A multidisciplinary team approach provides the most accurate cancer staging

Accurate cancer staging is vital if patients are to be given realistic prognostic information and offered appropriate therapy. Davies and colleagues, therefore, compared the accuracy of individual staging modalities for esophagogastric cancer (CT, endoscopic and laparoscopic ultrasonography) with that of a multidisciplinary team approach—in which a specialist team of esophagogastric surgeons, gastroenterologists, medical and radiation oncologists and other staff discussed all the available staging data and arrived at a consensus tumor stage, before selection of definitive treatment.

The authors evaluated 118 patients (median age 65 years, 92 men) with histologically proven, potentially resectable carcinoma of the stomach or esophagus. The tumor-node-metastasis stage for each patient was recorded after CT, endoscopic ultrasonography (in patients without metastasis) and laparoscopic ultrasonography (in those with tumors below the diaphragm). In total, 13 patients underwent chemotherapy then surgery, and 105 underwent surgery only. At surgery, 104 patients underwent resection and 14 underwent noncurative procedures. When preoperative staging assessments were compared with those obtained histopathologically, the multidisciplinary team approach performed better than any individual imaging modality: 88–89% of cancers were staged correctly. Only two patients were undertreated (both should have received preoperative chemotherapy, but did not).

Davies and colleagues say that their results demonstrate the value of a team approach, in which the results of multiple investigations are discussed. A multidisciplinary approach to cancer staging ensures that correct management decisions are made for the greatest possible number of patients.

Original article Davies AR *et al.* (2006) The multidisciplinary team meeting improves staging accuracy and treatment selection for gastro-esophageal cancer. *Dis Esophagus* **19:** 496–503

Blockade of TNFRSF18 signaling might be an effective treatment for IBD

The mechanism underlying mucosal damage in IBD could involve a dysregulated, extreme T-cell response to normal enteric bacteria, and inhibition of this immune response could potentially be an effective treatment for IBD. Santucci and colleagues investigated the role of tumor necrosis factor receptor superfamily member 18 (Tnfrsf18, formerly Gitr) in two mouse models of colitis. Tnfrsf18 is highly expressed on regulatory T cells and cells of the mucosal immune system, while its ligand is expressed on antigen-presenting cells. Interaction between Tnfrsf18 and its ligand coactivates effector T cells and reverses the suppressor function of regulatory T cells, both of which upregulate T-cell activation.

Tnfrsf18$^{-/-}$ mice were protected against colitis induced by intrarectal instillation of 2,4,6-trinitrobenzene sulphonic acid, because *Tnfrsf18*$^{-/-}$ mice had reduced innate and adaptive immune responses (the authors attributed the subnormal T-cell response observed in *Tnfrsf18*$^{-/-}$ mice to low levels of interleukin 12 released from mucosal antigen-presenting cells). T cells from *Tnfrsf18*$^{-/-}$ mice were less effective than T cells from wild-type mice in transferring colitis to immunodeficient mice. Blockade of the Tnfrsf18 ligand (by administration of a soluble Tnfrsf18–Fc fusion protein) prevented chemically-induced colitis in wild-type mice, and also prevented T-cell-mediated transfer of colitis to immunodeficient mice.

The authors conclude that Tnfrsf18 has a crucial role in regulation of both innate and acquired immune responses in mice, and suggest that TNFRSF18 or its ligand could be a valid target for IBD therapy in humans.

Original article Santucci L *et al.* (2007) GITR modulates innate and adaptive mucosal immunity during the development of experimental colitis in mice. *Gut* **56:** 52–60

Celiac disease patients with persistent diarrhea might benefit from enzyme supplements

Some adults with celiac disease have persistent diarrhea despite compliance with a gluten-free diet. Pancreatic exocrine insufficiency could cause this problem, but it is difficult to diagnose accurately with pancreatic function tests. Nonetheless, low fecal levels of the pancreatic enzyme elastase-1 (ELA-1) can indicate pancreatic exocrine insufficiency.

Leeds and colleagues recruited 209 adult patients with biopsy-confirmed celiac disease