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IN BRIEF

INFECTIOUS DISEASE

Modelling *Salmonella* Typhi infection in mice

Infection with the human pathogen *Salmonella* Typhi has been modelled in mice—normally resistant to *S. Typhi* infection. Toll-like receptor 11 (TLR11), expressed in mice but not humans, recognizes bacterial flagellin and triggers a protective immune response. In this study, *tlr11*^{-/-} mice were found to be susceptible to infection following oral delivery of *S. Typhi*; these mice could also be successfully immunized. The *tlr11*^{-/-} model might provide new insights into the immune response to *S. Typhi* and promote vaccine development.

Original article Mathur, R. *et al.* A mouse model of *Salmonella* Typhi infection. *Cell* 151, 590–602 (2012)

PANCREATITIS

Revised classification criteria for acute pancreatitis

The Atlanta classification of acute pancreatitis has been revised following an international web-based consultation. Two phases of the disease were defined: early and late. Severity has been classified as mild (no organ failure, no local or systemic complications; resolves in ~1 week); moderate (transient organ failure, local complications or exacerbation of comorbid disease); and severe (persistent organ failure, local complications such as fluid collections and necrosis).

Original article Banks, P.A. *et al.* Classification of acute pancreatitis—2012: revision of the Atlanta classification and definitions by international consensus. *Gut* doi:10.1136/gutjnl-2012-302779

RECTAL CANCER

Platelet count—a new biomarker for chemoradiotherapy success in patients with rectal cancer?

A retrospective study of 101 patients with rectal cancer who received chemoradiotherapy (CRT) after surgical resection found that pre-CRT platelet count correlated with venous invasion and tumour size as well as the response rate to therapy. Patients with pre-CRT thrombocytosis had markedly shorter local recurrence-free survival than those patients with normal platelet counts. Platelet count before CRT is a promising biomarker for predicting CRT efficacy and risk of local recurrence in patients with rectal cancer.

Original article Kawai, K. *et al.* Thrombocytosis before pre-operative chemoradiotherapy predicts poor response and shorter local recurrence-free survival in rectal cancer. *Int. J. Colorectal Dis.* doi:10.1007/s00384-012-1594-4

VIRAL HEPATITIS

Sorafenib: no antiviral activity against HCV-related HCC

Sorafenib is an effective therapy for HCV-related hepatocellular carcinoma (HCC). HCV viral loads were investigated in a study of 33 patients with HCV-related HCC treated with sorafenib for 6 months. Of the six patients who completed 6 months of full-dose sorafenib no significant difference of HCV viral load from baseline to week 24 was found. HCV viral loads of all patients who received sorafenib and those who had tumour response to the drug showed no differences at any time point. Sorafenib does not seem to have antiviral activity against HCV in patients with HCC.

Original article Cabrera, R. *et al.* The anti-viral effect of sorafenib in hepatitis C-related hepatocellular carcinoma. *Aliment. Pharmacol. Ther.* doi:10.1111/apt.12098