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eliminates the need to cleanse the colon, is another promising approach. "Once that becomes a reality, probably in the next 2-3 years, you will see a lot of patients embrace this," he said.

Combining CT colonography with colonoscopy also shows promise. One study suggests that if you stratify patients into low-risk and high-risk categories, with the former undergoing colonoscopy directly while the latter undergo CT colonography as the initial test, you can detect 89% of advanced neoplasia, with far fewer colonoscopies being performed, compared with a rate of 94% when universal colonoscopy was performed (Gastroenterology 2006;131:1011-9).

Other promising alternatives to colonoscopy include non-physician-based colonic visualization devices such as the Aer-O-Scope and the PillCam. The Aer-O-Scope, an investigational device made by G.I. View Ltd., is a disposable, self-pro-

PELLING visualization device that travels from the rectum to the cecum. It has two balloons: The distal balloon contains an optical scanning component, whereas the proximal balloon seals off the rectum.

Proof of concept was achieved in 12 human cases (Gastroenterology 2006; 130:672-7). The device reached the cecum in 10 patients in an average of 14 minutes. Only two patients required sedation, and no major mucosal damage was observed.

In two patients, the device stopped at the hepatic flexure, "so it's not perfect," Dr. Pasricha said. The device "still requires insertion of a blunt instrument into the rectum. Some patients would object to that."

The PillCam, a device made by Given Imaging Ltd., is a variation of the capsule endoscopy devices currently on the market. Its dual cameras cover twice as much area as most of the small bowel capsules do.

A pilot study of 91 patients found that the sensitivity of the PillCam was 56%-76%, and the specificity was 69%-100% (Endoscopy 2006;38:963-70). "We have a way to go with this technology," Dr. Pasricha said. "But given its simplicity and the rate of innovation, this may well be the so-called magic bullet in the future."

The PillCam is not currently approved for use in the United States.

Other solutions include products that

decrease the duration without compromising the quality of care. These include NeoGuide Systems Inc.'s Navigator Endoscopy System, the ShapeLock endoscopic guide (USGI Medical), and the SoftScope (SoftScope Medical Technologies Inc.).

Devices that address the problem of missed polyps include the Third-Eye Retroscope (Avantis Medical Systems Inc.), cap-assisted colonoscopy, wide-angle colonoscopy, and bioendoscopic techniques such as chromoendoscopy.

"Clearly, at this point colonoscopy is still the gold standard, but I think this emerging technology is going to catch up in about 3-5 years," Dr. Pasricha said. ■

Esophageal Erosion in GERD Worse in Men

BERLIN — Women with gastroesophageal reflux disease had a lower prevalence of severe esophageal erosion than did men in an analysis of more than 6,000 patients.

"The lower prevalence of severe erosive changes in women suggests they respond differently to reflux, which may reflect genetically determined differences in visceral sensitivity," Dr. Hubert Mönnikes and his associates said in a poster presented at the 14th United European Gastroenterology Week.

The researchers used data that had been collected on 3,398 women and 3,412 men with gastroesophageal reflux disease (GERD) who had been enrolled in any of 14 studies that tested various treatments for GERD during 2001-2004. The extent of esophageal erosion in each patient was determined by endoscopy, and was graded using the Los Angeles classification.

In the total group, about 14% of patients had nonerosive reflux disease, and the remaining 86% had some degree of erosive esophagitis. The extent of erosion was limited, grade A in about 34%, grade B in 41%, grade C in 9%, and the most extensive erosion, grade D, in about 2% of patients, reported Dr. Mönnikes, a gastroenterologist at Charité Hospital, Berlin.

Of the 964 patients with nonerosive GERD, 61% were women; there were nearly 60% more women with no esophageal erosion, compared with men.

Among the other patients who had some degree of erosion, women tended to have milder disease and men more severe disease. Among the approximately 2,300 patients with the most limited grade A erosions were 44% of all women with erosions and 35% of the men, the researchers said.

The 800 patients with the most extensive grade C or D lesions included 17% of the men and 9% of the women. More severe erosions occurred about 60% more often in men than in women.

—Mitchel L. Zoler

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Relief is defined as ≥ 3 SBMs per week.

Please see Brief Summary of Prescribing Information on adjacent page.

*Spontaneous bowel movements.

¹In 4-week clinical studies. Placebo: 44%-53%.

References: 1. Data on file, Sucampo Pharmaceuticals, Inc. 2. AMITIZA [package insert]. Bethesda, Md: Sucampo Pharmaceuticals, Inc.; 2006.

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