Nature Reviews Gastroenterology & Hepatology 9, 302 (2012); published online 24 April 2012;

doi:10.1038/nrgastro.2012.81;

doi:10.1038/nrgastro.2012.82;

doi:10.1038/nrgastro.2012.83; doi:10.1038/nrgastro.2012.84

### IN BRIEF

#### **PANCREATITIS**

## Most cases of acute pancreatitis can be diagnosed or ruled out by urinary trypsinogen-2 dipstick test

In this prospective multicentre study, a urinary trypsinogen-2 dipstick test was given to 412 patients presenting to the emergency room or hospitalized with acute abdominal pain. Sensitivity and specificity for acute pancreatitis were 68.6% and 87.1%. Sensitivity for pancreatitis caused by alcohol or gallstones was 72.2% and 81.8%, higher than for amylase testing. By adjusting the cut-off point, the test achieved 92.2% sensitivity and a positive likelihood ratio of 7.63.

**Original article** Mayumi, T. et al. Validity of urinary trypsinogen-2 test in the diagnosis of acute pancreatitis. *Pancreas* doi:10.1097/MPA.0b013e3182480ab7

### **PPI THERAPY**

# Pantoprazole successfully treats symptoms suggestive of IBS and functional dyspepsia in patients with erosive GERD

Mönnikes et al. gave pantoprazole to 626 reflux oesophagitis patients for up to 16 weeks to see if it could sustain GERD healing and treat symptoms resembling IBS and functional dyspepsia (FD). Pantoprazole treatment significantly lowered rates of reflux oesophagitis along with reflux symptoms and symptoms of IBS and FD. During a 6-month no-treatment observation period, the low IBS and FD rates achieved were maintained, but rates of reflux signs or symptoms increased.

**Original article** Mönnikes, H. *et al.* Randomised clinical trial: sustained response to PPI treatment of symptoms resembling functional dyspepsia and irritable bowel syndrome in patients suffering from an overlap with erosive gastro-oesophageal reflux disease. *Aliment. Pharmacol. Ther.* doi:10.1111/j.1365-2036.2012.05085.x

### **COLON CANCER**

### Adding cetuximab to mFOLFOX6 does not improve diseasefree survival in patients with stage III resected colon cancer

Disease-free survival in patients with stage III resected colon cancer is not improved by adding cetuximab to mF0LF0X6 (the modified sixth version of the standard adjuvant therapy [leucovorin, fluorouracil and oxaliplatin]). In this randomized trial, the 3-year disease-free survival for mF0LF0X6 compared with mF0LF0X6 plus cetuximab was 74.6% versus 71.5% for patients with wild-type *KRAS* and 67.1% versus 65.0% for those with mutated *KRAS*. Adverse events (grade 3 or higher) were also significantly higher with cetuximab.

**Original article** Alberts, S. R. *et al.* Effect of oxaliplatin, fluorouracil, and leucovorin with or without cetuximab on survival among patients with resected stage III colon cancer. *JAMA* doi:10.1001/jama.2012.385

### **HEPATITIS**

# Ladanein inhibits HCV entry into human hepatocytes irrespective of genotype

Haid et al. have identified a flavenoid that inhibits postattachment entry of HCV and prevents infection of primary human hepatocytes. The previously unreported antiviral activity of ladanein (BJ486K) is effective against all major HCV genotypes. A synergistic effect was achieved by combining ladanein with ciclosporin—as such, the authors believe that flavanoid derivatives have potential as part of combined treatment, for example, in transplant recipients.

 $\begin{tabular}{ll} \textbf{Original article} \ Haid, S.\ et\ al.\ A\ plant-derived\ flavonoid\ inhibits\ entry\ of\ all\ HCV\ genotypes\ into\ human\ hepatocytes.\ Gastroenterology\ doi:10.1053/\ j.gastro.2012.03.036 \end{tabular}$