Sal1074 The Use of Alosetron on Demand is Effective in Patients Experiencing Constipation on Standard Continuous Dosing


INTRODUCTION Since reintroduction in 2002, alosetron has been the only FDA approved drug for the treatment of female patients with IBS-D. The most common adverse event is constipation (9% on 5 mg BID). This may occur when the drug has effectively relieved diarrhea and urgency. The purpose of this study was to determine if alosetron can be used as needed to control diarrhea. METHODS Female patients with IBS-D diagnosed per Rome II or III guidelines taking alosetron were eligible to participate if they had adequate symptom relief but experienced constipation defined as no defecation for greater than 48 hours. Alosetron at 0.5 mg BID was initiated on each patient at onset of diarrhea and discontinued 2 days after bowel movements normalized. If constipation occurred within first 48 hours, the dose was decreased to 0.5 mg per day at onset of diarrhea. Should constipation be persistent the patient could decrease dosing interval to every other day. There were no restrictions as to how often alosetron could be used. The study design was prospective and open label. The primary objectives were normalization of bowel movements as defined as a Bristol Stool Scale score from 3-5, and absence of constipation. Patients were followed regularly for up to 6 months duration. The primary outcome was the time of IBS-D therapy restored normal defecation and reduced constipation. RESULTS 12 patients satisfied criteria to begin the study. All completed the required 6 month evaluation. 8 patients responded to on demand dosing at 0.5 mg BID, 4 patients required only 0.5 mg/day to control symptoms, and none decreased the interval to every other day. No patients experienced constipation or other adverse events. CONCLUSIONS 1. On demand therapy is a safe and effective means of treating female patients with IBS-D intolerant to continuous therapy. 2. Doses may be adjusted based upon patient response. 3. No constipation or adverse events were observed.

Sal1075 Laparoscopic Sleeve Gastroctomy (LSG) for Obesity: Consequences on Gastroesophageal Reflux Disease (GERD) Symptoms, Characteristics of Reflux Events and Esophageal Motility

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Introduction: GERD symptoms and esophagitis are significantly associated with obesity. LSG is increasingly used to treat morbid obesity. However the consequences of this surgical procedure on the physiological anti-reflux barrier are poorly known. The aims of this study were to compare the prevalence of reflux symptoms as well as several functional esophageal parameters (acid exposure and esophageal motility) before and after LSG. Methods: Thirty-four consecutive obese patients (29 women, BMI: 46±7 kg/m², age: 47±11 yrs) were enrolled in this prospective study. All of them were eligible for LSG and had esophagitis/Barrett's esophagus at preoperative endoscopy. A systematic work-up included a standardized questionnaire for GERD symptoms (typical and atypical symptoms), a 24-h esophageal pH-monitoring and a high resolution manometry (36 sensors - Sierra Inc, Los Angeles, CA, USA) was performed prior to LSG and during post-operative follow-up (5 to 20 months - mean 9 months). Results: A diagnosis of GERD was established (abnormal acid exposure and/or mucosal breaks at preoperative endoscopy) in 14 (41%) and 24 (71%) patients before and after LSG, respectively (p<0.01). No preoperative characteristic was significantly associated to an abnormal postoperative esophageal acid exposure. Conclusion: This study 1) confirms the increased prevalence of GERD in obese patients, 2) shows that LSG alleviates reducing weight further aggravates reflux in some patients. The mechanisms of this aggravation deserve further studies.

Sal1076 Transoral Incisionless Fundoplication With Esophyx for Gastro-Esophageal Reflux Disease: Long-Term Results and Pre-Procedure Findings Affecting Outcomes

Paolo Testoni, Cristiano Vulati, Sabrina G. Testoni, Maria Conetti

Background: transoral incisionless fundoplication (TIF) with the Esophyx™ device is reported to be effective for creating a continent gastro-esophageal valve and for good functional results, as measured by pH-Impedance study in patients with gastro-esophageal reflux disease (GERD). Aim: to assess the long-term effect of TIF in patients with symptomatic GERD. Methods: TIF fundoplication was done in 36 consecutive patients. All were studied with GERD-HQ and GERD-JQUAL questionnaires, upper GI endoscopy, esophageal manometry and 24h pH-impedance before and after TIF. Results: In all, 29 patients completed a 6 months follow up 17 (58.6%) completely stopped proton pump inhibitor (PPI) therapy, 5 (17.3%) more than halved it, and 7 (24.1%) patients continued with the same dose as before the procedure. There were 22 patients with a complete 24-month follow up 9 (40.9%) completely stopped PPI therapy, 3 (22.7%) more than halved it, and 8 (36.4%) were taking the same dose as before the procedure. The effectiveness of TIF procedure, though good, did not reach the statistical significance (p=0.2). Hatal herma
Physical Activity and Risk of Colorectal Adenomas

Marcia R. Cruz-Correa, Anneliese Velez-Perez, Jean P. Betancourt, Mariela Torres-Cintron

Physical activity was associated with a reduced incidence of colorectal adenomas. The effect of physical activity was investigated in the context of other risk factors, such as age and smoking status.

Conclusions: Increased physical activity is associated with a reduced incidence of colorectal adenomas.

Evidence for Treatment and Survival Disparities by Age in Pancreatic Adenocarcinoma: A Population Based Analysis

Sural Amm, Harold Frucht

Disparities in treatment and survival were observed among patients diagnosed with pancreatic adenocarcinoma. The study investigated the role of age as a factor in these disparities.

Conclusions: Treatment disparities (radiation and surgery) by age strata were more pronounced in younger patients. Cox Proportional-Hazard Models were constructed to control for additional variables.

To Screen or Not to Screen: Colon Cancer Rates in a County System Without Screening Colonoscopies for the Underprivileged Population

Catherine N. O'Shea, David S. Wolf

The study aimed to determine if the rate of colon cancer diagnosis is comparable to the national, state, and county rates at a county hospital that no longer provides screening colonoscopies.

Results: The incidence of colorectal cancer was comparable to the national and state rates, but lower than the county rate. The study highlighted the importance of screening colonoscopies for the underprivileged population.

Colorectal Cancer: African Americans Versus Native Africans


The study compared the characteristics of colorectal cancer among African Americans (AA) and Native Americans (NA) and investigated treatment disparities.

Conclusion: The incidence of colorectal cancer was higher among African Americans, and treatment disparities were observed, highlighting the need for targeted interventions.

Colorectal Cancer Survival Survival Disparities in Hispanics: A Five-Year Analysis

Mariana R. Cruz-Correa, Anneleise Veliz-Ferez, Jean P. Betancourt, Manuela Torres-Cintor, Eriana Ayer, Navael Figueroa-Villales

The study investigated survival disparities among Hispanic patients diagnosed with colorectal cancer. The analysis included demographic and clinical variables.

Conclusions: Survival disparities were observed among Hispanic patients, with younger Hispanic patients experiencing worse survival outcomes compared to non-Hispanic White patients.

Obtained from the PR Central Cancer Registry (PRCCR), a population based cancer registry.