

28% of these patients. Short-Form-36 scores improved significantly after surgery for four out of eight components, and scores for three of the components exceeded those of the age-matched general Australian population. No perioperative complications occurred, but three minor late complications arose (one band slippage and two access-port infections).

The authors conclude that elderly, morbidly obese patients should not be denied bariatric surgery merely on the grounds of their age.

**Original article** Taylor CJ and Layani L. (2006) Laparoscopic adjustable gastric banding in patients  $\geq 60$  years old: is it worthwhile? *Obes Surg* **16**: 1579–1583

### Gemcitabine adjuvant chemotherapy shows promise for resectable pancreatic cancer

The 5-year survival of patients with pancreatic cancer who undergo pancreatectomy with curative intent is only 23%. Postoperative fluorouracil-based chemotherapy is rarely effective in these patients, but gemcitabine-based regimens are now available; gemcitabine has a good safety profile and has proven clinical efficacy as palliative treatment for pancreatic cancer. Oettle and colleagues, therefore, conducted an open-label, multicenter, randomized, controlled phase III study to compare adjuvant gemcitabine with no postoperative anticancer therapy (until relapse) in patients from Germany and Austria.

Postoperatively, 368 patients with macroscopically complete (R0 or R1) resection of pancreatic cancer were randomly allocated to receive either adjuvant gemcitabine chemotherapy ( $n=186$ ; 6 cycles of 1,000 mg/m<sup>2</sup> intravenous gemcitabine on days 1, 8, and 15, every 4 weeks) or no anticancer therapy ( $n=182$  controls). Seven patients in each group were excluded from the study; during follow-up (median 53 months), 133 of 179 (74%) gemcitabine-treated patients and 161 of 175 (92%) control patients experienced cancer recurrence. There was a trend towards improved overall survival in gemcitabine-treated patients; however, most control patients who relapsed subsequently received gemcitabine, which might have obscured differences in overall survival between the groups. Gemcitabine-treated patients had significantly prolonged disease-free survival compared with controls (median 13.4 months versus 6.9 months,  $P<0.001$ ),

which suggests that adjuvant gemcitabine chemotherapy markedly delays recurrence.

The authors support the use of gemcitabine as adjuvant chemotherapy to prolong disease-free survival in pancreatic cancer patients after R0 or R1 resection.

**Original article** Oettle H *et al.* (2007) Adjuvant chemotherapy with gemcitabine vs observation in patients undergoing curative-intent resection of pancreatic cancer: a randomized controlled trial. *JAMA* **297**: 267–277

### Early morning reperfusion increases risk of hepatic artery thrombosis after OLT

Hepatic artery thrombosis is a severe, early complication of orthotopic liver transplantation (OLT), with a reported mean incidence of 4–15% in adults; however, it remains unclear which patients are at the greatest risk of this complication. Since the incidence of other arterial thrombotic events is highest in the early morning when there is a relatively hypercoagulable state, Piscaglia *et al.* hypothesized that patients who undergo reperfusion after OLT during the early morning would have an increased risk of early hepatic artery thrombosis.

Piscaglia *et al.* retrospectively analyzed medical records from 255 consecutive patients who underwent a first liver transplant for chronic liver disease. Early hepatic artery thrombosis (<30 days from transplantation) occurred in 12 patients (4.7%). The incidence of hepatic artery thrombosis in the high-coagulability group (reperfusion between 0600 h and 1000 h) was about three times that of patients in the low-coagulability group (reperfusion at all other times): 7 of 78 patients (9.0%) and 5 of 177 patients (2.8%), respectively.

Three factors were found to be independent predictors of early hepatic artery thrombosis: increased donor age (odds ratio [OR] for age >60 years 6.84), bench reconstruction of the artery (OR 5.06) and graft reperfusion during the time of high coagulability (OR 2.93). The authors suggest that candidates for OLT with one or more of these risk factors for early hepatic artery thrombosis should receive strict early postoperative surveillance.

**Original article** Piscaglia F *et al.* (2007) Analysis of risk factors for early hepatic artery thrombosis after liver transplantation: possible contribution of reperfusion in the early morning. *Dig Liver Dis* **39**: 52–59