

factor for survival in patients with esophageal cancer and that pathologic response to this therapy should be incorporated as part of the esophageal cancer staging system.

**Original article** Swisher SG *et al.* (2005) Proposed revision of the esophageal cancer staging system to accommodate pathologic response (pP) following preoperative chemoradiation (CRT). *Ann Surg* 241:810–820

## Telomerase mRNA: a novel marker for hepatocellular carcinoma

Telomeres are usually shortened during the cell cycle, which eventually leads to cell death. In cancer cells, however, telomere length can be maintained through reactivation of telomerase. The key protein subunit of the telomerase complex is the human telomerase reverse transcriptase (hTERT), which mediates nucleotide addition. In previous studies, hTERT messenger RNA (mRNA) was upregulated in hepatocellular carcinoma (HCC), and was superior to alpha fetoprotein (AFP) for the early detection of HCC patients whose AFP levels were low. Following on from this, Miura *et al.* carried out a trial in 64 HCC patients to compare hTERT mRNA with conventional tumor markers such as AFP, AFP-L3, and des-gamma-carboxy prothrombin, for the diagnosis of HCC.

The study showed that there was a significant correlation between hTERT mRNA in the HCC tissue and in the serum, which suggests that hTERT mRNA in serum is derived from HCC tissue. The study also showed that hTERT expression was related to tumor number, degree of tumor differentiation and intrahepatic metastasis; however, none of the conventional markers showed correlation to these factors. hTERT was also related to tumor size. Furthermore, unlike AFP, hTERT was able to distinguish HCC from noncancerous liver disease.

hTERT mRNA expression is a novel and available marker for HCC diagnosis and it is superior to other conventional markers. The authors conclude that a large-scale study might be required to confirm these results.

**Original article** Miura N *et al.* (2005) Serum human telomerase reverse transcriptase messenger RNA as a novel tumor marker for hepatocellular carcinoma. *Clin Cancer Res* 11:3205–3209

## Frequent repetition of surgical technique needed for optimal results

The impact on morbidity of the surgical strategy employed by surgeons when carrying out pancreatic reconstruction techniques (PRTs) following pancreateoduodenectomies (PD) was recently assessed via a questionnaire survey in Japan.

Abe and colleagues looked at the relationship between the number of PRTs employed by a particular institution, and the corresponding number of incidences of patient hemorrhages following PD. Surgeons from the Japan Pancreatic Surgery Club completed the researchers' survey, and data analysis was carried out on their responses.

It emerged that 64% of the 152 surgeons used a single PRT when performing PD, with the remaining 36% selecting from two or more PRTs. The volume of patients seen within a particular hospital did not bear relation to the frequency of PRT selection over use of a single PRT. The authors found that, in hospitals where multiple PRTs were employed, the incidence of 'all arterial hemorrhage' and 'delayed arterial hemorrhage' following PD was significantly higher than in those hospitals where only one PRT was in use ( $P<0.05$ ).

The authors conclude from their study that the better outcome following PD seen in patients who are treated in institutions employing a single PRT rather than multiple PRTs stems from the expert surgical skills in pancreatic reconstruction gained through frequent repetition of the same surgical technique in these hospitals.

**Original article** Abe H *et al.* (2005) The selection of pancreatic reconstruction techniques gives rise to higher incidences of morbidity: results of the 30<sup>th</sup> Japan Pancreatic Surgery Questionnaire Survey on pancreateoduodenectomy in Japan. *J Hepatobiliary Pancreat Surg* 12:109–115

## Obesity in GERD and erosive esophagitis

Obesity has risen dramatically in prevalence over the last few decades and has been linked with gastroesophageal reflux disease (GERD) in a number of studies. The results of such studies, however, have been mixed, possibly