

Endoscopy Timing and Outcomes in Patients With Peptic Ulcer Bleeding

According to the August issue of *Gastrointestinal Endoscopy*, researchers from University Hospitals Case Medical Center in Cleveland, Ohio, conducted a nationwide cohort study to determine the prevalence and outcomes of early and delayed endoscopy in patients with bleeding peptic ulcers. The patient population (n=2,592) consisted of a random sample of 5% of inpatient and outpatient Medicare claims from 2004 in patients who were at least 66 years old. Researchers performed univariate and multivariate statistical analysis to find factors associated with 30-day mortality, upper gastrointestinal surgery, and hospitalization length.

The study found that 1,854 (71.5%) patients underwent early endoscopy (ie, within 1 day of presenting with bleeding), whereas 738 (28.5%) patients underwent delayed endoscopy (ie, after 1 day of presenting with bleeding). A therapeutic procedure was used during endoscopy for the cessation of active bleeding or prevention of its recurrence in 590 (31.8%) early endoscopy patients as opposed to 243 (32.9%) patients who underwent delayed endoscopy. Statistically significant decreases in the use of surgery for the control of bleeding and the length of hospitalization were associated with early endoscopy. Twenty-three (1.2%) early endoscopy patients underwent surgery compared to 25 (3.4%) delayed endoscopy patients. Hospitalization lasted a median of 4 days in early endoscopy patients as opposed to 6 days in delayed endoscopy patients. There was no difference, however, in 30-day mortality between the two groups. The authors did point out that the claims data used in the study were lacking in clinical detail and that the study was limited to older patients; however, other factors shown to have prognostic value, including age and comorbid illness, were also assessed.

Aspirin and Survival After Colorectal Cancer Diagnosis

Researchers at Massachusetts General Hospital and Harvard Medical School in Boston, Massachusetts conducted a prospective cohort study of 1,279 men and women diagnosed with colorectal cancer (stage I, II, or III) to evaluate the relationship between aspirin use after colorectal cancer diagnosis on survival, both colorectal cancer-specific and overall. The patients were enrolled in two national health professional cohorts (in 1980 and 1986) prior to being diagnosed and were followed up through June 1, 2008. The results of the study were published in an August issue of *The Journal of the American Medical Association*.

Among the 549 regular aspirin users after colorectal cancer diagnosis, there were 193 total deaths (35%) and 81 colorectal cancer-specific deaths (15%) after a median follow-up of 11.8 years. On the other hand, among the 730 patients who did not use aspirin after being diagnosed with colorectal cancer, there were 287 total deaths (39%) and 141 colorectal cancer-specific deaths (19%). In contrast to those who did not take aspirin, patients who took aspirin regularly after colorectal cancer diagnosis had a multivariate hazard ratio (HR) of 0.71 (95% confidence interval [CI], 0.53–0.95) for colorectal cancer-specific mortality and 0.79 (95% CI, 0.65–0.97) for overall mortality. Patients who did not previously use aspirin but initiated use after colorectal cancer diagnosis (n=719) had a multivariate HR of 0.53 (95% CI, 0.33–0.86) for colorectal cancer-specific mortality. There was a significant difference in the effect of aspirin according to cyclooxygenase 2 (COX-2) expression (P for interaction=.04) among 459 patients with colorectal cancer that was accessible for immunohistochemical evaluation. Using aspirin regularly after diagnosis was associated with a decreased risk of colorectal cancer-specific mortality in patients with primary tumor overexpression of COX-2 (multivariate HR, 0.39; 95% CI, 0.20–0.76). However, aspirin use was not associated with a decreased risk in patients with weak or absent-expression primary tumors (multivariate HR, 1.22; 95% CI, 0.36–4.18).

Pancreatic Stent Lengths and Post-endoscopic Retrograde Cholangiopancreatography Pancreatitis

According to the August issue of *Clinical Gastroenterology & Hepatology*, lead investigator Todd H. Baron, MD, of the Mayo Clinic in Rochester, Minnesota, along with colleagues at the Mayo Clinic and at other centers, randomly assigned patients at high risk for post-endoscopic retrograde cholangiopancreatography pancreatitis (PEP) to a straight, 5-Fr, 3-cm long, unflanged pancreatic duct (PD) stent (n=116) or a 3-Fr, 8-cm or longer, unflanged PD stent (n=133). To evaluate spontaneous stent dislodgement, patients underwent abdominal radiographs at 24 hours, 7 days, and 14 days following stent placement. After 14 days, the spontaneous stent dislodgement rates were 98% for 5-Fr stents and 88% for 3-Fr stents (P =.0001). PEP, defined according to consensus criteria, was found in 12% of patients, at an incidence that was higher in the 3-Fr group (14%) than the 5-Fr group (9%), though the difference was not statistically significant (P =.3). There was no placement failure in the 5-Fr stent group, though it did occur in 11 patients in the 3-Fr stent group (P =.0003).