older age was associated with an approximate fourfold increased risk, and a previous lower gastrointestinal event was associated with an approximately twofold increased risk.

Original article Laine L *et al.* (2008) Lower gastrointestinal events in a double-blind trial of the cyclo-oxygenase-2 selective inhibitor etoricoxib and the traditional nonsteroidal anti-inflammatory drug diclofenac. *Gastroenterology* **135:** 1517–1525

Pretreatment algorithm predicts response to HCV antiviral therapy

Individuals who are chronically infected with HCV genotype 1 and have a high viral load respond poorly to antiviral therapy. Shirakawa and colleagues have now reported a pretreatment algorithm that predicts whether such individuals will successfully respond to treatment.

The study involved 120 patients with chronic HCV genotype 1 infection and high baseline viral loads who were scheduled to receive pegylated interferon α2b and ribavirin treatment. A sustained virological response (SVR) was achieved in 45% of patients and a variety of viral and host factors were analyzed for their ability to predict this response. Logistic regression analysis identified four pretreatment factors that were associated with an SVR: the presence of mutations in the interferon-sensitivity-determining region of HCV, a T_H1:T_H2 ratio ≤15.5, body weight ≥59 kg and neutrophil cell counts ≥2,300 μl. A logistic regression model that incorporated these pretreatment factors categorized patients as having high sensitivity, intermediate sensitivity or low sensitivity to treatment on the basis of their predicted SVR rates. The actual SVR rates were 91% in the high-sensitivity group, 41% in the intermediate-sensitivity group and 15% in the low-sensitivity group. Predicted treatment sensitivities were also associated with the rate of virological response.

This algorithm, therefore, accurately predicts treatment response in groups of patients who are typically difficult to treat, and might avoid the initiation of unnecessary treatment regimens in nonresponsive patients. Validation of this algorithm at other centers is now required.

Original article Shirakawa H *et al.* (2008) Pretreatment prediction of virological response to peginterferon plus ribavirin therapy in chronic hepatitis C patients using viral and host factors. *Hepatology* **48:** 1753–1760

Sex-related disparities still exist in liver transplant allocation

Moylan and colleagues have discovered that since the introduction of the Model for End-stage Liver Disease (MELD) for liver transplant allocation, ethnicity is no longer associated with access to liver transplantation, although sex is.

The authors conducted a retrospective study that examined the records of black and white patients registered on the United Network for Organ Sharing liver transplantation waiting list before (n = 21,895) and after (n = 23,793) the introduction of MELD (January 1996 to December 2000 and February 2002 to March 2006, respectively). Before the introduction of MELD, black patients were more likely to die or become too ill to undergo liver transplantation than white patients. In addition, black patients were also significantly less likely than white patients to receive a transplant within 3 years of registration on the waiting list. However, after MELD was implemented, ethnicity was no longer significantly associated with receipt of a liver transplant. By contrast, post-MELD women were more likely than men to die or become too ill for liver transplantation within 3 years of registration on the waiting list. In fact, women were less likely than men to receive a liver transplant within 3 years of registration on the waiting list both before and after the introduction of MELD. The authors conclude that use of MELD seems to have resolved ethnic disparities in liver transplantation, but that sex-related differences persist.

Original article Moylan CA *et al.* (2008) Disparities in liver transplantation before and after introduction of the MELD score. *JAMA* **300:** 2371–2378

A reliable DNA microarray approach for identification of bacterial stool pathogens

Diarrhea is a leading cause of morbidity and mortality in developing countries and can be caused by a number of bacterial, viral and parasitic pathogens. Detection of bacterial pathogens is usually performed by using culture-based approaches; however, these tests can be time-consuming.

Mao *et al*. have introduced a new approach to identify 14 bacterial pathogens in diarrheal