

## Virtual colonoscopy: significance of diagnostic confidence

A new study by Pickhardt and colleagues has explored the relationship between CT colonography (CTC) and optical colonoscopy findings. The results show that the diagnostic 'confidence score' for a polyp detected on CTC correlates with the likelihood of finding a matching lesion using optical colonography.

CTC, or virtual colonography, helps to avoid unnecessary optical colonoscopy in patients with small ( $\leq 5$  mm) polyps. Patients with large ( $\geq 10$  mm) polyps on CTC tend to require optical colonoscopy for polypectomy, but the significance of 6–9 mm lesions detected on CTC is unclear, and so further criteria for CTC screening algorithms are needed.

The new study included 1,339 asymptomatic adults who had been referred for colorectal cancer screening. All patients underwent same-day CTC and optical colonoscopy. For the 305 potential polyps detected on CTC, the diagnostic confidence level of the interpreting radiologist was recorded on a scale from 1 (least certain) to 3 (most certain). The higher the diagnostic confidence score for CTC, the higher the chance of detecting a matched polyp on optical colonoscopy: for lesions  $\geq 6$  mm, matching lesions were found in 33.3%, 50.0% and 66.8% of polyps that had been diagnosed by CTC with confidence scores of 1, 2, or 3, respectively ( $P < 0.01$ ).

While the size of a potential polyp remains the major factor in deciding whether a patient should undergo optical colonoscopy, this study shows that the CTC diagnostic confidence score is a useful additional criterion.

**Original article** Pickhardt PJ *et al.* (2004) The effect of diagnostic confidence on the probability of optical colonoscopic confirmation of potential polyps detected on CT colonography: prospective assessment in 1,339 asymptomatic adults. *AJR* **183**: 1661–1665

## Treatment of hepatitis C in HIV-infected patients

HCV infection is a common problem in patients infected with HIV, but there is a lack of randomized data on current treatments. Carrat *et al.* have studied the safety and efficacy of ribavirin in combination with

peginterferon  $\alpha$ -2b or standard interferon  $\alpha$ -2b in this setting.

The analysis included 412 patients coinfecting with HCV and HIV, who were randomized to ribavirin plus peginterferon  $\alpha$ -2b ( $n=205$ ) or ribavirin plus standard interferon  $\alpha$ -2b ( $n=207$ ) for a 48-week period. A sustained virologic response—defined as undetectable serum HCV-RNA at week 72—was significantly more frequent in the peginterferon group than in the standard interferon group (27% vs 20% of patients,  $P=0.047$ ). Separate analyses by HCV genotype showed that this difference applied only to patients with HCV genotype 1 or 4; those infected with HCV genotypes 2, 3 or 5 showed similar response rates irrespective of the type of interferon used. The difference at week 12 in HCV RNA levels was a predictor of treatment outcome. The safety and tolerability of the peginterferon and standard interferon regimens were similar, although clinical adverse events or laboratory abnormalities led to significantly more dose modifications in the peginterferon group.

Concluding that peginterferon  $\alpha$ -2b was more effective than standard interferon when given in combination with ribavirin to patients coinfecting with HIV and HCV, the authors highlight the need for new therapies in this area. They also warn against coadministration of ribavirin in patients receiving the antiretroviral drug didanosine, because mitochondrial toxicity may occur.

**Original article** Carrat F *et al.* (2004) Pegylated interferon  $\alpha$ -2b vs standard interferon  $\alpha$ -2b, plus ribavirin, for chronic hepatitis C in HIV-infected patients: a randomized controlled trial. *JAMA* **292**: 2839–2848

## Treatments for collagenous colitis: a review of the evidence

**EBM** Collagenous colitis, a cause of chronic diarrhea, is treated with a wide variety of compounds, most of which have not been tested in randomized controlled trials. A recent systematic review from the Cochrane Inflammatory Bowel Disease Group has aimed to identify effective treatments for this condition.

The authors found five published studies that fulfilled their inclusion criteria. All were randomized, double-blinded, placebo-controlled trials assessing treatments for biopsy-proven,