

Taribavirin Versus Ribavirin in Treatment-Naive Hepatitis C Patients

As reported in the October issue of *Hepatology*, a phase IIb, randomized, open-label, active-controlled, parallel-group study was conducted to evaluate the efficacy of weight-based dosing of taribavirin, an oral prodrug of ribavirin. The patient population consisted of 278 treatment-naive patients with genotype 1 chronic hepatitis C who were stratified according to body weight and baseline viral load. The patients had a mean age of 49 years, 61% were male, and 30% were African American or Latino. Patients underwent randomization to taribavirin (20, 25, or 30 mg/kg/day) or ribavirin (800–1,400 mg/day) with pegylated interferon alfa-2b for 48 weeks. The researchers noted sustained virologic response rates of 28.4%, 24.3%, 20.6%, and 21.4% in the 20, 25, and 30 mg/kg taribavirin arms and the ribavirin arm, respectively. No statistically significant differences were found in the efficacy analyses. In the 20 and 25 mg/kg/day taribavirin arms, rates of anemia were significantly decreased (13.4% and 15.7%, respectively; $P < .05$) compared to ribavirin (32.9%). Fatigue, diarrhea, and insomnia were the most frequent adverse events in all arms.

Morning-Only Versus Split-Dose Polyethylene Glycol Electrolyte Bowel Preparation for Afternoon Colonoscopy

Researchers conducted a study to assess the efficacy and tolerability of morning-only polyethylene glycol electrolyte solution (PEG-ELS) versus split-dose PEG-ELS for afternoon outpatient colonoscopy. The results of this single-center, prospective, randomized, investigator-blinded, non-inferiority study were published in the September issue of the *American Journal of Gastroenterology*. In the study, 125 patients underwent randomization, though 9 patients withdrew without taking a bowel preparation. Of the 116 patients who completed the study, 62 patients were randomized to a morning-only preparation and 54 patients were randomized to a split-dose preparation. Ninety-two percent of the morning-only arm experienced adequate whole colon preparation compared to 94% of the split-dose arm (95% lower confidence limit [LCL] for the difference = -11.3%, noninferiority $P = .013$). For the right colon preparation, adequacy was reported in 93% and 92% of the arms, respectively (95% LCL = -7.8%, noninferiority $P = .003$). The morning-only arm had greater polyp detection (mean = 1.57 vs 0.94 polyps/patient, noninferiority $P = .007$). The 2 arms experienced similar rates of adverse

events ($P = .273$), though abdominal pain occurred less frequently in the morning-only arm ($P = .024$).

Surgical Risk Factors for Children With Crohn's Disease

In a multicenter, inception cohort of children with Crohn's disease, researchers evaluated the rate of Crohn's disease-related surgery. Results of the study, which were published in the September issue of *Clinical Gastroenterology & Hepatology*, included data from 854 children with Crohn's disease from the Pediatric Inflammatory Bowel Disease Collaborative Research Group. According to the researchers, 76 (9%) children had had their first Crohn's disease-related surgery, 57 (7%) had had their first bowel surgery (bowel resection, ostomy, strictureplasty, or appendectomy), and 19 (2%) had had their first nonbowel surgery (abscess drainage or fistulotomy). One year postdiagnosis, cumulative risks for bowel surgery, nonbowel surgery, and all Crohn's disease-related surgeries were 3.4%, 1.4%, and 4.8%, respectively; 5 years postdiagnosis, these rates were 13.8%, 4.5%, and 17.7%, respectively. These 5-year rates were lower than those reported in recent adult and pediatric studies but similar to those of a recent retrospective pediatric study. A higher risk of bowel surgery was associated with older age at diagnosis, greater disease severity, and stricturing or penetrating disease, whereas a lower risk of bowel surgery was associated with disease between the transverse colon and rectum. Factors that had no impact on the risk of bowel surgery included immunomodulator initiation within 30 days of diagnosis, sex, race, and family history of inflammatory bowel disease.

In Brief

Researchers conducting a prospective study found that irritable bowel syndrome (IBS)-like symptoms were common in patients with inflammatory bowel disease who were thought to be in clinical remission, but abnormal calprotectin levels suggested that the mechanism in most cases was likely to be occult inflammation rather than coexistent IBS. *Am J Gastroenterol.* 2010;105:1788-1794; quiz 1795.

In an institutional review board-approved retrospective chart review of patients with cirrhosis, compliance with practice guideline recommendations from the American Association for the Study of Liver Disease and American College of Gastroenterology was associated with a reduction in the first esophageal variceal hemorrhage in the first 2 years. *Clin Gastroenterol Hepatol.* 2010;8:703-708.