



Clinical Digest

ONLINE EDITION

ONCOLOGY

Metabolic Syndrome May Worsen Prognosis in Colorectal Cancer

The results of a recent study—focusing on the impact metabolic syndrome (MS) has on colorectal cancer prognosis—suggest that decreasing the incidence of MS may improve therapeutic efficacy for colorectal cancer.

Researchers from Peking University People's Hospital in Beijing, China, collected data on 507 patients (285 men) with colorectal cancer. The patients, who were between the ages of 24 and 90 years, were divided into 2 groups based on the presence of MS. The prognostic value of MS in the patients was tested, while the risk of adverse events was examined by Cox proportional hazard modeling.

Patients who had colorectal cancer and MS had higher rates of liver metastasis and tumor recurrence. Of the 175 patients in the MS group, 30 (17.1%) had liver metastases, compared with 34 of 332 patients (10.2%) in the non-MS group. The median tumor reoccurrence time was 12 months in the MS group, and 20.5 months in the non-MS group. MS was also one of the important elements that independently influenced survival. Patients in the MS group had a median survival rate of 48 months,

compared with a median survival rate of 63 months for the non-MS group.

If the predictive value of MS holds up in larger studies, the researchers say, evaluation of MS should become part of the standard diagnostic work-up for patients with colorectal cancer.

Source: *Am J Surg.* 2010;200(1):59–63.
doi:10.1016/j.amjsurg.2009.05.005.

MENTAL HEALTH

Posttraumatic Stress Treatment That Suits the Symptoms

In a recent study supported by the European commission, investigators representing 8 countries connected to the war in Ex-Yugoslavia aimed to establish the ideal factor structure for the Impact of Event Scale–Revised (IES–R) in war survivors.

The original version of the scale used 2 factors, intrusion and avoidance, to measure patients' degree of posttraumatic stress. A third factor, hyperarousal, was added in 1997 to make the IES–R, and several published studies have tested the 3-factor scale, as well as 4- and 5-factor versions, since then. Their results conflict, however, as to how many and which factors are superior in assessing posttraumatic stress.

The researchers analyzed data from a sample of 4,167 participants with

potentially traumatic experiences during the war in Ex-Yugoslavia. Of these participants, 3,313 were still living in Ex-Yugoslavia and 854 were living in Western European countries. Participants who still lived in the area of conflict were randomly divided into 2 samples, leaving the researchers with 3 distinct samples. The researchers tested alternative models with 3, 4, and 5 factors of posttraumatic symptoms in 1 sample, with the other 2 samples being used for cross-validation.

Their results indicate that the best fitting model had 5 factors: intrusion, avoidance, hyperarousal, numbing, and sleep disturbance.

The researchers say their results “suggest distinguishing between avoidance and numbing, at least in survivors of war.” Such a distinction may allow for more targeted psychological treatment. They cite evidence that suggests cognitive-behavioral approaches have a larger impact on symptoms of avoidance than on symptoms of numbing. Other recent work has found a 4-factor model as the best fit and the researchers say, “some unclarity remains about whether any model can be generalized as the best fitting model of the factor structure of posttraumatic stress symptoms.” ●

Source: *J Anxiety Disorders.* 2010;24(6):606–611.
doi:10.1016/j.janxdis.2010.04.001.