(67% of patients), but its predictive value was not as strong.

An association between the pretreatment SUV and response to chemoradiation has not been found in any previous studies. This discrepancy might be caused by differences in treatment duration, timing of ^{18}F-FDG-PET scans, calculations of uptake intensity or, importantly, in the definition of a good response: the inclusion of patients with microscopic residual disease is unique to this study. The authors suggest that the best application of ^{18}F-FDG-PET might be to use the pretreatment SUV to identify patients who could be managed with chemoradiation alone; however, prospective trials of ^{18}F-FDG-PET-directed treatment are necessary.

Original article Levine EA *et al.* (2006) Predictive value of 18-Fluoro-Deoxy-Glucose-Positron Emission Tomography (^{18}F-FDG-PET) in the identification of responders to chemoradiation therapy for the treatment of locally advanced esophageal cancer. *Ann Surg* **243:** 472–478

Matchmaking in minimally invasive and gastrointestinal surgery

Surgery residents often request postgraduate training in gastrointestinal and minimally invasive surgery, in order to achieve competence in the more technically advanced procedures in this rapidly evolving field. The strong demand for training in gastrointestinal and minimally invasive surgery prompted the creation of many fellowship programs, but until recently there was little control over the quality of the training offered. Most programs are now monitored by the Fellowship Council (which at the time of the first match was known as the Minimally Invasive Surgery Fellowship Council). The process of assuring high-quality postgraduate training has taken another step forward with the implementation of a fellowship match, conducted by the National Resident Matching Program (an independent body that manages several other fellowship matches, as well as all resident and medical student matches). The match aims to link the best-ranked applicants with the best-ranked programs.

The inaugural 2004 match involved 130 applicants and 113 positions in 77 programs; 99 applicants were successfully matched on match day, with another 14 finding a match on the following day (17 applicants did not match). Both applicants and program directors reported satisfaction with the match, although a quarter of applicants felt that program descriptions should be more detailed, and many suggested that the interview process could be more efficient. These concerns have been addressed in subsequent matches.

The need for, and popularity of, the fellowship match seems to be confirmed: the 2005 fellowship match involved 186 applicants vying for 154 positions in 95 programs.

Original article Swanstrom LL *et al.* (2006) Bringing order to the chaos: developing a matching process for minimally invasive and gastrointestinal postgraduate fellowships. *Ann Surg* **243:** 431–435

Antibiotics can treat *H. pylori*-negative patients with gastric MALT lymphoma

Gastric mucosa-associated lymphoid tissue (MALT) lymphoma is typically associated with *Helicobacter pylori* infection, and studies in *H. pylori*-positive patients with early-stage gastric MALT lymphoma have demonstrated that these patients respond well to antibiotic therapy. There are limited data on the treatment of *H. pylori*-negative patients with gastric MALT lymphoma because such patients are rare; however, Raderer and colleagues have now investigated the use of antibiotics in this setting.

Their study enrolled six *H. pylori*-negative patients with early-stage, localized, gastric MALT lymphoma, who were given a 7-day course of the antibiotics clarithromycin and metronidazole. Patients were also given the proton-pump inhibitor pantoprazole throughout the study (i.e. for at least 1 year). Patients were followed up every 3 months, by CT and endoscopy with biopsies. Between 3 and 9 months after antibiotic treatment, five of the patients had experienced lymphoma regression; one had a partial response and four achieved a complete response. After having stable disease for 12 months, the sixth patient was referred for chemotherapy.

The authors conclude that antibiotic treatment might be beneficial for patients with early-stage MALT lymphoma restricted to the stomach, even in the absence of *H. pylori*; however, the reason for the observed response to