# CLINICAL CAPSULES

## *H. Pylori* Infection, Esophageal Ca

Infection with *Helicobacter pylori* in individuals younger than 50 years is associated with a fivefold lower likelihood of developing esophageal adenocarcinoma than in those without the infection, according to a nested case-control study.

In addition to *H. pylori* negativity, overweight (body mass index of 25 kg/m2 or higher) and a history of ever smoking were found to be independent risk factors for development of the cancer in the study of 51 individuals who had esophageal adenocarcinoma and 149 control patients (J. Infect. Dis. 2005;191:761-7).

Catherine de Martel, M.D., of Stanford (Calif.) University, and her associates selected the participants from a cohort of more than 128,000 patients in the Kaiser Permanente Health Care Program in northern California.

The inverse association between *H. pylori* positivity and esophageal adenocarcinoma—which was not significant in patients older than 50 years—remained significant after adjustment for body mass index, cigarette smoking, and education level.

## Thalidomide Limits Cancer Cachexia

Thalidomide therapy significantly reduced further loss of body weight and lean muscle mass in advanced pancreatic cancer patients with cachexia, reported John N. Gordon, M.B.B.S., and his colleagues at the Southampton General Hospital (England).

In a randomized double-blind trial, patients received either 200 mg thalidomide daily or placebo. After 4 weeks, weight had changed significantly less for 17 thalidomide patients than for 16 placebo patients (mean gain of 0.37 kg vs. mean loss of 2.21 kg). This difference was still significant after 8 weeks between the 12 remaining thalidomide patients (mean loss of 0.06 kg) and 8 remaining placebo patients (mean loss of 3.62 kg) (Gut 2005;54:540-5).

Compared with placebo patients, those who took thalidomide had lost significantly less bone-free arm muscle area at week 4 (average gain of 1 $cm^3$ vs. average loss of 4.6 $cm^3$) and week 8 (loss of 0.5 $cm^3$ vs. loss of 8.4 $cm^3$). Global health scores and physical functioning did not differ significantly between the two groups. No significant difference in survival occurred.

## Colonic Biopsies in Chronic Diarrhea

About 80% of chronic diarrhea patients with no abnormalities on colonoscopy undergo colonic biopsy, according to the largest study to examine the biopsy rate in such patients.

Of 5,565 patients with no colonoscopic abnormality, 4,410 had colonoscopic biopsy during 2000-2003; they were treated by 580 GI specialists in 24 states, reported Gavin C. Harewood, M.D., of the Mayo Clinic, Rochester, Minn., and his associates (Gastrointest. Endosc. 2005;61:371-5).

Expert consensus says that all chronic diarrhea patients with normal endoscopic findings should have the colon biopsied to look for microscopic colitis. Sigmoidoscopy may be most appropriate for young patients with chronic watery diarrhea without blood or pus in the stool who do not have irritable bowel syndrome by clinical criteria, suggested Lawrence R. Schiller, M.D., of Baylor University, Dallas, Tex., in an editorial (Gastrointest. Endosc. 2005;61:376-7).

Colonoscopy with biopsy of the left and right colon would be appropriate for older patients (because they have a higher risk of colonic or ileal pathology) or any patient with alarming findings, Dr. Schiller added.

## Cetuximab in Metastatic Colorectal Ca

Cetuximab appears to yield the same response rate in metastatic colorectal tumors that test negative for epidermal growth factor receptors as it does in its original target population— patients who test positive for the receptor.

The review of 16 EGFR-negative patients with metastatic colorectal cancer was conducted by Ki Young Chung, M.D., and colleagues at Memorial Sloan-Kettering Cancer Center, New York. Cetuximab (Erbitux) was used alone in 2 patients and in combination with irinotecan in 14 patients.

The findings suggest that "as currently used, immunohistochemistry testing for EGFR expression is a poor screening method for identifying patients with colorectal cancer who will not respond to cetuximab therapy," wrote Neal J. Meropol, M.D., of Fox Chase Cancer Center, Philadelphia, in an editorial (J. Clin. Oncol. 2005;23:1791-3). Four patients experienced a partial response of greater than 50% reduction in the size of measurable lesions, whereas two patients had minor responses, with 32% and 39% reductions.

Some of the investigators reported financial interests in the form of research funding or consultant or advisory roles with ImClone Systems, which markets cetuximab.

**—Jeff Evans**



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