The authors conclude that the Kudo classification might require re-evaluation with respect to NBI, in particular to take into account vascular pattern intensity.

Original article East JE *et al.* (2007) Comparison of magnified pit pattern interpretation with narrow band imaging versus chromoendoscopy for diminutive colonic polyps: a pilot study. *Gastrointest Endosc* **66:** 310–316

Can computer simulation help gastroenterologists learn endoscopy techniques?

Computer simulators are becoming popular with medical educators who argue that simulation training increases patient safety, accelerates skills training and reduces training costs. Whilst there is evidence that computer simulations are useful for sigmoidoscopy and colonoscopy training, there is scant research into the potential of training simulators for upper gastrointestinal tract endoscopy. Robert Sedlack designed a two-phase pilot study to investigate the realism of an esophagogastroduodenoscopy (EGD) simulator and its impact on the training of novice gastroenterology fellows.

In Phase I, expert endoscopists compared use of the simulation with their experience of carrying out live endoscopy. Of the eight parameters examined, only two (anatomy and scope maneuverability) were rated as realistic. In the first part of Phase II, seven expert, seven intermediate and seven novice gastroenterology fellows were observed and rated whilst using the simulator. The performance scores could not differentiate between the first two groups, but it did delineate the novices from those with prior patient experience.

Finally, four novice gastroenterology fellows received 6 hours' simulator training followed by 1 month of patient-based EGD training, and their subsequent performance was compared with four other novices who were given only patient-based training. For all the parameters investigated, including patient discomfort, the latter group achieved consistently higher scores in daily assessments by supervising staff. The author concludes that this EGD simulator has serious limitations and has little utility for clinical training in its present form.

Original article Sedlack RE (2007) Validation of computer simulation training for esophagogastroduodenoscopy: pilot study. *J Gastroenterol Hepatol* **22:** 1214–1219

Striking underuse of potentially curative resection for pancreatic cancer in the US

Pancreatic cancer is the fourth leading cause of cancer deaths in the US, and fewer than 5% of all patients survive 5 years after diagnosis. Surgery is the only potentially curative treatment for localized pancreatic cancer, and studies suggest that long-term survival after resection of localized disease now approaches 30%. It has been suggested that pessimistic attitudes towards all pancreatic cancer patients might have led to skepticism regarding the value of resection.

Bilimoria *et al.* set out to discover to what extent surgery was being used for early-stage pancreatic adenocarcinoma, and to identify factors that could predict the failure of patients to undergo the procedure. A total of 9,559 patients with Stage I, potentially resectable tumors were identified using the National Cancer Data Base (1995–2004). Of these patients, 71.4% were found not to have undergone surgery; some were excluded, or refused surgery, but 38.2% of patients, whose outcome and survival would have been more favorable with resection, "were not offered surgery". Surgery was less likely if patients were older than 65 years of age, black, on low-income medical insurance, or had pancreatic head lesions, low annual incomes, or low levels of education. Surgery was also less likely at low-volume and community centers.

The authors conclude that nihilistic attitudes toward pancreatic cancer are contributing to a striking underuse of potentially curative resection for pancreatic adenocarcinoma, and recommend that surgery should be offered to all appropriate patients who have resectable disease.

Original article Bilimoria KY *et al.* (2007) National failure to operate on early stage pancreatic cancer. *Ann Surg* **246:** 173–180

Allelic variation of CYP2C9 is associated with NSAID-related gastroduodenal bleeding

Cytochrome P450 2C9 (CYP2C9) is involved in the metabolism of several NSAIDs. Two common variants of the *CYP2C9* gene—*CYP2C9*2* and *CYP2C9*3*—have been shown to decrease the activity of the enzyme. Pilotto and colleagues investigated whether the risk of