

GLOSSARY

Ki-67

A nuclear antigen and tumor growth marker that is present only in the nuclei of cycling cells

A population-based study of GIST patients in Sweden

Results from a population-based study evaluating gastrointestinal stromal tumor (GIST) patients have led researchers to propose that risk scores based solely on tumor size and proliferative index could be more useful than current methods for assessing prognosis.

The study evaluated 288 primary GIST patients from a province in western Sweden, identified from the records of 1,460 potential cases diagnosed between 1983 and 2000. GIST tumors were detected due to patient symptoms ($n = 196$), incidentally during surgery ($n = 60$) or incidentally at the time of autopsy ($n = 29$). Between 1983 and 2000, only 28% of patients were originally diagnosed with GIST; this figure increased to 67% for patients diagnosed between 1995 and 2000. The study found that the annual incidence and prevalence of GIST were 14.5 per million and 129 per million, respectively.

Tumor size, degree of cellular pleomorphism, mitotic rate, and average and maximum Ki-67 proliferative index were found to be statistically significant with regard to decreased overall survival. Of these, only tumor size and maximum Ki-67 proliferative index were independent prognostic factors. Nilsson *et al.* conclude that a prognosis based solely on a risk score calculated by addition of these two factors divided the patients into two risk groups: those with a risk score >7 had a poor prognosis, and those with a risk score of ≤ 7 had an excellent prognosis.

Original article Nilsson B *et al.* (2005) Gastrointestinal stromal tumors: the incidence, prevalence, clinical course, and prognostication in the preimatinib mesylate era—a population-based study in western Sweden. *Cancer* **103**: 821–829

Endoscopic measurements and disease activity in ulcerative colitis

A recent study has shown that endoscopy contributes little to invasive indices used to assess disease activity in ulcerative colitis patients.

Higgins *et al.* evaluated 66 ulcerative colitis patients using both invasive indices that require endoscopy—the St Mark's Index

and the Ulcerative Colitis Disease Activity Index—and noninvasive indices that do not require endoscopy—the Simple Clinical Colitis Activity Index and the Seo index. Correlations between indices, and the contribution and overlap of endoscopic items in the invasive indices, were investigated.

The noninvasive indices correlated well with the invasive indices, even without endoscopic information. This was also found when patients with active disease ($n = 40$) were analyzed separately. Endoscopic findings that correlated well with disease activity, however, contributed only 0.04–3.37% to variability between the two invasive indices. This was due to the endoscopic findings overlapping with other items in the indices that measured stool frequency and/or urgency and stool blood. Thus, endoscopy provided little additional information.

The authors conclude that if the Simple Clinical Colitis Activity Index and Seo indices are validated, then noninvasive indices could increase patient comfort and reduce costs in both clinical trials and the assessment of ulcerative colitis patients.

Original article Higgins PDR *et al.* (2005) Is endoscopy necessary for the measurement of disease activity in ulcerative colitis? *Am J Gastroenterol* **100**: 355–361

Reducing complications following esophagectomy

Despite recent progress in the treatment of esophageal cancer, complications after esophagectomy are still a significant problem. In an effort to reduce these complications, some centers have adopted a hand-sewn, single-layer technique for anastomosis after esophagectomy. This technique has been examined in a recent study by Law *et al.*

The authors reviewed the records of 218 patients who underwent esophageal anastomosis following surgery for intrathoracic squamous cell cancer. All anastomoses were performed using the hand-sewn, single-layer, continuous technique, which uses an absorbable monofilament suture. The whole or distal stomach was most commonly used for esophageal substitution, although the colon or jejunum were used in some cases.

Postoperatively, anastomotic leaks were detected in seven cases (3.2%). Of these