

## GLOSSARY

## LES

Lower esophageal sphincter

## Gatekeeper Reflux Repair System for GERD

Fockens *et al.* have recently presented the first international, multicenter clinical trial results for the Gatekeeper Reflux Repair System (Medtronic Europe, Tolochenaz, Switzerland) for the treatment of gastroesophageal reflux disease (GERD). This new, antireflux technique is based on the endoscopic placement of expandable, biocompatible prostheses at the gastroesophageal junction, to mimic its normal function.

Sixty seven patients with typical GERD symptoms were treated with the device. The primary endpoints were improvement in the GERD Heartburn-Related Quality of Life (GERD-HRQL) score and overall complication rate. Secondary endpoints included measurements of esophageal pH and sphincter pressure. Follow-up was at 1, 3 and 6 months after the procedure.

A total of 77 procedures were carried out, during which 270 prostheses were successfully placed. Success rates were 93.1% for the device and 98.7% for the procedure. There was a statistically significant improvement in GERD-HRQL scores, from 24.0 at baseline to 5.0 at 6 months ( $P < 0.01$ ). The incidence of serious adverse events was 3.0% at 30 days. Abnormal esophageal acid exposure decreased from 9.1% at baseline to 6.1% at 6 months ( $P < 0.05$ ), while median LES pressure increased from 8.8 mmHg to 13.8 mmHg ( $P < 0.01$ ) in the same period. Although data on medication use was not collected systematically, a post-study review indicated reduced usage.

The authors conclude that the Gatekeeper system is relatively safe and effective for the treatment of GERD symptoms. They await results of a randomized, sham-controlled study and long-term efficacy data.

**Original article** Fockens P *et al.* (2004) Endoscopic augmentation of the lower esophageal sphincter for the treatment of gastroesophageal reflux disease: multicenter study of the Gatekeeper Reflux Repair System. *Endoscopy* 36: 682–689

## Race and ethnicity in HCV treatment

Considerable progress has been made in the treatment of hepatitis C virus (HCV) infection

in recent years, but little is known about how different racial and ethnic groups respond to therapy. Gaglio and colleagues have carried out a prospective study to examine responses according to race/ethnicity and HCV genotype.

Since the study began before the widespread introduction of PEG-interferon/ribavirin combination therapy, the 330 HCV-infected patients instead received induction therapy followed by consensus interferon (Infergen) every other day for 48 weeks. The primary endpoint was sustained virologic response (SVR), meaning undetectable HCV RNA in serum 6 months after treatment ended.

Of the group as a whole, 65% of patients described themselves as white, and 71% were infected with HCV genotype 1. The African-American subjects (14% of the group) showed a different genotype distribution, with 94% infected with HCV genotype 1. An SVR was achieved in a significantly greater proportion of white patients (24%) than in Hispanic patients (12%) or African-Americans (4%). Among genotype 1 patients, an SVR was recorded in 15% of whites and 13% of Hispanic patients, but only 2% of African-Americans ( $P = 0.001$ ). In the genotype 2 group, a significantly lower proportion of Hispanic patients showed an SVR (10%) compared with African-Americans (50%) and whites (40%).

This study reveals significant differences in response rates to HCV therapy for different racial/ethnic groups, especially when analyzed by genotype. This highlights the importance of including adequate numbers of non-whites in future studies of HCV therapy.

**Original article** Gaglio PJ *et al.* (2004) Racial differences in response rates to consensus interferon in HCV infected patients naive to previous therapy. *J Clin Gastroenterol* 38: 599–604

## Safe administration of propofol by the endoscopist

Propofol is an alternative to opioid and benzodiazepine sedatives used during endoscopic procedures. It is recommended that the drug is administered by a dedicated person other than the endoscopist, although this is not always feasible because of cost and