Clinical Capsules

Shorter Tx of Chronic Hepatitis C

Twelve weeks of interferon alfa-2b plus ribavirin is just as effective as 24 weeks of the treatment in maintaining a sustained response in patients with genotype 2 or 3 chronic hepatitis C infection who respond to treatment at 4 weeks, according to the results of an open-label, randomized trial.

Alessandra Mangia, M.D., of Casa Sollievo della Sofferenza Hospital, San Giovanni Rotondo, Italy, and her colleagues conducted a trial with 70 patients randomized to a standard treatment that lasted 24 weeks (controls) while 213 patients were randomized to an experimental group in which those who had an early virologic response (EVR) at week 4 received 12 weeks of treatment and those who did not have an EVR received 24 weeks of therapy (N. Engl. J. Med. 2005;352:2609-17).

Among patients who had an EVR at week 4, the rate of sustained virologic response (SVR) did not differ between control patients who received 24 weeks of therapy and those who received 12 weeks of therapy, either at the end of treatment (93% vs. 95%, respectively) or at the end of an additional 24 weeks of follow-up (91% vs. 85%). The number of patients who reported side effects that required withdrawal from the study was significantly lower among patients treated for 12 weeks than among those treated for 24 weeks (one vs. eight patients).

Vitamin B_6 Intake and Colorectal Ca

High intake of vitamin B_6 is associated with a protective effect against colorectal cancer in women, especially those who drink alcohol, reported Susanna C. Larsson of the Karolinska Institutet, Stockholm, and her associates.

In a population-based cohort study of 61,433 women, those who were in the top 20% of vitamin B_6 intake had a 34% lower relative risk (RR) of colorectal cancer than women who were in the bottom 20% of vitamin B_6 intake; this reduction was significant. Among women who drank at least 30 g alcohol (about two drinks) per week, those with the highest intake of vitamin B_6 had a 72% lower RR of colorectal cancer than women with the lowest intake (Gastroenterology 2005;128:1830-7).

The recommended daily intake of vitamin B_6 for nonpregnant women in the United States is 1.3-1.5 mg. "Findings from our study suggest that women who consume alcohol may benefit from a vitamin B_6 intake above the recommendations," the researchers wrote.

Phospholipid Tx for Ulcerative Colitis

Ingestion of phosphatidylcholine capsules during a 3-month period resulted in high rates of response and remission in patients with chronically active ulcerative colitis, according to the results of a double-blind, randomized study of 60 patients.

Release of phosphatidylcholine (PC) into the colon from capsules prompted clinical remission in significantly more patients (53%, 16 of 30) than did placebo capsules (10%, 3 of 30), reported Wolfgang Stremmel, M.D., of University Hospital Heidelberg (Germany), and his colleagues (Gut 2005;54:966-71).

Significantly more PC patients had a clinical response to treatment (90%, 27 of 30) than did those who took placebo (10%, 3 of 30); response was measured with the clinical activity index. About half of the patients in each group experienced bloating; no major adverse events occurred. The researchers noted that the effect of PC had a gradual onset and was first seen after 2-4 weeks of treatment.

H. pylori, Thrombocytopenic Purpura

Eradication of *Helicobacter pylori* significantly improves platelet counts in patients with chronic idiopathic thrombocytopenic purpura, reported Takayoshi Suzuki, M.D., and associates from Tokai University, Isehara, Kanagawa, Japan.

Of 25 patients with chronic idiopathic thrombocytopenic purpura who tested positive for *H. pylori* in a randomized, placebo-controlled trial, triple therapy eradicated the bacteria in 11 of 13 patients in the eradication group.

Platelet counts improved in 6 of 13 eradication patients—either a complete response defined as more than 150×10^3 platelets/μL or a partial response defined as an increase of more than 50×10^3 platelets/μL—but in no placebo patients. Eradication patients increased their platelet counts from an average of 54.7×10^3 platelets/μL at baseline to 114.5×10^3 platelets/μL after 6 months of observation, whereas the platelet counts of control patients did not change from a level of about 48×10^3 platelets/μL (Am. J. Gastroenterol. 2005;100:1265-70).

When the investigators gave eradication therapy to 10 of the placebo patients after 6 months of observation, 4 patients had increased platelet counts; this yielded 10 of 23 patients overall with an increased platelet count. Those 10 patients had significantly higher levels of serum anti-CagA IgG antibodies than the 13 patients who did not respond to eradication therapy.

—Jeff Evans

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