

## GLOSSARY

## TUMOR REGRESSION GRADE (TRG)

Histologic tumor regression score, graded from TRG1 (complete regression) to TRG5 (no regression) on the basis of Mandard's criteria

## RECTAL REFERENCE INDEX SCORE

Clinical response, scored as the number of quarters of the circumference of rectal wall affected by tumor (1–4) multiplied by length of tumor in mm

## IBD more common in patients with celiac disease

Celiac disease is common; according to serologic screening, it occurs in 1% of the global population. Several case reports and case series have suggested a link between celiac disease and inflammatory bowel disease (IBD); however, no studies have specifically examined this relationship.

A group based in New York reviewed the incidence of IBD among 455 patients whose data were included in an anonymized celiac-disease database between 1981 and 2002. Eligible patients were at least 18 years old and had responded positively to a gluten-free diet. A clinical history of IBD was confirmed both endoscopically and pathologically.

Crohn's disease was identified in five patients and ulcerative colitis in another five. These results represented an age-adjusted and sex-adjusted prevalence ratio of 3.56 for ulcerative colitis and 8.49 for Crohn's disease—significantly higher than in the general population. The higher rates of these diseases in these patients with celiac disease might be partly explained by the fact that the center that conducted the study receives a high rate of referrals of patients with complicated histories of celiac disease. A significant number of this center's patients are also of Jewish ancestry, a group known to have a higher incidence of IBD. Despite these potential biases, the authors comment that this study adds to previous information suggesting an association between celiac disease and IBD, although its impact on the course of celiac disease remains to be assessed.

Rebecca Doherty

**Original article** Yang A *et al.* (2005) Inflammatory bowel disease in patients with celiac disease. *Inflamm Bowel Dis* 11: 528–532

## Predicting outcome after preoperative therapy for rectal cancer

Preoperative chemoradiation aims to minimize recurrence of cancer and enable more patients to proceed with tissue-sparing surgery. For patients with rectal cancer who achieve a partial response to preoperative chemoradiation,

predicting long-term outcome can be difficult. Vecchio's group studied the ability of the TUMOR REGRESSION GRADE (TRG) system to predict outcome at 5 years for these patients.

This retrospective, single-center, Italian study included 144 patients, most of whom had clinical stage T3 or T4 and/or node-positive rectal cancer. Patients underwent surgery 4–8 weeks after completion of radiotherapy and were followed up for at least 3 years. Proctoscopic biopsy specimens were obtained and examined both before treatment and 4–5 weeks after preoperative therapy ended. The degree of cytologic and stromal changes in the specimens led to assignment of TRG. Clinical response was evaluated by comparing pretreatment and post-treatment RECTAL REFERENCE INDEX SCORES.

This study suggests that, of all pretreatment and post-treatment factors, older age at diagnosis, low TRG and low pathologic nodal stage are statistically significant predictors of long-term survival. TRG was a more reliable indicator than other scoring methods such as digital rectal examination and tumor downstaging according to WHO criteria, with less interobserver variability. The authors acknowledged that the study's retrospective nature might have influenced the results, which should be validated in larger, prospective studies. Assessment of TRG might assist in identifying lower-risk patients for whom conservative surgery would be possible after preoperative radiotherapy.

Rebecca Doherty

**Original article** Vecchio FM *et al.* (2005) The relationship of pathologic tumor regression grade (TRG) and outcomes after preoperative therapy in rectal cancer. *Int J Radiat Oncol Biol Phys* 62: 752–760

## Prognostic role of survivin expression in pancreatic cancer

Pancreatic tumors are generally resistant to conventional chemoprevention therapies, and pancreatic cancer is associated with poor long-term survival. The role of apoptosis and inhibitors of the apoptotic proteins in pancreatic cancer carcinogenesis has not been clearly defined. Tonini and colleagues have started to address this issue by evaluating the role of the expression of the apoptotic inhibitor protein survivin (and its cellular distribution)