

GLOSSARY

TIPS

Transjugular intrahepatic portosystemic shunt

were longer in the SEMS group, the difference between the two groups was not significant when corrected for multiple testing of data.

In terms of clinical success, mortality and morbidity, endoscopic SEMS placement was found to be preferable to open surgical GJ for palliative treatment of gastroduodenal outflow obstruction. The authors conclude that SEMS insertion should be put forward as the first-line treatment to relieve gastroduodenal outflow obstruction, although a randomized, prospective study, comparing SEMS with surgery, including a laparoscopic approach, is needed.

Original article Del Piano M *et al.* (2005) Endoscopy or surgery for malignant GI outlet obstruction? *Gastrointest Endosc* 61: 421–426

Thalidomide for attenuation of weight loss during advanced pancreatic cancer

Profound metabolic disturbances resulting in severe muscle and fat wasting (cachexia) are significant in patients with advanced cancer. Several proinflammatory cytokines have been implicated in development of cachexia and anorexia; modulation of their effects might improve outcome in these patients. As thalidomide has been shown to downregulate the production of proinflammatory cytokines and improve cachexia associated with other conditions, its effect was investigated in this open-label, randomized, placebo-controlled trial in patients with advanced inoperable pancreatic cancer.

Of 50 randomized patients, 33 were evaluated at 4 weeks and 20 at 8 weeks. After this point, too few patients remained in the study for comparison to be statistically relevant—disease had progressed in 9 patients, 11 patients had died and a further 10 patients withdrew for other reasons. Patients receiving thalidomide (200 mg daily) lost significantly less weight and lean muscle mass at both time points than patients receiving placebo. Quality-of-life scores and overall survival duration did not differ significantly between the active and placebo groups; weight loss correlated with change in physical function. Thalidomide was generally well tolerated and adverse effects were comparable between groups, except for constipation (more common with thalidomide) and insomnia (less common with thalidomide).

This study was limited by its small evaluable sample size but indicates a role for thalidomide in maintaining body mass in patients with inoperable pancreatic cancer. It is not yet clear whether maintenance of mass would translate into survival benefit.

Original article Gordon JN *et al.* (2005) Thalidomide in the treatment of cancer cachexia: a randomised placebo controlled trial. *Gut* 54: 540–545

Increased risk of hepatocellular carcinoma with TIPS for cirrhosis?

Hepatocellular carcinoma (HCC) is a major cause of death in patients with cirrhosis, but risk factors for its development have not been fully defined. It has been suggested that the TIPS procedure might contribute to development of HCC because it results in physical effects similar to those resulting from surgical shunting, a procedure that has been associated with HCC in some studies. This retrospective study of two groups of patients (with and without bare-stent TIPS) assessed the relative risk of HCC development.

Patients' records were evaluated if they had at least 6 months of follow-up, with diagnosis of HCC during the surveillance period being the primary endpoint. Patients in the TIPS cohort were significantly more likely to develop HCC than patients in the non-TIPS cohort (adjusted hazard ratio 1.52, $P=0.02$). This increase in risk was independent of secondary intervention to improve shunt function. Age >57 years and cirrhosis resulting from infection with hepatitis C virus were independently associated with HCC onset, but these associations were statistically insignificant.

The mechanisms underlying the increased risk of HCC development in the TIPS group were not elucidated in this study. The use of polytetrafluoroethylene-covered stents rather than bare stents might improve outcome, because changes in blood flow after shunt placement have been associated with hyperplasia, and covered stents might result in better control of portal hypertension. The authors also suggest that patients with TIPS should be screened more frequently in order to detect HCC development at an earlier stage.

Original article Bañares R *et al.* (2005) Patients with cirrhosis and bare-stent TIPS may have increased risk of hepatocellular carcinoma. *Hepatology* 41: 566–571