

differences in the stage at diagnosis are largely responsible for the variation in survival rates between these two populations.

Original article Ciccolallo L *et al.* (2005) Survival differences between European and US patients with colorectal cancer: role of stage at diagnosis and surgery. *Gut* 54: 268–273

Colorectal cancer and long-term meat consumption

Red meat is thought to increase the risk of colorectal cancer, but questions remain regarding the magnitude of the association independent of other risk factors, and whether consumption of red or processed meat increases the risk of rectal cancer. In a recent paper published in *JAMA*, Chao *et al.* describe their investigation into effects of meat consumption on the risk of colon or rectal cancer in a large, population-based cohort in the US.

As part of the Cancer Prevention Study II, information on meat consumption was collected from a cohort of ~150,000 individuals in 1982, and again in 1992–1993. Participants were divided into three groups according to their meat intake (low, moderate or high).

During the follow-up period from 1992–1993 until 2001, there were 1,667 incident colorectal cancers. Adjusting for age and energy intake, a higher intake of red and processed meat in 1992–1993 was associated with a higher risk of colon cancer in both men and women. This association was no longer significant, however, when adjusted for other covariates such as physical inactivity and obesity. The risk of distal colon cancer was 50% higher in participants who reported a high intake of processed meat in 1982 and 1992–1993 than in those with a low intake. A similar increase in risk was seen in those with a high ratio of red meat to poultry and fish. The risk of rectal cancer was elevated in those with a high consumption of red meat reported at both time points or in 1992–1993 only.

Chao *et al.* conclude that long-term meat intake is an important component of cancer risk, and that red and processed meat appear to be associated with tumors in the distal colon and rectum.

Original article Chao A *et al.* (2005) Meat consumption and risk of colorectal cancer. *JAMA* 293: 172–182

Is fine-needle aspiration safe in patients with small HCC?

A recent study by Wang *et al.* has investigated the use of fine-needle aspiration (FNA) in the diagnosis of small hepatocellular carcinoma (HCC). Although the procedure is considered to be accurate and cost-effective, the risks of dissemination of cancer cells and arterioportal shunt have not been quantified.

Wang *et al.* carried out a retrospective review of 90 patients with small HCC. All patients had undergone ultrasound-guided FNA for their definitive diagnosis, and were assessed by angiography no more than 50 days later.

Arterioportal shunt occurred in one patient (1.1%). Because angiography was not performed before aspiration, it was not possible to determine whether this was caused by the aspiration procedure itself or by tumor invasion. The authors acknowledge that the incidence of iatrogenic arterioportal shunt might have been underestimated, as small shunts may have sealed during the interval between aspiration and angiography. No new nodules were located in the needle tract, indicating that the development of new nodules was not related to the aspiration procedure.

Wang *et al.* conclude that ultrasound-guided, FNA can be safely used in the diagnosis of small HCC.

Original article Wang C-W *et al.* (2005) Safety of fine-needle aspiration in patients with small hepatocellular carcinoma. *Hepatol Res* 31: 31–35

Treating esophageal cancer in gastrectomized patients

A new study from Japan has shown that surgical treatment for esophageal cancer is safe in gastrectomized patients, despite the complicated nature of such an approach.

This retrospective study by Wada *et al.* included 948 patients who had undergone surgery for primary thoracic esophageal cancer. Of these, 72 (7.6%) patients had a history of partial or total gastrectomy because of gastric cancer or peptic ulcer. The operative time was longer in these patients than in the non-gastrectomized group, partly because it was necessary to use the colon or jejunum, rather than the gastric tube, for esophageal