI treatment. In clinical trials of this product, 71 percent of participants did not have a recurrence within eight weeks of their prior CDI and none had a serious adverse event [21]. It remains to be seen how this new fecal microbiota rectal suspension will compare with traditional methods of fecal microbiota transplantation and with bezlotoxumab and

whether it is a cost-effective preventive tool for CDI recurrences. (See "Fecal microbiota transplantation for treatment of Clostridioides difficile infection", section on 'Stool-based products'.)

Updated guidelines on celiac disease (January 2023)

The diagnosis of celiac disease in adults with elevated celiac serologies usually requires duodenal biopsies for confirmation. However, updated American College of Gastroenterology celiac disease guidelines state that a non-biopsy approach may be used in selected situations [22]. For example, symptomatic adults who are unwilling or unable to undergo upper endoscopy but have a high level of tissue transglutaminase immunoglobulin A (>10-fold elevation above the upper limit of normal) with a positive endomysial antibody in a second blood sample can be diagnosed as likely celiac disease. (See "Diagnosis of celiac disease in adults", section on 'Patients unable/unwilling to undergo upper endoscopy'.)

A selection of papers from Medline, Feb 2023 – Jun 2023

1. Admission care bundles for decompensated cirrhosis are poorly utilised across the UK: results from a multi-centre retrospective study

Item Type: Journal Article
Admission care bundles for decompensated cirrhosis are poorly utilised across the UK: results from a multi-centre retrospective study

Publication Date: 2023

Journal: Clinical Medicine (London, England) 23(3), pp. 193-200

Abstract: Admission care bundles have been demonstrated to improve clinical outcomes for patients in several settings. Decompensated cirrhosis care bundles have been developed following previous reports demonstrating poor care for inpatients with alcohol-related liver disease (ARLD). We performed a UK multi-centred retrospective observational study to understand how frequently decompensated cirrhosis admission care bundles were utilised, who they were used for and their impact on outcomes. In this study (1,224 admissions, 104 hospitals), we demonstrated that admission care bundle usage was low across the UK (11.44%). They were more likely to be utilised in patients with ARLD or who were jaundiced, and less likely to be used in patients admitted for gastrointestinal bleeding. The admission care bundle improved the standard of alcohol care and requesting initial investigations. However, there were areas where more than 80% compliance was achieved without the use of a care bundle and areas where less than 50% compliance was achieved with the use of a care bundle. Given the low utilisation of care bundles, we were unable to demonstrate an effect on risk-adjusted mortality. Thus, interdisciplinary work is required to develop tools which are widely used and improve care and outcomes for patients with decompensated cirrhosis.

Access or request full text: https://libkey.io/10.7861/clinmed.2022-0541

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37236796&custid=ns023446

2. PANC Study (Pancreatitis: A National Cohort Study): national cohort study examining the first 30 days from presentation of acute pancreatitis in the UK

Item Type: Journal Article
PANC Study (Pancreatitis: A National Cohort Study): national cohort study examining the first 30 days from presentation of acute pancreatitis in the UK

Publication Date: 2023

Journal: BJS Open 7(3)
Abstract: Background: Acute pancreatitis is a common, yet complex, emergency surgical presentation. Multiple guidelines exist and management can vary significantly. The aim of this first UK, multicentre, prospective cohort study was to assess the variation in management of acute pancreatitis to guide resource planning and optimize treatment.; Methods: All patients aged greater than or equal to 18 years presenting with acute pancreatitis, as per the Atlanta criteria, from March to April 2021 were eligible for inclusion and followed up for 30 days. Anonymized data were uploaded to a secure electronic database in line with local governance approvals.; Results: A total of 113 hospitals contributed data on 2580 patients, with an equal sex distribution and a mean age of 57 years. The aetiology was gallstones in 50.6 per cent, with idiopathic the next most common (22.4 per cent). In addition to the 7.6 per cent with a diagnosis of chronic pancreatitis, 20.1 per cent of patients had a previous episode of acute pancreatitis. One in 20 patients were classed as having severe pancreatitis, as per the Atlanta criteria. The overall mortality rate was 2.3 per cent at 30 days, but rose to one in three in the severe group. Predictors of death included male sex, increased age, and frailty; previous acute pancreatitis and gallstones as aetiologies were protective. Smoking status and body mass index did not affect death.; Conclusion: Most patients presenting with acute pancreatitis have a mild, self-limiting disease. Rates of patients with idiopathic pancreatitis are high. Recurrent attacks of pancreatitis are common, but are likely to have reduced risk of death on subsequent admissions. (© The Author(s) 2023. Published by Oxford University Press on behalf of BJS Society Ltd.)

Access or request full text: https://libkey.io/10.1093/bjsopen/zrad008

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37161673&custid=ns023446

3. Infliximab versus ciclosporin in steroid resistant acute severe ulcerative colitis: a model-based cost-utility analysis of data from CONSTRUCT pragmatic trial

Item Type: Journal Article

Authors: Alam, Mohammed Fasihul;Longo, Mirella;Cohen, David;Groves, Sam;Alrubaiy, Laith;Hutchings, Hayley A.;Watkins, Alan;Sebastain, Shaji and Williams, John G.

Publication Date: 2023

Journal: BMC Health Services Research 23(1), pp. 226

Abstract: Background: There is limited evidence in the literature on the long-term effectiveness and cost-effectiveness of treatments for Acute Severe Ulcerative Colitis (ASUC). The study aimed to perform decision analytic model-based long-term cost-utility analysis (CUA) of infliximab versus ciclosporin for steroid-resistant ASUC investigated in CONSTRUCT pragmatic trial.; Methods: A decision tree (DT) model was developed using two-year health effect, resource use and costs data from CONSTRUCT trial to estimate relative cost-effectiveness of two competing drugs from the United Kingdom (UK) National Health Services (NHS) perspective. Using short-term trial data, a Markov model (MM) was then developed and evaluated over further 18 years. Both DT and MM were combined to investigate cost-effectiveness of infliximab versus ciclosporin for ASUC patients over 20-year time horizon, with a rigorous multiple deterministic and probabilistic sensitivity

analyses to address uncertainty in results.; Results: The decision tree mirrored trial-based results. Beyond 2-year trial follow-up, Markov model predicted a decrease in colectomy rate, but it remained slightly higher for ciclosporin. NHS costs and quality adjusted life years (QALYs) over base-case 20 year time horizon were £26,793 and 9.816 for ciclosporin and £34,185 and 9.106 for infliximab, suggesting ciclosporin dominates infliximab. Ciclosporin had 95% probability of being cost-effective at a willingness-to-pay (WTP) threshold value up to £20,000.; Conclusion: Using data from a pragmatic RCT, the cost-effectiveness models produced incremental net health benefit in favour of ciclosporin relative to infliximab. Results from long-term modelling indicated that ciclosporin remains dominant compared with infliximab for the treatment of NHS ASUC patients, however, these need to be interpreted cautiously.; Trial Registration: CONSTRUCT Trial registration number ISRCTN22663589; EudraCT number: 2008- 001968-36 (Date 27/08/2008). (© 2023. The Author(s).)

Access or request full text: https://libkey.io/10.1186/s12913-023-09233-w

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36890533&custid=ns023446

4. The Role of Endoscopic Ultrasound in Hepatology

Item Type: Journal Article

Authors: Alqahtani, Saleh A.;Ausloos, Floriane;Park, Ji Seok and Jang, Sunguk

Publication Date: 2023

Journal: Gut and Liver 17(2), pp. 204-216

Abstract: Endoscopic ultrasound (EUS) has been an indispensable and widely used diagnostic tool in several medical fields, including gastroenterology, cardiology, and urology, due to its diverse therapeutic and diagnostic applications. Many studies show that it is effective and safe in patients with liver conditions where conventional endoscopy or cross-sectional imaging are inefficient or when surgical interventions pose high risks. In this article, we present a review of the current literature for the different diagnostic and therapeutic applications of EUS in liver diseases and their complications and discuss the potential future application of artificial intelligence analysis of EUS.

Access or request full text: https://libkey.io/10.5009/gnl220071

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36457262&custid=ns023446

5. An evaluation of the feasibility of implementing the BeWEL lifestyle intervention programme for people at increased risk of colorectal cancer - from research to real life

Item Type: Journal Article

Authors: Anderson, Annie S.;Donaghy, Claire;Lamb, Ross;Steele, Robert J. C. and Moug, Susan

Publication Date: 2023

Journal: Journal of Human Nutrition and Dietetics : The Official Journal of the British Dietetic Association 36(2), pp. 540-553

Abstract: Background: The BeWEL randomised controlled trial (RCT) of weight loss in people with colorectal adenomas demonstrated that a significant proportion of people are interested in lifestyle interventions (49%) and clinically relevant changes in body weight were achieved at 12-month follow-up. The current work aimed to assess the feasibility of the BeWEL programme invitation and delivery in a nonresearch setting to assess whether the original results could be replicated.; Methods: The original BeWel programme was modified through the provision of verbal introductions (vs. letter), requirement for people to contact BeWEL team (vs. BeWEL team contacting them), community delivery (vs. home), duration (12 weeks vs. 12 months) and two intervention visits (vs. 3) and inclusion of people with predisposition to colorectal cancer. Eligible people were informed about the BeWel programme from National Health Service (NHS) staff after colonoscopy procedures and invited to contact a dedicated Bowel Cancer UK lifestyle team.; Results: Findings demonstrated that programme uptake (10.6% vs. 33%) and retention (71% vs. 93%) was significantly lower than that obtained from the BeWEL RCT. For people who participated in the 3-month programme (n = 21), self-reported weight loss (mean: -7% body weight) was successful, and the programme was well received.; Conclusions: The current approach to engaging clients with the BeWEL programme is unsustainable. Reliance on busy NHS staff to deliver invitations and the need for people to contact the delivery team (due to data protection) may have impacted on uptake. Alternative approaches to supporting weight management in this population should be explored further. (© 2022 The Authors. Journal of Human Nutrition and Dietetics published by John Wiley & Sons Ltd on behalf of British Dietetic Association.)

Access or request full text: https://libkey.io/10.1111/jhn.13117

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36366865&custid=ns023446

6. Clinical and cost effectiveness of endoscopic bipolar radiofrequency ablation for the treatment of malignant biliary obstruction: a systematic review

Item Type: Journal Article

Authors: Beyer, Fiona;Rice, Stephen;Orozco-Leal, Giovany;Still, Madeleine;O'Keefe, Hannah;O'Connor, Nicole;Stoniute, Akvile;Craig, Dawn;Pereira, Stephen;Carr, Louise and Leeds, John

Publication Date: 2023

Journal: Health Technology Assessment (Winchester, England) 27(7), pp. 1-118

Abstract: Background: Early evidence suggests that using radiofrequency ablation as an adjunct to standard care (i.e. endoscopic retrograde cholangiopancreatography with stenting) may improve outcomes in patients with malignant biliary obstruction.; Objectives: To assess the clinical effectiveness, cost-effectiveness and potential risks of endoscopic bipolar radiofrequency ablation for malignant biliary obstruction, and the value of future research.; Data Sources: Seven bibliographic databases, three websites and seven trials registers were searched from 2008 until 21 January 2021.; Review Methods: The study inclusion criteria were as follows: patients with biliary obstruction caused by any form of unresectable malignancy; the intervention was reported as an endoscopic biliary radiofrequency ablation to ablate malignant tissue that obstructs the bile or pancreatic ducts, either to fit a stent (primary radiofrequency ablation) or to clear an obstructed stent (secondary radiofrequency ablation); the primary outcomes were survival, quality of life or procedure-related adverse events; and the study design was a controlled study, an observational study or a case report. Risk of bias was assessed using Cochrane tools. The primary analysis was meta-analysis of the hazard ratio of mortality. Subgroup analyses were planned according to the type of probe, the type of stent (i.e. metal or plastic) and cancer type. A de novo Markov model was developed to model cost and quality-of-life outcomes associated

with radiofrequency ablation in patients with primary advanced bile duct cancer. Insufficient data were available for pancreatic cancer and secondary bile duct cancer. An NHS and Personal Social Services perspective was adopted for the analysis. A probabilistic analysis was conducted to estimate the incremental cost-effectiveness ratio for radiofrequency ablation and the probability that radiofrequency ablation was cost-effective at different thresholds. The population expected value of perfect information was estimated in total and for the effectiveness parameters.; Results: Sixty-eight studies (1742 patients) were included in the systematic review. Four studies (336 participants) were combined in a meta-analysis, which showed that the pooled hazard ratio for mortality following primary radiofrequency ablation compared with a stent-only control was 0.34 (95% confidence interval 0.21 to 0.55). Little evidence relating to the impact on quality of life was found. There was no evidence to suggest an increased risk of cholangitis or pancreatitis, but radiofrequency ablation may be associated with an increase in cholecystitis. The results of the cost-effectiveness analysis were that the costs of radiofrequency ablation was £2659 and radiofrequency ablation produced 0.18 quality-adjusted life-years, which was more than no radiofrequency ablation on average. With an incremental cost-effectiveness ratio of £14,392 per quality-adjusted life-year, radiofrequency ablation was likely to be cost-effective at a threshold of £20,000 per quality-adjusted life-year across most scenario analyses, with moderate uncertainty. The source of the vast majority of decision uncertainty lay in the effect of radiofrequency ablation on stent patency.; Limitations: Only 6 of 18 comparative studies contributed to the survival meta-analysis, and few data were found concerning secondary radiofrequency ablation. The economic model and cost-effectiveness meta-analysis required simplification because of data limitations. Inconsistencies in standard reporting and study design were noted.; Conclusions: Primary radiofrequency ablation increases survival and is likely to be cost-effective. The evidence for the impact of secondary radiofrequency ablation on survival and of quality of life is limited. There was a lack of robust clinical effectiveness data and, therefore, more information is needed for this indication.; Future Work: Future work investigating radiofrequency ablation must collect quality-of-life data. High-quality randomised controlled trials in secondary radiofrequency ablation are needed, with appropriate outcomes recorded.; Study Registration: This study is registered as PROSPERO CRD42020170233.; Funding: This project was funded by the National Institute for Health and Care Research (NIHR) Health Technology Assessment programme and will be published in full in Health Technology Assessment ; Vol. 27, No. 7. See the NIHR Journals Library website for further project information.

Access or request full text: https://libkey.io/10.3310/YYMN9802

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37212444&custid=ns023446

7. Ten reasons gastroenterologists and hepatologists should be treating obesity

Item Type: Journal Article

Authors: Camilleri, Michael and El-Omar, Emad

Publication Date: 2023

Journal: Gut 72(6), pp. 1033-1038

Abstract: Competing Interests: Competing interests: None declared.

Access or request full text: https://libkey.io/10.1136/gutjnl-2023-329639

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36944480&custid=ns023446

8. Non-invasive monitoring and treat-to-target approach are cost-effective in patients with mild-moderate ulcerative colitis

Item Type: Journal Article

Authors: Cortesi, Paolo Angelo;Fiorino, Gionata;Peyrin-Biroulet, Laurent;Mantovani, Lorenzo Giovanni;Jairath, Vipul;Paridaens, Kristine;Andersson, Fredrik L. and Danese, Silvio

Publication Date: 2023

Journal: Alimentary Pharmacology & Therapeutics 57(5), pp. 486-495

Abstract: Background: There are no data to assess the value associated with a treat-to-target (T2T) strategy based on tight control of mild-moderate ulcerative colitis (UC).; Aim: To assess the cost-effectiveness of a T2T approach based on the normalisation of clinical signs and faecal calprotectin (FC) METHODS: A decision analytical Markov model was developed to compare T2T algorithm combining clinical symptoms and FC levels to define treatment response and the possible switch to the next treatment line (T2T-FC), and the reference strategy based only on symptoms. The model included five treatment lines and was conducted from the Italian national health service (NHS) perspective using a 3-year time horizon. The model calculated the incremental cost-effectiveness ratio as € per relapse avoided. Deterministic and probabilistic sensitivity analyses were conducted.; Results: The cost-effectiveness analysis produced an increased time spent by a patient in clinical remission and FC ≤ 100 level (+0.177 years; about 2 months) and a decreasing number of relapses (-0.1937; -20.9%) per patient using a T2T-FC approach compared to only symptoms. Furthermore, the T2T-FC was associated with higher cost (+€1795). The ICER estimated was €9263 per relapse avoided. These results were confirmed by sensitivity analyses.; Conclusions: T2T-FC approach resulted in a higher benefit for mild-moderate UC patients in terms of time in remission and incidence of relapse but was associated with higher costs. Clinical trials and real-world clinical studies are needed to provide additional data on the cost-benefit of this approach. (© 2022 John Wiley & Sons Ltd.)

Access or request full text: https://libkey.io/10.1111/apt.17261

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36377366&custid=ns023446

9. The Liverpool alcohol-related liver disease algorithm identifies twice as many emergency admissions compared to standard methods when applied to Hospital Episode Statistics for England

Item Type: Journal Article

Authors: Dhanda, Ashwin;Bodger, Keith;Hood, Steve;Henn, Clive;Allison, Michael;Amasiatu, Chioma;Burton, Robyn;Cramp, Matthew;Forrest, Ewan;Khetani, Meetal;MacGilchrist, Alastair;Masson, Steven;Parker, Richard;Sheron, Nick;Simpson, Ken;Vergis, Nikhil and White, Martin

Publication Date: 2023

Journal: Alimentary Pharmacology & Therapeutics 57(4), pp. 368-377

Abstract: Background: Emergency admissions in England for alcohol-related liver disease (ArLD) have increased steadily for decades. Statistics based on administrative data typically focus on the ArLD-specific code as the primary diagnosis and are therefore at risk of excluding ArLD admissions defined by other coding combinations.; Aim: To deploy the Liverpool ArLD Algorithm (LAA), which accounts for alternative coding patterns (e.g., ArLD

secondary diagnosis with alcohol/liver-related primary diagnosis), to national and local datasets in the context of studying trends in ArLD admissions before and during the COVID-19 pandemic.; Methods: We applied the standard approach and LAA to Hospital Episode Statistics for England (2013-21). The algorithm was also deployed at 28 hospitals to discharge coding for emergency admissions during a common 7-day period in 2019 and 2020, in which eligible patient records were reviewed manually to verify the diagnosis and extract data.; Results: Nationally, LAA identified approximately 100% more monthly emergency admissions from 2013 to 2021 than the standard method. The annual number of ArLD-specific admissions increased by 30.4%. Of 39,667 admissions in 2020/21, only 19,949 were identified with standard approach, an estimated admission cost of £70 million in under-recorded cases. Within 28 local hospital datasets, 233 admissions were identified using the standard approach and a further 250 locally verified cases using the LAA (107% uplift). There was an 18% absolute increase in ArLD admissions in the seven-day evaluation period in 2020 versus 2019. There were no differences in disease severity or mortality, or in the proportion of admissions with decompensation of cirrhosis or alcoholic hepatitis.; Conclusions: The LAA can be applied successfully to local and national datasets. It consistently identifies approximately 100% more cases than the standard coding approach. The algorithm has revealed the true extent of ArLD admissions. The pandemic has compounded a long-term rise in ArLD admissions and mortality. (© 2022 The Authors. Alimentary Pharmacology & Therapeutics published by John Wiley & Sons Ltd.)

Access or request full text: https://libkey.io/10.1111/apt.17307

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36397658&custid=ns023446

10. Editorial: Postoperative management of Crohn's disease: One size does not fit all

Item Type: Journal Article

Authors: Domènech, Eugeni;Mañosa, Míriam and Calafat, Margalida

Publication Date: 2023

Journal: United European Gastroenterology Journal 11(3), pp. 267-268

Access or request full text: https://libkey.io/10.1002/ueg2.12381

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36922635&custid=ns023446

11. United European Gastroenterology Equality and Diversity Plan

Item Type: Journal Article

Authors: Esposito, Irene;Simsek, Cem;Nowak, Andrea and Tiniakos, Dina

Publication Date: 2023

Journal: United European Gastroenterology Journal 11(5), pp. 484-487

Access or request full text: https://libkey.io/10.1002/ueg2.12415

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37209358&custid=ns

023446

12. Artificial intelligence-based text generators in hepatology: ChatGPT is just the beginning

Item Type: Journal Article

Authors: Ge, Jin and Lai, Jennifer C.

Publication Date: 2023

Journal: Hepatology Communications 7(4)
Abstract: Since its release as a "research preview" in November 2022, ChatGPT, the conversational interface to the Generative Pretrained Transformer 3 large language model built by OpenAI, has garnered significant publicity for its ability to generate detailed responses to a variety of questions. ChatGPT and other large language models generate sentences and paragraphs in response to word patterns in training data that they have previously seen. By allowing users to communicate with an artificial intelligence model in a human-like way, however, ChatGPT has crossed the technological adoption barrier into the mainstream. Existing examples of ChatGPT use-cases, such as negotiating bills, debugging programing code, and writing essays, indicate that ChatGPT and similar models have the potential to have profound (and yet unknown) impacts on clinical research and practice in hepatology. In this special article, we discuss the general background and potential pitfalls of ChatGPT and associated technologies-and then we explore its uses in hepatology with specific examples. (Copyright © 2023 The Author(s). Published by Wolters Kluwer Health, Inc. on behalf of the American Association for the Study of Liver Diseases.)

Access or request full text: https://libkey.io/10.1097/HC9.0000000000000097

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36972383&custid=ns023446

13. Ursodeoxycholic acid in the management of symptomatic gallstone disease: systematic review and clinician survey

Item Type: Journal Article

Authors: Hall, Lewis;Halle-Smith, James;Evans, Richard;Toogood, Giles;Wiggins, Tom;Markar, Sheraz R.;Kapoulas, Spyros;Super, Paul;Tucker, Olga and McKay, Siobhan C.

Publication Date: 2023

Journal: BJS Open 7(2)
Abstract: Background: Symptomatic gallstones are common. Ursodeoxycholic acid (UDCA) is a bile acid that dissolves gallstones. There is increasing interest in UDCA for symptomatic gallstones, particularly in those unfit for surgery.; Method: A UK clinician survey of use and opinions about UDCA in symptomatic gallstones was performed, assessing clinicians' beliefs and perceptions of UDCA effectiveness. A systematic review was performed in accordance with the PRISMA guidelines. PubMed, MEDLINE, and Embase databases were searched for studies of UDCA for symptomatic gallstones (key terms included 'ursodeoxycholic acid'; 'UDCA'; 'biliary pain'; and 'biliary colic'). Information was assessed by two authors, including bias assessment, with independent review of conflicts.; Results: Overall, 102 clinicians completed the survey, and 42 per cent had previous experience of using UDCA. Survey responses demonstrated clinical equipoise surrounding the benefit of UDCA for the management of symptomatic gallstones, with no clear consensus for benefit or non-benefit;

however, 95 per cent would start using UDCA if there was a randomized clinical trial (RCT) demonstrating a benefit. Eight studies were included in the review: four RCTs, three prospective studies, and one retrospective study. Seven of eight studies were favourable of UDCA for biliary pain. Outcomes and follow-up times were heterogenous, as well as comparator type, with only four of eight studies comparing with placebo.; Conclusion: Evidence for UDCA in symptomatic gallstones is scarce and heterogenous. Clinicians currently managing symptomatic gallstone disease are largely unaware of the benefit of UDCA, and there is clinical equipoise surrounding the benefit of UDCA. Level 1 evidence is required by clinicians to support UDCA use in the future. (© The Author(s) 2023. Published by Oxford University Press on behalf of BJS Society Ltd.)

Access or request full text: https://libkey.io/10.1093/bjsopen/zrac152

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36952251&custid=ns023446

14. Delivery of biannual ultrasound surveillance for individuals with cirrhosis and cured hepatitis C in the UK

Item Type: Journal Article

Authors: Hamill, Victoria;Gelson, Will;MacDonald, Douglas;Richardson, Paul;Ryder, Stephen D.;Aldersley, Mark;McPherson, Stuart;Verma, Sumita;Sharma, Rohini;Hutchinson, Sharon;Benselin, Jennifer;Barnes, Eleanor;Guha, Indra Neil;Irving, William L. and Innes, Hamish

Publication Date: 2023

Journal: Liver International : Official Journal of the International Association for the Study of the Liver 43(4), pp. 917-927

Abstract: Background: Previous studies show the uptake of biannual ultrasound (US) surveillance in patients with cirrhosis is suboptimal. Here, our goal was to understand in broader terms how surveillance is being delivered to cirrhosis patients with cured hepatitis C in the UK.; Methods: Hepatitis C cirrhosis patients achieving a sustained viral response (SVR) to antiviral therapies were identified from the national Hepatitis-C-Research-UK resource. Data on (i) liver/abdominal US examinations, (ii) HCC diagnoses, and (iii) HCC curative treatment were obtained through record-linkage to national health registries. The rate of US uptake was calculated by dividing the number of US episodes by follow-up time.; Results: A total of 1908 cirrhosis patients from 31 liver centres were followed for 3.8 (IQR: 3.4-4.9) years. Overall, 10 396 liver/abdominal USs were identified. The proportion with biannual US was 19% in the first 3 years after SVR and 9% for all follow-up years. Higher uptake of biannual US was associated with attending a liver transplant centre; older age and cirrhosis decompensation. Funnel plot analysis indicated significant inter-centre variability in biannual US uptake, with 6/29 centres outside control limits. Incident HCC occurred in 133 patients, of which 49/133 (37%) were treated with curative intent. The number of US episodes in the two years prior to HCC diagnosis was significantly associated with higher odds of curative-intent treatment (aOR: 1.53; 95% CI: 1.12-2,09; p = .007).; Conclusions: This study provides novel data on the cascade of care for HCC in the UK. Our findings suggest biannual US is poorly targeted, inefficient and is not being delivered equitably to all patients. (© 2023 The Authors. Liver International published by John Wiley & Sons Ltd.)

Access or request full text: https://libkey.io/10.1111/liv.15528

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36708150&custid=ns023446

15. The impact of non-alcoholic fatty liver disease and liver fibrosis on adverse clinical outcomes and mortality in patients with chronic kidney disease: a prospective cohort study using the UK Biobank

Item Type: Journal Article

Authors: Hydes, Theresa J.;Kennedy, Oliver J.;Buchanan, Ryan;Cuthbertson, Daniel J.;Parkes, Julie;Fraser, Simon D. S. and Roderick, Paul

Publication Date: 2023

Journal: BMC Medicine 21(1), pp. 185

Abstract: Background: Chronic kidney disease (CKD) and non-alcoholic fatty liver disease (NAFLD) frequently co-exist. We assess the impact of having NAFLD on adverse clinical outcomes and all-cause mortality for people with CKD.; Methods: A total of 18,073 UK Biobank participants identified to have CKD (eGFR 3 mg/mmol) were prospectively followed up by electronic linkage to hospital and death records. Cox-regression estimated the hazard ratios (HR) associated with having NAFLD (elevated hepatic steatosis index or ICD-code) and NAFLD fibrosis (elevated fibrosis-4 (FIB-4) score or NAFLD fibrosis score (NFS)) on cardiovascular events (CVE), progression to end-stage renal disease (ESRD) and all-cause mortality.; Results: 56.2% of individuals with CKD had NAFLD at baseline, and 3.0% and 7.7% had NAFLD fibrosis according to a FIB-4 > 2.67 and NFS ≥ 0.676, respectively. The median follow-up was 13 years. In univariate analysis, NAFLD was associated with an increased risk of CVE (HR 1.49 1.38-1.60]), all-cause mortality (HR 1.22 1.14-1.31]) and ESRD (HR 1.26 1.02-1.54]). Following multivariable adjustment, NAFLD remained an independent risk factor for CVE overall (HR 1.20 1.11-1.30], p < 0.0001), but not ACM or ESRD. In univariate analysis, elevated NFS and FIB-4 scores were associated with increased risk of CVE (HR 2.42 2.09-2.80] and 1.64 1.30-2.08]) and all-cause mortality (HR 2.82 2.48-3.21] and 1.82 1.47-2.24]); the NFS score was also associated with ESRD (HR 5.15 3.52-7.52]). Following full adjustment, the NFS remained associated with an increased incidence of CVE (HR 1.19 1.01-1.40]) and all-cause mortality (HR 1.31 1.13-1.52]).; Conclusions: In people with CKD, NAFLD is associated with an increased risk of CVE, and the NAFLD fibrosis score is associated with an elevated risk of CVE and worse survival. (© 2023. The Author(s).)

Access or request full text: https://libkey.io/10.1186/s12916-023-02891-x

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37198624&custid=ns023446

16. Genomic diagnosis and care co-ordination for monogenic inflammatory bowel disease in children and adults: consensus guideline on behalf of the British Society of Gastroenterology and British Society of Paediatric Gastroenterology, Hepatology and Nutrition

Item Type: Journal Article

Authors: Kammermeier, Jochen;Lamb, Christopher A.;Jones, Kelsey D. J.;Anderson, Carl A.;Baple, Emma L.;Bolton, Chrissy;Braggins, Helen;Coulter, Tanya I.;Gilmour, Kimberly C.;Gregory, Vicki;Hambleton, Sophie;Hartley, David;Hawthorne, A. B.;Hearn, Sarah;Laurence, Arian;Parkes, Miles;Russell, Richard K.;Speight, R. A.;Travis, Simon;Wilson, David C., et al

Publication Date: 2023

Journal: The Lancet.Gastroenterology & Hepatology 8(3), pp. 271-286

Abstract: Genomic medicine enables the identification of patients with rare or ultra-rare monogenic forms of inflammatory bowel disease (IBD) and supports clinical decision making. Patients with monogenic IBD frequently experience extremely early onset of treatment-refractory disease, with complex extraintestinal disease typical of immunodeficiency. Since more than 100 monogenic disorders can present with IBD, new genetic disorders and variants are being discovered every year, and as phenotypic expression of the gene defects is variable, adaptive genomic technologies are required. Monogenic IBD has become a key area to establish the concept of precision medicine. Clear guidance and standardised, affordable applications of genomic technologies are needed to implement exome or genome sequencing in clinical practice. This joint British Society of Gastroenterology and British Society of Paediatric Gastroenterology, Hepatology and Nutrition guideline aims to ensure that testing resources are appropriately applied to maximise the benefit to patients on a national scale, minimise health-care disparities in accessing genomic technologies, and optimise resource use. We set out the structural requirements for genomic medicine as part of a multidisciplinary team approach. Initiation of genomic diagnostics should be guided by diagnostic criteria for the individual patient, in particular the age of IBD onset and the patient's history, and potential implications for future therapies. We outline the diagnostic care pathway for paediatric and adult patients. This guideline considers how to handle clinically actionable findings in research studies and the impact of consumer-based genomics for monogenic IBD. This document was developed by multiple stakeholders, including UK paediatric and adult gastroenterology physicians, immunologists, transplant specialists, clinical geneticists, scientists, and research leads of UK genetic programmes, in partnership with patient representatives of several IBD and rare disease charities.; Competing Interests: Declaration of interests All members of the panel were asked to declare a minimum of 12 months competing personal and non-personal financial or non-financial interests when joining the group and before manuscript submission. eDelphi participants could abstain from voting where they either did not have sufficient knowledge to vote on a particular statement, or where they identified themselves as having a conflict precluding voting. CAA declares directorship of Anderson Genomics Consultancy, and consultancy for Genomics and Bridge Bio. HB is a Clinical Nurse Specialist for the Chronic Granulomatous Disorder Society. KCG is a Trustee for the UK Primary Immunodeficiency Network. VG is an employee of Crohn's & Colitis UK. SHa declares consultancy for Takeda. DH declares an advisory role for The X-linked Lymphoproliferative Syndrome Research Trust. ABH has been an invited speaker for Takeda UK, Ferring, and Janssen-Cilag; is Chair of the Crohn's & Colitis UK Medical Research Awards Committee and clinical representative on the Trustee Board; is Chair of the IBD UK Benchmarking Working Group and member of the IBD UK Steering Committee. CAL declares research support or fees for development and delivery of non-promotional education (or both) from Janssen, Takeda, AbbVie, AstraZeneca, Eli Lilly, Orion, Pfizer, Roche, Sanofi Aventis, Ferring, Union Chimique Belge (UCB), Biogen, and Genentech; is Secretary of the Inflammatory Bowel Disease Section, British Society of Gastroenterology, and a member of the Steering Committee of IBD UK. MP declares speaker fees from Janssen; declares research support for the IBD BioResource from Pfizer and Gilead (and research fellow for Pfizer); and is a member of the Crohn's & Colitis UK Research Advisory Group. RKR declares honoraria from Pharmacosmos and Celltrion; declares research support from Nestle; and is a member of the European Society for Paediatric Gastroenterology Hepatology and Nutrition Porto Group Monogenic IBD Guideline. RAS declares speaker honoraria, consultancy for early phase studies, and conference fees from GlaxoSmithKline, AbbVie, and Janssen. ST declares consultancy from Biogen, Bristol-Myers Squibb, Celgene, ChemoCentryx, Cosmo, Enterome, Ferring, Giuliani, GlaxoSmithKline, Genentech, Immunocore, Immunometabolism, Janssen, Lilly, MSD, Merck, Neovacks, Novonordisk, Novartis, NPS Pharmaceuticals, Pfizer, Proximagen, Receptos, Roche, Shire, Sigmoid Pharma, Takeda, Topivert, UCB, VHsquared, Vifor, Zeria, Sensyne, Satisfai, Bioclinica, Equillium, Mestag, Sorriso, and Protagonist; declares research support from AbbVie, the International Organization for the Study of Inflammatory Bowel Diseases, Lilly, UCB, Vifor, Norman Collisson Foundation, Pfizer, UK–India Education and Research Initiative, ECCO Health Care, and the Helmsley Trust; declares honoraria from AbbVie, Amgen, Biogen, Ferring, Takeda, Lilly; and declares travel expenses covered or reimbursed from AbbVie, Lilly, Johnson & Johnson, Pfizer, Takeda, Ferring, Amgen, and Biogen. HHU declares consultancy from OMass, Mestag, and SAB Novartis; project collaboration with Celgene/Bristol-Myers Squibb, Janssen, UCB, MiroBio, and Regeneron; grant reviewing for Crohn's In Childhood Research Association; and is a member of the Porto Group of ESPGHAN. DCW declares speaker fees from Celltrion and AbbVie; and is a member of the Scientific committee of the Crohn's in Childhood Research Association charity. ELB, CB, TIC, SHe, KDJJ, JK, and AL declare no

competing interests. Further details of competing interests of authors are presented in the appendix (p 1).

Access or request full text: https://libkey.io/10.1016/S2468-1253(22)00337-5

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36634696&custid=ns023446

17. The risk of subsequent surgery following bowel resection for Crohn's disease in a national cohort of 19 207 patients

Item Type: Journal Article

Authors: King, Dominic;Coupland, Benjamin;Dosanjh, Amandeep;Cole, Andrew;Ward, Stephen;Reulen, Raoul C.;Adderley, Nicola J.;Patel, Prashant and Trudgill, Nigel

Publication Date: 2023

Journal: Colorectal Disease : The Official Journal of the Association of Coloproctology of Great Britain and Ireland 25(1), pp. 83-94

Abstract: Aim: Surgery is required for most patients with Crohn's disease (CD) and further surgery may be necessary if medical treatment fails to control disease activity. The aim of this study was to characterize the risk of, and factors associated with, further surgery following a first resection for Crohn's disease.; Methods: Hospital Episode Statistics from England were examined to identify patients with CD and a first recorded bowel resection between 2007 and 2016. Multivariable logistic regression was used to examine risk factors for further resectional surgery within 5 years. Prevalence-adjusted surgical rates for index CD surgery over the study period were calculated.; Results: In total, 19 207 patients (median age 39 years, interquartile range 27-53 years; 55% women) with CD underwent a first recorded resection during the study period. 3141 (16%) underwent a further operation during the study period. The median time to further surgery was 2.4 (interquartile range 1.2-4.6) years. 3% of CD patients had further surgery within 1 year, 14% by 5 years and 23% by 10 years. Older age (≥58), index laparoscopic surgery and index elective surgery (adjusted OR 0.65, 95% CI 0.54-0.77; 0.77, 0.67-0.88; and 0.77, 0.69-0.85; respectively) were associated with a reduced risk of further surgery by 5 years. Prior surgery for perianal disease (1.60, 1.37-1.87), an extraintestinal manifestation of CD (1.51, 1.22-1.86) and index surgery in a high-volume centre for CD surgery (1.20, 1.02-1.40) were associated with an increased risk of further surgery by 5 years. A 25% relative and 0.3% absolute reduction in prevalence-adjusted index surgery rates for CD was observed over the study period.; Conclusions: Further surgery following an index operation is common in CD. This risk was particularly seen in patients with perianal disease, extraintestinal manifestations and those who underwent index surgery in a high-volume centre. (© 2022 Association of Coloproctology of Great Britain and Ireland.)

Access or request full text: https://libkey.io/10.1111/codi.16331

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36097792&custid=ns023446

18. People with early-onset colorectal cancer describe primary care barriers to timely diagnosis: a mixed-methods study of web-based patient reports in the United Kingdom, Australia and New Zealand

Item Type: Journal Article

Authors: Lamprell, Klay;Pulido, Diana Fajardo;Arnolda, Gaston;Easpaig, Bróna Nic Giolla;Tran, Yvonne;Owais, Syeda Somyyah;Liauw, Winston and Braithwaite, Jeffrey

Publication Date: 2023

Journal: BMC Primary Care 24(1), pp. 12

Abstract: Background: People with early-onset colorectal cancer, under the age of 50, are more likely to experience diagnostic delay and to be diagnosed at later stages of the disease than older people. Advanced stage diagnosis potentially requires invasive therapeutic management at a time of life when these patients are establishing intimate relationships, raising families, building careers and laying foundations for financial stability. Barriers to timely diagnosis at primary care level have been identified but the patient perspective has not been investigated.; Methods: Personal accounts of cancer care are increasingly accessed as rich sources of patient experience data. This study uses mixed methods, incorporating quantitative content analysis and qualitative thematic analysis, to investigate patients' accounts of early-onset colorectal cancer diagnosis published on prominent bowel cancer support websites in the United Kingdom, Australia and New Zealand.; Results: Patients' perceptions (n = 273) of diagnostic barriers at primary care level were thematically similar across the three countries. Patients perceived that GPs' low suspicion of cancer due to age under 50 contributed to delays. Patients reported that their GPs seemed unaware of early-onset colorectal cancer and that they were not offered screening for colorectal cancer even when 'red flag' symptoms were present. Patients described experiences of inadequate information continuity within GP practices and across primary, specialist and tertiary levels of care, which they perceived contributed to diagnostic delay. Patients also reported tensions with GPs over the patient-centredness of care, describing discord related to symptom seriousness and lack of shared decision-making.; Conclusions: Wider dissemination of information about early-onset colorectal cancer at primary care level is imperative given the increasing incidence of the disease, the frequency of diagnostic delay, the rates of late-stage diagnosis and the dissatisfaction with patient experience reported by patients whose diagnosis is delayed. Patient education about diagnostic protocols may help to pre-empt or resolve tensions between GPs' enactment of value-based care and patients' concerns about cancer. The challenges of diagnosing early-onset colorectal cancer are significant and will become more pressing for GPs, who will usually be the first point of access to a health system for this growing patient population. (© 2023. The Author(s).)

Access or request full text: https://libkey.io/10.1186/s12875-023-01967-0

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36641420&custid=ns023446

19. Distribution of gastrointestinal neuroendocrine tumors in Europe: results from a retrospective cross-sectional study

Item Type: Journal Article

Authors: Loosen, Sven H.;Kostev, Karel;Jann, Henning;Tetzlaff, Fabian;Tacke, Frank;Krieg, Sarah;Knoefel, Wolfram T.;Fluegen, Georg;Luedde, Tom;Krieg, Andreas and Roderburg, Christoph

Publication Date: 2023

Journal: Journal of Cancer Research and Clinical Oncology 149(4), pp. 1411-1416

Abstract: Background: Gastrointestinal (non-pancreatic) neuroendocrine tumors (GI-NETs) represent a rare but

increasingly common tumor entity. Prognosis and biological behavior of these tumors is extremely heterogenous and largely dependent on the specific tumor site, stage and differentiation. However, systematic data on the epidemiology of GI-NET, especially in terms of geographic distributions are missing.; Methods: We used the Oncology Dynamics database (IQVIA) to identify a total of 1354 patients with GI-NET from four European countries (Germany, France, Spain, UK) and compared them with regard to major patient and tumor related characteristics including patients' age, sex, tumor stage, tumor grading and differentiation.; Results: Out of the analyzed 1354 NET patients, 535 were found in the UK (39.5%), 289 in Germany (21.3%), 283 in Spain (20.9%) and 247 in France (18.2%). More patients were male than female (53.8% vs. 46.2%) with no significant differences between the analyzed countries. In contrast, the age distribution varied between the different countries, with the highest number of patients identified in the age groups of 61-70 years (31.0%) and 71-80 years (30.7%). The vast majority of patients showed a tumor origin in the small intestine, in German patients NET of the large intestine were slightly overrepresented and NET of the stomach underrepresented compared to all other countries. More than 80% of patients had stage IV disease at the time of diagnosis. Regarding tumor histology, most tumors showed a G2 tumor; interestingly, a G3 grading was found in 40.9% of patients in Germany (Ki-67 > 20%).; Conclusion: The distribution of important patient- and tumor-specific characteristics of neuroendocrine tumors shows regional differences in four major European countries. These data may help to better understand the specific epidemiology of GI-NET in Europe. (© 2022. The Author(s).)

Access or request full text: https://libkey.io/10.1007/s00432-022-04003-3

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=35476234&custid=ns023446

20. Impact of minimum unit pricing on alcohol-related hospital outcomes: systematic review

Item Type: Journal Article

Authors: Maharaj, Tobias;Angus, Colin;Fitzgerald, Niamh;Allen, Kathryn;Stewart, Stephen;MacHale, Siobhan and Ryan, John D.

Publication Date: 2023

Journal: BMJ Open 13(2), pp. e065220

Abstract: Objective: To determine the impact of minimum unit pricing (MUP) on the primary outcome of alcohol-related hospitalisation, and secondary outcomes of length of stay, hospital mortality and alcohol-related liver disease in hospital.; Design: Databases MEDLINE, Embase, Scopus, APA Psycinfo, CINAHL Plus and Cochrane Reviews were searched from 1 January 2011 to 11 November 2022. Inclusion criteria were studies evaluating the impact of minimum pricing policies, and we excluded non-minimum pricing policies or studies without alcohol-related hospital outcomes. The Effective Public Health Practice Project tool was used to assess risk of bias, and the Bradford Hill Criteria were used to infer causality for outcome measures.; Setting: MUP sets a legally required floor price per unit of alcohol and is estimated to reduce alcohol-attributable healthcare burden.; Participant: All studies meeting inclusion criteria from any country INTERVENTION: Minimum pricing policy of alcohol PRIMARY AND SECONDARY OUTCOME MEASURES: RESULTS: 22 studies met inclusion criteria; 6 natural experiments and 16 modelling studies. Countries included Australia, Canada, England, Northern Ireland, Ireland, Scotland, South Africa and Wales. Modelling studies estimated that MUP could reduce alcohol-related admissions by 3%-10% annually and the majority of real-world studies demonstrated that acute alcohol-related admissions responded immediately and reduced by 2%-9%, and chronic alcohol-related admissions lagged by 2-3 years and reduced by 4%-9% annually. Minimum pricing could target the heaviest consumers from the most deprived groups who tend to be at greatest risk of alcohol harms, and in so doing has the potential to reduce health inequalities. Using the Bradford Hill Criteria, we inferred a 'moderate-to-strong'

causal link that MUP could reduce alcohol-related hospitalisation.; Conclusions: Natural studies were consistent with minimum pricing modelling studies and showed that this policy could reduce alcohol-related hospitalisation and health inequalities.; Prospero Registration Number: CRD42021274023.; Competing Interests: Competing interests: None declared. (© 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/bmjopen-2022-065220

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36737089&custid=ns023446

21. The Promise of Artificial Intelligence in Digestive Healthcare and the Bioethics Challenges It Presents

Item Type: Journal Article

Authors: Mascarenhas, Miguel;Afonso, João;Ribeiro, Tiago;Andrade, Patrícia;Cardoso, Hélder and Macedo, Guilherme

Publication Date: 2023

Journal: Medicina (Kaunas, Lithuania) 59(4)
Abstract: With modern society well entrenched in the digital area, the use of Artificial Intelligence (AI) to extract useful information from big data has become more commonplace in our daily lives than we perhaps realize. Medical specialties that rely heavily on imaging techniques have become a strong focus for the incorporation of AI tools to aid disease diagnosis and monitoring, yet AI-based tools that can be employed in the clinic are only now beginning to become a reality. However, the potential introduction of these applications raises a number of ethical issues that must be addressed before they can be implemented, among the most important of which are issues related to privacy, data protection, data bias, explainability and responsibility. In this short review, we aim to highlight some of the most important bioethical issues that will have to be addressed if AI solutions are to be successfully incorporated into healthcare protocols, and ideally, before they are put in place. In particular, we contemplate the use of these aids in the field of gastroenterology, focusing particularly on capsule endoscopy and highlighting efforts aimed at resolving the issues associated with their use when available.

Access or request full text: https://libkey.io/10.3390/medicina59040790

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37109748&custid=ns023446

22. Planning management for complex colorectal polyps: a qualitative assessment of factors influencing decision-making among colonoscopists

Item Type: Journal Article

Authors: Parker, Jody;Semedo, Lenira;Shenbagaraj, Lavanya;Torkington, Jared and Dolwani, Sunil

Publication Date: 2023

Journal: BMJ Open Gastroenterology 10(1)
Abstract: Objective: Endoscopic therapy is the recommended primary treatment for most complex colorectal

polyps, but high colonic resection rates are reported. The aim of this qualitative study was to understand and compare between specialities, the clinical and non-clinical factors influencing decision making when planning management.; Design: Semi-structured interviews were performed among colonoscopists across the UK. Interviews were conducted virtually and transcribed verbatim. Complex polyps were defined as lesions requiring further management planning rather than those treatable at the time of endoscopy. A thematic analysis was performed. Findings were coded to identify themes and reported narratively.; Results: Twenty colonoscopists were interviewed. Four major themes were identified including gathering information regarding the patient and their polyp, aids to decision making, barriers in achieving optimal management and improving services. Participants advocated endoscopic management where possible. Factors such as younger age, suspicion of malignancy, right colon or difficult polyp location lead towards surgical intervention and were similar between surgical and medical specialties. Availability of expertise, timely endoscopy and challenges in referral pathways were reported barriers to optimal management. Experiences of team decision-making strategies were positive and advocated in improving complex polyp management. Recommendations based on these findings to improve complex polyp management are provided.; Conclusion: The increasing recognition of complex colorectal polyps requires consistency in decision making and access to a full range of treatment options. Colonoscopists advocated the availability of clinical expertise, timely treatment and education in avoiding surgical intervention and providing good patient outcomes. Team decision-making strategies for complex polyps may provide an opportunity to coordinate and improve these issues.; Competing Interests: Competing interests: None declared. (© 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/bmjgast-2022-001097

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37217234&custid=ns023446

23. Digital health for functional gastrointestinal disorders

Item Type: Journal Article

Authors: Pathipati, Mythili P.;Shah, Eric D.;Kuo, Braden and Staller, Kyle D.

Publication Date: 2023

Journal: Neurogastroenterology and Motility : The Official Journal of the European Gastrointestinal Motility Society 35(1), pp. e14296

Abstract: Background: Functional gastrointestinal disorders are a common but challenging set of conditions to treat. Gastroenterology practices often struggle to meet the needs of patients with functional disorders given the need for careful monitoring, frequent communication, and management of stressors that occur outside of the clinical setting. In recent years, applications in digital health have created a new set of tools that can improve the care of these patients, including through improved symptom tracking, physiologic monitoring, direct provision of care, and patient support.; Purpose: The purpose of this review is to evaluate how digital applications are being used to manage functional gastrointestinal disorders today, with several examples of relevant technologies and organizations. It also the shortcomings of current treatment strategies and how they can be overcome. (© 2021 John Wiley & Sons Ltd.)

Access or request full text: https://libkey.io/10.1111/nmo.14296

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=34796577&custid=ns

023446

24. Associations between an inflammatory diet index and severe non-alcoholic fatty liver disease: a prospective study of 171,544 UK Biobank participants

Item Type: Journal Article

Authors: Petermann-Rocha, Fanny;Wirth, Michael D.;Boonpor, Jirapitcha;Parra-Soto, Solange;Zhou, Ziyi;Mathers, John C.;Livingstone, Katherine;Forrest, Ewan;Pell, Jill P.;Ho, Frederick K.;Hébert, James,R. and Celis-Morales, Carlos

Publication Date: 2023

Journal: BMC Medicine 21(1), pp. 123

Abstract: Background: Although non-alcoholic fatty liver disease (NAFLD) is linked to inflammation, whether an inflammatory diet increases the risk of NAFLD is unclear. This study aimed to examine the association between the Energy-adjusted Diet Inflammatory Index (E-DII) score and severe NAFLD using UK Biobank.; Methods: This prospective cohort study included 171,544 UK Biobank participants. The E-DII score was computed using 18 food parameters. Associations between the E-DII and incident severe NAFLD (defined as hospital admission or death) were first investigated by E-DII categories (very/moderately anti-inflammatory E-DII 1]) using Cox proportional hazard models. Nonlinear associations were investigated using penalised cubic splines fitted into the Cox proportional hazard models. Analyses were adjusted for sociodemographic, lifestyle and health-related factors.; Results: Over a median follow-up of 10.2 years, 1489 participants developed severe NAFLD. After adjusting for confounders, individuals in the very/moderately pro-inflammatory category had a higher risk (HR: 1.19 95% CI: 1.03 to 1.38]) of incident severe NAFLD compared with those in the very/moderately anti-inflammatory category. There was some evidence of nonlinearity between the E-DII score and severe NAFLD.; Conclusions: Pro-inflammatory diets were associated with a higher risk of severe NAFLD independent of confounders such as the components of the metabolic syndrome. Considering there is no recommended treatment for the disease, our findings suggest a potential means to lower the risk of NAFLD. (© 2023. The Author(s).)

Access or request full text: https://libkey.io/10.1186/s12916-023-02793-y

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37013578&custid=ns023446

25. Stakeholder-identified barriers and enablers to ultrasound implementation in inflammatory bowel disease services in the UK: a qualitative interview study

Item Type: Journal Article

Authors: Radford, Shellie;Leighton, Paul;Coad, Jane and Moran, Gordon

Publication Date: 2023

Journal: BMJ Open 13(6), pp. e067528

Abstract: Objectives: The study sought to explore and better understand the perceptions and experiences of stakeholders in relation to the use of ultrasound for the assessment of inflammatory bowel disease (IBD) in

adults in the UK.; Design: A qualitative semistructured interview study, using template analysis and normalisation process theory, was undertaken.; Setting: Interviews were conducted using virtual meeting software.; Results: Fourteen participants were enrolled between 2nd of June 2021 and 6th of September 2021. Participants were from the following roles: medical gastroenterology and radiology doctors, IBD nurse specialists, patients living with IBD, healthcare service managers. Participants reported that perceived barriers included reliance on established imaging and care pathways, reluctance to change, lack of trust in ultrasound in relation to perceived lack of precision and the initial financial and time outlay in establishing an ultrasound service. Participants were enthusiastic for the uptake of ultrasound and discussed enablers to ultrasound uptake including the benefits to patients in terms of reduction in waiting times and earlier diagnosis and treatment allocation, reduced number of hospital appointments and patients having better understanding of their health.; Conclusion: There are perceived barriers to achieving implementation of ultrasound. There is scant literature to effectively assess these reported barriers. Therefore, there is further research required in the areas of the impact of the use of ultrasound for the assessment of IBD in the UK.; Competing Interests: Competing interests: GM is in receipt of research funding from Janssen, Arla foods and AstraZeneca, and is a consultant for Alimentiv. (© 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/bmjopen-2022-067528

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37349092&custid=ns023446

26. Can we do better? A qualitative study in the East of England investigating patient experience and acceptability of using the faecal immunochemical test in primary care

Item Type: Journal Article

Authors: Snudden, Claudia M.;Calanzani, Natalia;Archer, Stephanie;Honey, Stephanie;Pannebakker, Merel M.;Faher, Anissa;Chang, Aina;Hamilton, Willie and Walter, Fiona M.

Publication Date: 2023

Journal: BMJ Open 13(6), pp. e072359

Abstract: Objectives: The faecal immunochemical test (FIT) is increasingly used in UK primary care to triage patients presenting with symptoms and at different levels of colorectal cancer risk. Evidence is scarce on patients' views of using FIT in this context. We aimed to explore patients' care experience and acceptability of using FIT in primary care.; Design: A qualitative semi-structured interview study. Interviews were conducted via Zoom between April and October 2020. Transcribed recordings were analysed using framework analysis.; Setting: East of England general practices.; Participants: Consenting patients (aged ≥40 years) who presented in primary care with possible symptoms of colorectal cancer, and for whom a FIT was requested, were recruited to the FIT-East study. Participants were purposively sampled for this qualitative substudy based on age, gender and FIT result.; Results: 44 participants were interviewed with a mean age 61 years, and 25 (57%) being men: 8 (18%) received a positive FIT result. Three themes and seven subthemes were identified. Participants' familiarity with similar tests and perceived risk of cancer influenced test experience and acceptability. All participants were happy to do the FIT themselves and to recommend it to others. Most participants reported that the test was straightforward, although some considered it may be a challenge to others. However, test explanation by healthcare professionals was often limited. Furthermore, while some participants received their results quickly, many did not receive them at all with the common assumption that 'no news is good news'. For those with a negative result and persisting symptoms, there was uncertainty about any next steps.; Conclusions: While FIT is acceptable to patients, elements of communication with patients by the healthcare

system show potential for improvement. We suggest possible ways to improve the FIT experience, particularly regarding communication about the test and its results.; 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-2023-072359

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=37316310&custid=ns023446

27. The benefits of index telephone consultations in patients referred on the two-week wait colorectal cancer pathway

Item Type: Journal Article

Authors: Wanigasooriya, K.;Sarma, D. R.;Woods, P.;O'Connor, P.;Matthews, A.;Aslam, M. I.;Dando, C.;Ferguson, H.;Francombe, J.;Lal, N.;Murphy, P. D.;Papettas, T.;Ramcharan, S. and Busby, K.

Publication Date: 2023

Journal: Annals of the Royal College of Surgeons of England 105(4), pp. 314-322

Abstract: Introduction: The coronavirus disease 2019 (COVID-19) pandemic led to hospitals in the UK substituting face-to-face (FtF) clinics with virtual clinic (VC) appointments. We evaluated the use of virtual two-week wait (2-ww) lower gastrointestinal (LGI) clinic appointments, conducted using telephone calls at a district general hospital in England.; Methods: Patients undergoing index outpatient 2-ww LGI clinic assessment between 1 June 2019 and 31 October 2019 (FtF group) and 1 June 2020 and 31 October 2020 (VC group) were identified. Relevant data were obtained using electronic patient records. Compliance with national cancer waiting time targets was assessed. Environmental and financial impact analyses were performed.; Results: In total, 1,531 patients were analysed (median age=70, male=852, 55.6%). Of these, 757 (49.4%) were assessed virtually via telephone; the remainder were seen FtF (n =774, 50.6%). Ninety-two (6%, VC=44, FtF=48) patients had malignant pathology and 64 (4.2%) had colorectal cancer (CRC); of these, 46 (71.9%, VC=26, FtF=20) underwent treatment with curative intent. The median waiting times to index appointment, investigation and diagnosis were significantly lower following VC assessment (p <0.001). The cancer detection rates (p =0.749), treatments received (p =0.785) and median time to index treatment for CRC patients (p =0.156) were similar. A significantly higher proportion of patients were seen within two weeks of referral in the VC group (p <0.001). VC appointments saved patients a total of 9,288 miles, 0.7 metric tonnes of CO 2 emissions and £7,482.97. Taxpayers saved £80,242.00 from VCs. No formal complaints were received from patients or staff in the VC group.; Conclusion: Virtual 2-ww LGI clinics were effective, safe and were associated with tangible environmental and financial benefits.

Access or request full text: https://libkey.io/10.1308/rcsann.2021.0364

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=35486133&custid=ns023446

28. Pancreatic cancer is associated with medication changes prior to clinical diagnosis

Item Type: Journal Article

Authors: Zhang, Yin;Wang, Qiao-Li;Yuan, Chen;Lee, Alice A.;Babic, Ana;Ng, Kimmie;Perez, Kimberly;Nowak,

Jonathan A.;Lagergren, Jesper;Stampfer, Meir J.;Giovannucci, Edward L.;Sander, Chris;Rosenthal, Michael H.;Kraft, Peter and Wolpin, Brian M.

Publication Date: 2023

Journal: Nature Communications 14(1), pp. 2437

Abstract: Patients with pancreatic ductal adenocarcinoma (PDAC) commonly develop symptoms and signs in the 1-2 years before diagnosis that can result in changes to medications. We investigate recent medication changes and PDAC diagnosis in Nurses' Health Study (NHS; females) and Health Professionals Follow-up Study (HPFS; males), including up to 148,973 U.S. participants followed for 2,994,057 person-years and 991 incident PDAC cases. Here we show recent initiation of antidiabetic (NHS) or anticoagulant (NHS, HFS) medications and cessation of antihypertensive medications (NHS, HPFS) are associated with pancreatic cancer diagnosis in the next 2 years. Two-year PDAC risk increases as number of relevant medication changes increases (P-trend $<1 \times 10^{-5}$), with participants who recently start antidiabetic and stop antihypertensive medications having multivariable-adjusted hazard ratio of 4.86 (95%CI, 1.74-13.6). These changes are not associated with diagnosis of other digestive system cancers. Recent medication changes should be considered as candidate features in multi-factor risk models for PDAC, though they are not causally implicated in development of PDAC. (© 2023. The Author(s).)