Clinical Capsules

Racial Differences in Cancer Surgery

Black patients with locoregional esophageal cancer are less likely to be evaluated for surgery than are white patients, and they receive surgery less often than white patients even when they are surgically evaluated, reported Ewout W. Steyerberg, M.D., of Erasmus MC, Rotterdam, the Netherlands, and associates.

An analysis of patients in the National Cancer Institute's Surveillance, Epidemiology, and End Results database found that surgeons assessed a significantly smaller percentage of black patients (70% [258 of 367]), compared with white patients (78% [2,307 of 2,946]). The percentage of black patients who actually underwent surgery after being assessed by a surgeon (35% [90 of 258]) was significantly lower than that of white patients (59% [1,351 of 2,307]). Overall, significantly more white patients than black patients had surgery (46% vs. 25%) (J. Clin. Oncol. 2005;23:510-7).

Neither medically relevant factors nor nonmedical factors explained the differences involving surgical evaluation or surgery performed in the observational study. Significantly fewer black patients survived than did white patients at follow-up of 6 months (58% vs. 64%), 1 year (39% vs. 43%), 2 years (18% vs. 25%), and 5 years (8% vs. 11%). The type of treatment received, rather than nonmedical factors, explained most of the higher mortality in black patients.

Chromoendoscopy Detects Barrett's

Chromoendoscopy with crystal violet detects short-segment Barrett's esophagus with greater sensitivity and specificity than does chromoendoscopy with methylene blue, based on the results of a prospective study.

Yuji Amano, M.D., and colleagues at Shimane University, Izumo, Japan, found that chromoendoscopy with 0.05% crystal violet detected Barrett's epithelium with 89% sensitivity, 86% specificity, and 88% diagnostic accuracy in 100 patients with suspected short-segment Barrett's esophagus. These results were significantly better than those obtained with 0.1% crystal violet, 0.5% methylene blue, or 1% methylene blue in 300 patients (Am. J. Gastroenterol. 2005;100:21-6).

In patients who had nondysplastic and dysplastic Barrett's epithelium stained, 0.05% crystal violet detected the mucosal pit pattern—important for making a histological diagnosis—at the highest rate (93%) of all methods.

Hepatitis C Virus Persists After Tx

Hepatitis C virus RNA persists and appears to replicate at low levels in patients years after they had a sustained virologic response to treatment, according to Marek Radkowski, M.D., of the Mayo Clinic Scottsdale (Ariz.) and colleagues.

In 17 patients who had a sustained virologic response that had lasted for 40 to 109 months prior to the study, 15 had hepatitis C virus (HCV) RNA detected in a liver biopsy, serum, peripheral blood mononuclear cells, or cultures of lymphocytes or macrophages. The investigators detected HCV RNA–negative strand in lymphocytes in two patients and in macrophages from four other patients. HCV RNA–negative strand is a replicative intermediate in the viral life cycle and is generally accepted as evidence of ongoing HCV replication (Hepatology 2005;41:106-14).

"This continuous presence of HCV RNA could explain the phenomenon of relatively common persistence of humoral and cellular immunity for many years after supposed viral clearance and could present a potential risk for transmission or infection reactivation," the researchers said.

Prognosis of Acetaminophen Liver Injury

Measurement of alpha-fetoprotein levels along with other established criteria may aid in determining the prognosis of acetaminophen-induced fulminant hepatic failure, reported Lars E. Schmidt, M.D., and Kim Dalhoff, M.D., of Rigshospitalet, Copenhagen.

An increase of alpha-fetoprotein higher than 3.9 mcg/L on the day after the peak level of alanine aminotransferase predicted survival from severe acetaminophen-induced liver injury with 100% sensitivity in 239 patients seen at Copenhagen University Hospital during 1999-2002. Dr. Schmidt and Dr. Dalhoff suggested that in marginal or protracted cases of acetaminophen-induced fulminant hepatic failure, measurements of alpha-fetoprotein could supplement the King's College Hospital criteria to identify patients who are likely to die as a consequence of their fulminant hepatic failure. The King's criteria include the prognostic variables of etiology, age, serum bilirubin, serum creatinine, degree of encephalopathy, and arterial pH (Hepatology 2005;41:26-31).

"It must be stressed that these models will aid, but not replace, clinical judgment," James Neuberger, M.D., said in an editorial (Hepatology 2005;41:19-22).

—Jeff Evans