

Number of Adenomas Predicts Colonic Recurrence

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PHILADELPHIA — A finding of three or more adenomas on colonoscopy was the strongest predictor of classification of a patient as being at high risk for recurrent adenomas in a review of 800 patients with colonic adenomas identified at their baseline examination.

“When doing colonoscopy, we must be diligent about identifying synchronous

neoplasia, regardless of size, in order to identify high-risk people” who need more frequent colonoscopy exams, Dr. Carol A. Burke said at the annual meeting of the American College of Gastroenterology.

An adenoma count of three or more was also a strong predictor of having advanced adenomas on the next colonoscopy, as was having adenomas 1 cm or greater in size, said Dr. Burke, director of the Center for Colon Polyps and Cancer Prevention at the Cleveland Clinic. “What’s important

is number, number, number,” she said.

Her study compiled data from the placebo groups of three postpolypectomy chemoprevention trials that were conducted during the mid-1980s to late 1990s. For inclusion in the new analysis, patients could not have colorectal cancer at baseline, and they had to have a follow-up colonoscopy about 3 years after they entered one of the included trials. A total of 800 patients met these criteria, and their average age was 60 years. Follow-up colono-

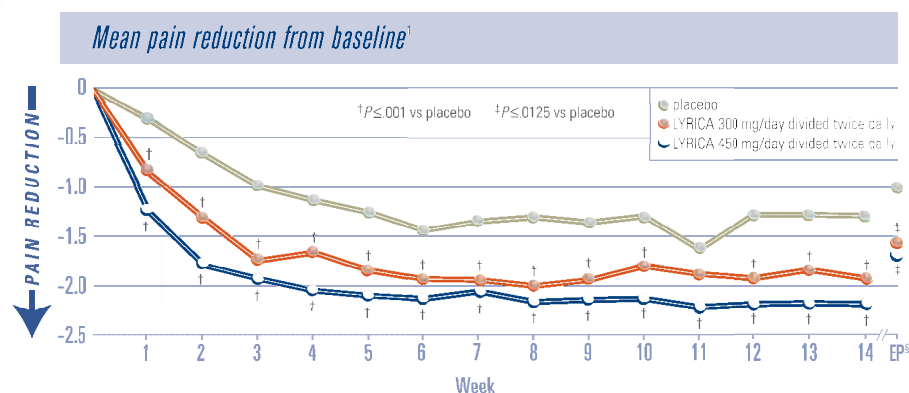
scopy was done an average of 37 months after the baseline examination.

Demographic and clinical findings at the baseline colonoscopy were assessed as predictors of high risk of recurrence after 3 years and as predictors of advanced adenomas on the second colonoscopy in both univariate and multivariate analyses.

The take-home message is that physicians should not discount a colonoscopy result that shows small but numerous adenomas, Dr. Burke said. ■

t o L Y R I C A

Rapid and powerful relief of chronic widespread pain^{1*}



Significant difference starting at Week 1 in some patients

Data on file[†]

*Results from a 14-week, randomized, double-blind, placebo-controlled study of 745 patients to evaluate the efficacy and safety of LYRICA in Fibromyalgia. Criterion for entry into the double-blind phase was absence of a high placebo response (≥30% decrease on the pain VAS) during the 1-week run-in phase. Patients received: LYRICA 300 mg/day (150 mg twice daily), 450 mg/day (225 mg twice daily), 600 mg/day (300 mg twice daily), or placebo. The primary efficacy measure was symptomatic relief of pain associated with Fibromyalgia.

Although LYRICA was also studied at 600 mg/day, there was no evidence that this dose confers additional benefit and this dose was less well tolerated. In view of the dose-dependent adverse reactions, treatment with doses above 450 mg/day is not recommended.

[§]End point (EP) mean pain score.

Sustained relief of pain in a separate 6-month durability study¹¹¹

¹¹¹Results from a 26-week, double-blind, placebo-controlled, randomized discontinuation trial of 1051 patients designed to evaluate the time to loss of therapeutic response of LYRICA in Fibromyalgia patients. The study was comprised of 4 phases: baseline, open label, 26-week double-blind treatment, and 1-week follow-up.

Selected safety information:

The most common adverse reactions occurring in ≥5% of all LYRICA-treated patients and occurring at least twice the rate of placebo during Fibromyalgia clinical trials for patients taking LYRICA vs those taking a placebo were dizziness, somnolence, weight gain, blurred vision, dry mouth, constipation, euphoric mood, peripheral edema, balance disorder, disturbance in attention, and increased appetite.

Please see adjacent brief summary of prescribing information.

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