Gastroenterology Update

November 2025

Welcome to the latest edition of the Gastroenterology Update. The aim of this publication is to bring together a range of recently published research and guidance that will help you make evidence-based decisions.

Accessing Articles

The following abstracts are taken from a selection of recently published articles. If the article is available electronically, there will be a blue link in the abstract. Press CTRL and click to open the link. You will need to be registered for NHS Athens (see below) to be able to access the full text. If the full text is not available electronically, we should be able to obtain the document through our document supply services. Please fill in the pre-populated form or contact the library using the details below.

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Please contact Holly if you would like more information, or further evidence searches: holly.cook3@nhs.net.

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Fruquintinib for previously treated metastatic colorectal cancer
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Reference number:TA1079
Published: 23 July 2025
https://www.nice.org.uk/guidance/ta1079

Nivolumab plus ipilimumab for untreated unresectable or metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency
Technology appraisal guidance
Reference number:TA1065
Published: 28 May 2025
https://www.nice.org.uk/guidance/ta1065

Low energy contact X-ray brachytherapy for rectal cancer
In development
Reference number:GID-IPG10412
Expected publication date: 13 November 2025
https://www.nice.org.uk/guidance/indevelopment/gid-ipg10412

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In development
Reference number:GID-DG10118
Expected publication date: 05 March 2026
https://www.nice.org.uk/guidance/indevelopment/gid-dg10118

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Published: 19 August 2025
https://www.nice.org.uk/guidance/ta1090

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Published: 03 June 2025
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Reference number:TA1094
Published: 28 August 2025
https://www.nice.org.uk/guidance/ta1094

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Reference number:TA1095
Published: 28 August 2025
https://www.nice.org.uk/guidance/ta1095

Mirikizumab for previously treated moderately to severely active Crohn's disease
Technology appraisal guidance
Reference number:TA1080
Published: 10 July 2025
https://www.nice.org.uk/guidance/ta1080

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In development
Reference number:GID-TA11540
Expected publication date: 05 November 2025
https://www.nice.org.uk/guidance/indevelopment/gid-ta11540

A selection of papers from Medline and CINHAL <6 months (most recent first)

1. Smarter Scanning: Reducing Unnecessary Magnetic Resonance Cholangiopancreatography (MRCP) in Low-Risk Gallstone Patients

Item Type: Journal Article

Authors: Aftab, Najeeb;Sohail, Khalid;Handy, Nicole;Evans, Abbie and Rotherforth, Helen

Publication Date: 2025

Journal: Cureus 17(8), pp. e89959

Abstract: **Background** Gallstone disease is a common condition that often requires imaging to exclude choledocholithiasis. Magnetic resonance cholangiopancreatography (MRCP) is a highly accurate but costly scan, increasingly used in low- to moderate-risk patients where its diagnostic yield may be low. **Objective** This audit evaluated the diagnostic yield of MRCP in low- to moderate-risk gallstone patients and assessed the predictive value of liver function tests (LFTs) and ultrasound (USS) findings to develop a smarter referral approach. **Methods** A retrospective audit was conducted at a single NHS Trust from January to December 2024. Data on MRCP outcomes, pre-scan LFTs (bilirubin, alkaline phosphatase (ALP)), and USS common bile duct (CBD) diameter were analyzed using chi-squared tests. A composite score (MRCP-RS) combining key

predictors was explored to guide smarter MRCP referrals. Results Among 329 MRCPs, 42.2% were normal. Elevated bilirubin and ALP showed no significant association with abnormal MRCPs (p=1.00 and p=0.61). Dilated CBD on USS had limited predictive value (p=0.82). The MRCP-RS composite score demonstrated a trend of increasing abnormal MRCP rates with higher scores but modest discriminative ability. Avoidable normal MRCPs incurred an estimated annual cost of £38,000-65,000. **Conclusion** Routine use of MRCP in low-risk gallstone patients leads to unnecessary imaging and costs. Neither LFTs nor USS alone is a reliable predictor. A combined approach using a simple composite score may improve referral decisions. Adoption of smarter referral tools and re-audit post-implementation are recommended.

Access or request full text: https://libkey.io/10.7759/cureus.89959

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40951160&profid=ehost

2. A UK single-center pilot experience using a novel robotic inchworm colonoscopy system

Item Type: Journal Article

Authors: Ahmed, Jabed F.;Coda, Sergio;Premchand, Purushothaman;Banerjee, Saswata and Patel, Nisha

Publication Date: 2025

Journal: DEN Open 6(1), pp. e70123

Abstract: **Introduction:** Colonoscopy is the gold standard investigation in the lower gastrointestinal tract. However, 75% of patients can experience pain with moderate sedation. The application of robotic technology aims to overcome difficulties faced including better utilization of rooms for advanced procedures and to achieve a complete colonoscopy in patients restricted by pain and technical challenges.; **Methods:** This pilot study, the first at a UK-National Health Service Hospital between January 2023 to August 2024 with one expert endoscopist performing the robotic colonoscopy (RC). Patients with failed previous standard colonoscopy (SC) along with index diagnostic procedures deemed potentially difficult were recruited. Procedures were performed outside the endoscopy unit similar to an outpatient clinical room.; **Results:** Ninety-three patients were recruited (41 men:52 women), mean age of 53.8 years over 20 months. The commonest indications for RC were rectal bleeding (26.9%), failed SC (22.6%), and change in bowel habits (17.2%). Twenty-one patients had failed the previous SC with 14 patients achieving completion with subsequent RC (66% improvement). The average cecal intubation time of 41.07 min with an average total procedure time of 76.48 min. A significant improvement in patient discomfort score was reported (4.71 SC vs. 1.71 RC; $p < 0.001$).; **Conclusions:** RC provides a significantly more comfortable colonoscopy and has great potential to improve safety in colonoscopy from this early cohort of patients. Direct visualization, biopsy, and polypectomy are still possible with RC. This study has demonstrated a viable alternative to SC. With no sedation it allows procedures to be conducted outside the traditional endoscopy unit such as outpatients. The study highlights a learning curve to reduce cecal intubation time. (© 2025 The Author(s). DEN Open published by John Wiley & Sons Australia, Ltd on behalf of Japan Gastroenterological Endoscopy Society.)

Access or request full text: https://libkey.io/10.1002/deo2.70123

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40309042&profid=ehost

3. Platelet C3G protects from liver fibrosis, while enhancing tumor growth through regulation of the immune response

Item Type: Journal Article

Authors: Baquero, Cristina;Iniesta-González, Minerva;Palao, Nerea;Fernández-Infante, Cristina;Cueto-Remacha, Mateo;Mancebo, Jaime;de la Cámara-Fuentes, Samuel;Rodrigo-Faus, Mar;Valdecantos, M. P.;Valverde, Angela M.;Sequera, Celia;Manzano, Sara;Cuesta, Ángel M.;Gutierrez-Uzquiza, Alvaro;Bragado, Paloma;Guerrero, Carmen and Porras, Almudena

Publication Date: 2025

Journal: The Journal of Pathology 265(4), pp. 502–517

Abstract: Primary liver cancer usually occurs in the context of chronic liver disease (CLD), in association with fibrosis. Platelets have emerged as important regulators of CLD and liver cancer, although their precise function and mechanism of action need to be clarified. C3G (RapGEF1) regulates platelet activation, adhesion, and secretion. Here we evaluate the role of platelet C3G in chemically induced fibrosis and liver cancer associated with fibrosis using genetically modified mouse models. We found that while overexpression of full-length C3G in platelets decreased liver fibrosis induced by chronic treatment with CCl 4 , overexpressed C3G lacking the catalytic domain did not, although in both cases platelet recruitment to the liver was similar. In addition, C3G deletion in platelets (PF4-C3GKO mouse model) increased CCl 4 -induced liver damage and hepatic fibrosis, reducing liver platelets and macrophages. Moreover, early liver immune response to CCl 4 was altered in PF4-C3GKO mice, with a remarkable lower activation of macrophages and increased monocyte-derived macrophages compared to WT mice. On the other hand, in response to DEN+CCl 4 , PF4-C3G WT mice exhibited more and larger liver tumors than PF4-C3GKO mice, accompanied by the presence of more platelets, despite having less fibrosis in previous steps. Liver immune cell populations were also differentially regulated in PF4-C3GKO mice, highlighting the higher number of macrophages, likely with a pro-inflammatory phenotype, present in the liver in response to chronic DEN+CCl 4 treatment. Proteins upregulated or downregulated in platelet-rich plasma from PF4-C3GKO compared to WT mice might regulate the immune response and tumor development. In this regard, enrichment analyses using proteomic data showed changes in several proteins involved in platelet activation and immune response pathways. Additionally, the higher secretion of CD40L by PF4-C3GKO platelets could contribute to their antitumor effect. Therefore, platelet C3G presents antifibrotic and protumor effects in the liver, likely mediated by changes in the immune response. © 2025 The Author(s). The Journal of Pathology published by John Wiley & Sons Ltd on behalf of The Pathological Society of Great Britain and Ireland. (© 2025 The Author(s). The Journal of Pathology published by John Wiley & Sons Ltd on behalf of The Pathological Society of Great Britain and Ireland.)

Access or request full text: https://libkey.io/10.1002/path.6403

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=39989399&profid=ehost

4. Definition, investigation and management of gastrointestinal dystonia in children and young people with neurodisability

Item Type: Journal Article

Authors: Barclay, Andrew R.;Meade, Susanna;Richards, Catherine;Warlow, Timothy;Lumsden, Daniel E.;Fairhurst, Charlie;Paxton, Catherine;Forrest, Katharine;Mordekar, Santosh R.;Campbell, David;Thomas, Julian;Brooks, Michelle;Walker, Gregor M.;Borrelli, Osvaldo;Wells, Helen;Holt, Susie;Quinn, Shoana;Liang, Yi Fan;Mutalib, Mohamed;Cernat, Elena, et al

Publication Date: 2025

Journal: Archives of Disease in Childhood 110(9), pp. 742–750

Abstract: **Background:** Children and young people with severe neurodisabling conditions (CYPSND)experience severe functional gastrointestinal symptoms and dependence on artificial nutrition. 'Gastrointestinal dystonia' (GID) has been applied by clinicians when symptoms become debilitating and potentially life-limiting. Evidence is lacking regarding the definition and appropriate management of GID.; **Methods:** We therefore assembled a RAND appropriateness panel. We performed a systematic review, created an online survey and distributed this to a panel of 27 experts from five stakeholder groups from 13 UK specialist centres across the British Isles (gastroenterology, neurology/neurodisability, surgery, palliative care and allied health professionals). A Disagreement Index ≥1 indicated disagreement.; **Findings:** The panel rated the appropriateness of 250 statements covering the following in GID: definition, clinical evaluation, nutritional assessment/feeding strategies, investigations, medications and prescribing, surgical interventions, safeguarding, palliative care and ethics. Agreement was reached except in selected statements regarding uncommon diagnostic features. There was uncertainty in specific clinical scenarios regarding: investigation, the use of blenderised diet, certain pharmacological agents and surgical interventions. The only intervention deemed inappropriate was antireflux surgery in the context of GID and gastrointestinal dysmotility without reflux disease. The remaining statements (198) were considered appropriate.; **Interpretation:** We present a comprehensive review, agreement on the definition of GID and recommendations on management pathways agreed by a selected panel of multidisciplinary experts. Clear diagnostic criteria will enable important epidemiological work to record outcomes for this complex patient group. Identifying the associated morbidity, burden of care and mortality will help advocate for appropriate health resources and support to carers and families. (© Author(s) (or their employer(s)) 2025. No commercial re-use. See rights and permissions. Published by BMJ Group.)

Access or request full text: https://libkey.io/10.1136/archdischild-2024-327551

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40306763&profid=e

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5. Nursing strategies in managing acute pancreatitis

Item Type: Journal Article

Authors: Bernardo, Marlon

Publication Date: 2025

Journal: British Journal of Nursing 34(14), pp. 718–722

Abstract: Acute pancreatitis is a critical gastrointestinal condition that necessitates timely identification and management to prevent severe complications, such as pancreatic necrosis and organ failure. This article explores the multifactorial pathophysiology of acute pancreatitis and highlights the essential role of nurses in the early detection and management of this condition. Key nursing interventions include pain control, fluid and electrolyte management, and continuous monitoring for complications. Emphasising multidisciplinary collaboration, this article underscores the significance of effective nursing strategies in enhancing patient outcomes in acute pancreatitis cases.

Access or request full text: https://libkey.io/10.12968/bjon.2024.0357

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=rzh&AN=186746927&profid=ehost

6. Increased 30-day mortality associated with weekend emergency admission for alcohol-related liver disease in England: a record-linkage study using the Clinical Practice Research Datalink

Item Type: Journal Article

Authors: Bodger, Keith;Tench, William;Mair, Thomas;Schofield, Pieta;Dodd, Susanna;Silberberg, Benjamin;Fleming, Kate M. and Hood, Steve

Publication Date: 2025

Journal: BMJ Open Gastroenterology 12(1)

Abstract: Objective: Deficiencies have been highlighted in acute hospital care for alcohol-related liver disease (ARLD). Such problems may be worse at weekends (WEs). Increased 30-day mortality for WE admissions has been reported for several acute conditions, but data for ARLD are limited. We aimed to compare patient and pathway characteristics between WE and weekday (WD) admissions and investigate the 'weekend effect' on mortality.; **Methods:** Retrospective cohort study (2008-2018) using linked electronic databases (Hospital Episode Statistics-Clinical Practice Research Datalink and death registration) including

17 575 first emergency admissions identified using the Liverpool ARLD algorithm.; Exposure: WE admission (Saturday or Sunday).; **Main Outcome:** all-cause death within 30 days. Covariates included socio-demographic characteristics, pathway characteristics (pre-admission contacts and admission method) and markers of severity (recorded stage of liver disease, ascites and varices, comorbidity). Alternative risk-adjustment methods were used, including standard regression and propensity-weighted analysis (Inverse Probability of Treatment Weighting).; **Results:** 3249 admissions (18.5%) were at WE. Unadjusted 30-day mortality was significantly higher for WE versus WD (17.1% vs 15.5%, p=0.018). All models demonstrated increased odds of death for WE admissions with adjusted ORs ranging from 1.15 to 1.23 (relative risk of 1.12-1.19). Causes of death did not vary by admission day and effect was consistent across subgroups. Findings were robust to sensitivity analyses restricting the cohort to patients admitted directly from Accident and Emergency department (A&E), or cirrhosis or ascites but not varices.; **Conclusion:** First ARLD admissions at the WE experienced a 12-19% increase in 30-day mortality risk compared with WD. Although residual confounding cannot be excluded, this suggests the possibility of avoidable mortality among those hospitalised at WEs. Services should be alert to risks of WE effects when planning care.

Access or request full text: https://libkey.io/10.1136/bmjgast-2025-001831

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40829883&profid=ehost

7. Diverticulitis: A Review

Item Type: Journal Article

Authors: Brown, Rebecca F.;Lopez, Kerri;Smith, Charlotte B. and Charles, Anthony

Publication Date: 2025

Journal: JAMA

Abstract: Importance: Diverticulosis is defined by the presence of multiple outpouchings (diverticula) originating from the intestinal lumen. Diverticulitis is defined as inflammation of these diverticula. The annual incidence of diverticulitis in the US is approximately 180 per 100 000 people, resulting in approximately 200 000 hospital admissions annually and an estimated health care expenditure of more than $6.3 billion/year.; **Observations:** Risk factors for diverticular disease include age older than 65 years, genetic factors such as variant in the tumor necrosis factor superfamily member 15 (TNFSFI5) gene; connective tissue diseases such as polycystic kidney disease, Marfan syndrome, or Ehlers-Danlos syndrome; body mass index 30 or greater; use of opioids, steroids, and nonsteroidal anti-inflammatory medications; hypertension; and type 2 diabetes. Approximately 1% to 4% of patients with diverticulosis will develop acute diverticulitis in their lifetime, which typically presents as left lower quadrant pain associated with nausea, vomiting, fever, and leukocytosis. A contrast-enhanced abdominal and pelvic computed tomography scan is the recommended diagnostic test and has a sensitivity of 98% to 99% and specificity of 99% to 100%. Approximately 85% of people with acute diverticulitis have uncomplicated diverticulitis (absence of abscess, colon strictures, colon

perforation, or fistula formation). Management of patients with uncomplicated diverticulitis consists of observation with pain management (typically acetaminophen) and dietary modification with a clear liquid diet. Antibiotics should be reserved for patients with systemic symptoms such as persistent fever or chills, those with increasing leukocytosis, those older than 80 years, those who are pregnant, those who are immunocompromised (receiving chemotherapy, or high-dose steroids, or have received an organ transplant), and those with chronic medical conditions (such as cirrhosis, chronic kidney disease, heart failure, or poorly controlled diabetes). First-line antibiotics consist of oral amoxicillin/clavulanic acid or cefalexin with metronidazole. For patients who cannot tolerate oral intake, intravenous antibiotic therapy (ie, cefuroxime or ceftriaxone plus metronidazole or ampicillin/sulbactam) is appropriate. Complicated diverticulitis is managed with intravenous antibiotics such as ceftriaxone plus metronidazole or piperacillin-tazobactam and additional invasive management as indicated (ie, percutaneous drainage of associated intra-abdominal abscess or colon resection). Patients with generalized peritonitis should undergo emergent laparotomy with colonic resection. Postoperative mortality for diverticulitis managed electively or emergently is 0.5% for elective colon resection and 10.6% for emergent colon resection.; **Conclusions and Relevance:** In the US, diverticulitis affects approximately 180 per 100 000 people annually. For uncomplicated diverticulitis, first-line therapy is observation and pain control, and antibiotics should be initiated for patients with persistent fevers, increasing leukocytosis, sepsis or septic shock, advanced age, pregnancy, immunocompromise, and certain chronic medical conditions. Treatment of complicated diverticulitis includes intravenous antibiotics, such as ceftriaxone plus metronidazole or piperacillin-tazobactam, and, if indicated, percutaneous drainage of abscess or resection of diseased segment of colon.

Access or request full text: https://libkey.io/10.1001/jama.2025.10234

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40705318&profid=ehost

8. Demystifying research in stoma care: when and how to use studies

Item Type: Journal Article

Authors: Burch, Jennie

Publication Date: 2025

Journal: British Journal of Nursing 34(6), pp. S8–S12

Abstract: Nurses need to ensure that they provide care that is evidence-based. The Royal College of Nursing states that nurses working at a higher level, such as stoma care clinical nurse specialists, should work across the four pillars of nursing: advanced clinical practice; leadership; facilitation of education and learning; and involvement in evidence, research and development. This article examines a range of published stoma-related evidence, including case studies and interviews, and explores how nurses can best participate with research and translate recommendations into clinical practice.

Access or request full text: https://libkey.io/10.12968/bjon.2025.0101

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=rzh&AN=184047456&profid=ehost

9. Integrative genome-wide analysis unveils the genetic landscape of gallstone disease and highlights novel loci with therapeutic potential

Item Type: Journal Article

Authors: Chen, Haotian;Liu, Zhengye;Du, Hanze;Zheng, Mixue;Wan, Ziqi;Zhao, Nan;Li, Guanqiao;Bai, Xiaoyin;Wu, Dong and Mi, Jiarui

Publication Date: 2025

Journal: BMJ Open Gastroenterology 12(1)

Abstract: **Objective**: Gallstone disease (GD) is a common gastrointestinal disorder with a significant genetic component. Despite known risk factors, the genetic basis of GD remains incompletely understood. We aimed to identify novel genetic loci associated with GD, explore their clinical implications and investigate their therapeutic potential.; **Methods:** We conducted a genome-wide association study from the UK Biobank followed by a meta-analysis, integrating summary statistics from the FinnGen R11, with further replication from Biobank Japan. Using systematic bioinformatic approaches, we performed gene prioritisation, colocalisation analysis, transcriptome-wide association study, Mendelian randomisations, cross-trait genetic correlations, phenome-wide association study, clinical investigations and gene-environment interactions by leveraging data from the FinnGen, Genotype-Tissue Expression project and Liver Cell Atlas single-cell transcriptomics data set.; **Results:** Our study highlighted novel susceptibility loci near candidate genes (ie, UGT1A4 , FADS1/3) associated with GD, expanding the known genetic landscape. Functional annotation and colocalisation analysis implicated that the independent variants are involved in various hepatocyte functions, including bile secretion, cellular glucuronidation and cholesterol gallstone pathway. Mendelian randomisation established causal relationships between the level of unsaturated fatty acids and GD risk. We also demonstrated the implications of indirect bilirubin level in GD risk stratification and the protective effect of oily fish intake in genetically susceptible individuals.; **Conclusions:** This study provides new insights into the genetic basis of GD and highlights the role of hepatocytes in GD pathogenesis. These findings have implications for the personalised prevention strategies and new therapeutic interventions in individuals predisposed to GD. (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ Group.)

Access or request full text: https://libkey.io/10.1136/bmjgast-2025-001976

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40953858&profid=ehost

10. UK Real-World Evidence of Using Durvalumab Plus Cisplatin and Gemcitabine in Advanced Biliary Tract Cancer via an Early Access Scheme

Item Type: Journal Article

Authors: Daniels, Harry;Hassan, Mona;Babiker, Omer;Rowley, William;Qaisar, Aitzaz;Phillips, Emma;Griffin, Ellana;Bell, Catherine;Baraka, Bahaaeldin;Acharige, Shyamika;Aquino, Maia;Plant, Rachel;Mencel, Justin;Chan, Samuel;Parslow, Dominique;Arora, Arvind;Scott-Brown, Martin;Khakoo, Shelize;Braconi, Chiara;Palmer, Daniel, et al

Publication Date: 2025

Journal: Cancers 17(17)
Abstract: Background: Durvalumab (anti-PD-L1) in combination with gemcitabine and cisplatin has become the first-line treatment for patients with locally advanced, surgically unresectable, or metastatic biliary tract cancer, following the survival benefit demonstrated in the TOPAZ-1 phase III trial. This study presents real-world data from UK centres in patients who received early access to the regimen via AstraZeneca's scheme. The aim was to assess the safety and efficacy of this treatment approach in routine clinical practice and compare it to outcomes reported in the TOPAZ-1 trial. **Method:** This retrospective study included patients with locally advanced, surgically unresectable, or metastatic biliary tract adenocarcinoma who received durvalumab in combination with gemcitabine and cisplatin. Data were collected across ten UK centres. The primary endpoint was progression-free survival (PFS), with secondary endpoints including overall survival (OS), overall response rate (ORR), and safety outcomes, encompassing both chemotherapy and immunotherapy-related adverse events (AEs). **Results:** A total of 134 patients treated between April 2022 and December 2023 were included. The median follow-up was 12.8 months (95% CI: 11-16.8). The median PFS was 8.83 months (95% CI: 5.73-11.7), closely aligning with the 7.2 months reported in TOPAZ-1 (95% CI: 6.7-7.4). The median OS was 12 months (95% CI: 10.7-13.9), slightly below the 12.8 months observed in TOPAZ-1 (95% CI: 11.1-14.0). The ORR was 29.1% (TOPAZ-1: 26.7%), and the disease control rate was 61.2%. In terms of safety, 64 patients (52.3%) experienced any-grade AEs, and 9 patients (6.8%) had grade 3-4 AEs, representing a lower toxicity profile than TOPAZ-1. Immunotherapy-related AEs occurred in 25 patients (18.7%), with grade 3-4 events in 3%. **Conclusions:** These real-world findings from UK cancer centres support the outcomes of the TOPAZ-1 trial, demonstrating comparable efficacy and a favourable safety profile for durvalumab combined with gemcitabine-cisplatin as first-line treatment for advanced biliary tract cancer.

Access or request full text: https://libkey.io/10.3390/cancers17172732

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40940830&profid=ehost

11. British Society of Gastroenterology guidelines on colorectal surveillance in inflammatory bowel disease

Item Type: Journal Article

Authors: East, James Edward;Gordon, Morris;Nigam, Gaurav Bhaskar;Sinopoulou, Vassiliki;Bateman, Adrian C.;Din, Shahida;Iacucci, Marietta;Kabir, Misha;Lamb, Christopher Andrew;Wilson, Ana;Al Bakir, Ibrahim;Dhar,

Anjan;Dolwani, Sunil;Faiz, Omar;Hart, Ailsa;Hayee, Bu'Hussain;Healey, Chris;Leedham, Simon John;Novelli, Marco R.;Raine, Tim, et al

Publication Date: 2025

Journal: Gut

Abstract: Patients with inflammatory bowel disease (IBD) remain at increased risk for colorectal cancer and death from colorectal cancer compared with the general population despite improvements in inflammation control with advanced therapies, colonoscopic surveillance and reductions in environmental risk factors. This guideline update from 2010 for colorectal surveillance of patients over 16 years with colonic inflammatory bowel disease was developed by stakeholders representing UK physicians, endoscopists, surgeons, specialist nurses and patients with GRADE (Grading of Recommendations Assessment, Development and Evaluation) methodological support.An a priori protocol was published describing the approach to three levels of statement: GRADE recommendations, good practice statements or expert opinion statements. A systematic review of 7599 publications, with appraisal and GRADE analysis of trials and network meta-analysis, where appropriate, was performed. Risk thresholding guided GRADE judgements.We made 73 statements for the delivery of an IBD colorectal surveillance service, including outcome standards for service and endoscopist audit, and the importance of shared decision-making with patients.Core areas include: risk of colorectal cancer, IBD-related post-colonoscopy colorectal cancer; service organisation and supporting patient concordance; starting and stopping surveillance, who should or should not receive surveillance; risk stratification, including web-based multivariate risk calculation of surveillance intervals; colonoscopic modalities, bowel preparation, biomarkers and artificial intelligence aided detection; chemoprevention; the role of non-conventional dysplasia, serrated lesions and non-targeted biopsies; management of dysplasia, both endoscopic and surgical, and the structure and role of the multidisciplinary team in IBD dysplasia management; training in IBD colonoscopic surveillance, sustainability (green endoscopy), cost-effectiveness and patient experience. Sixteen research priorities are suggested. (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ Group.)

Access or request full text: https://libkey.io/10.1136/gutjnl-2025-335023

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40306978&profid=ehost

12. Extrahepatic disease clusters and mortality in people with steatotic liver diseases: a prospective analysis of 64,749 females and 113,587 males in the UK Biobank

Item Type: Journal Article

Authors: Feng, Q.;Izzi-Engbeaya, C. N.;Beaney, T.;Smith, A. G.;Manousou, P. and Woodward, M.

Publication Date: 2025

Journal: BMC Medicine 23(1), pp. 450

Abstract: **Background:** Steatotic liver disease (SLD) is the most prevalent chronic liver disease worldwide and linked to various liver and extrahepatic diseases. However, the clustering of extrahepatic conditions and their impact on mortality in individuals with SLD remain poorly understood.; **Methods:** We used UK Biobank data to identify sex-specific disease clusters among individuals with SLD and multimorbidity (having ≥ 2 extrahepatic diseases) using latent class analysis. Multivariable Cox models were used to assess associations between multimorbidity, disease clusters and all-cause mortality and mortality from cardiovascular diseases (CVD), extrahepatic cancers, liver-related diseases and hepatocellular carcinoma.; **Results:** Among 178,336 (36.3% female) individuals with SLD, during a median follow-up of 13.8 years, multimorbidity increased mortality by 100% (hazard ratio (95% confidence interval): 2.00 (1.93, 2.08)) and 80% (1.80 (1.71, 1.90)) in males and females, respectively, and increased the risk of death from CVD, extrahepatic cancers and liver-related diseases. Among 36,002 (43.9% female) of the 178,336 with multimorbidity, we identified five disease clusters in both sexes: related to respiratory, mental health, cancer/osteoarthritis and cardiovascular diseases. Males had separate heart and stroke clusters, whereas females had a combined heart/stroke cluster and a unique thyroid cluster. CVD was the leading cause of death in cardiovascular clusters, whereas extrahepatic cancers were the most common cause of death in other clusters. Among all disease clusters, cardiovascular clusters exhibited the highest all-cause mortality risk: 2.90 (2.64, 3.20) for the heart/stroke cluster in females and 2.63 (2.48, 2.78) for the heart cluster and 2.36 (2.16, 2.58) for the stroke cluster in males. All clusters exhibited increased mortality of CVD and extrahepatic cancers.; **Conclusions:** Multimorbidity doubled the death rate in people with SLD. Common multimorbidity clusters of mental health, respiratory, cancer and cardiovascular diseases were found and were associated with varying mortality, with cardiovascular-related clusters showing the highest risk. Females exhibited a unique thyroid disease cluster. These findings highlight the need for tailored prevention and management strategies in SLD populations. (© 2025. The Author(s).)

Access or request full text: https://libkey.io/10.1186/s12916-025-04288-4

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40745309&profid=ehost

13. Obesity drives the link between liver fat and depression: Cross-sectional and prospective investigations

Item Type: Journal Article

Authors: Feng, Qi;Izzi-Engbeaya, Chioma;Manousou, Pinelopi and Woodward, Mark

Publication Date: 2025

Journal: Diabetes, Obesity & Metabolism 27(9), pp. 5127–5134

Abstract: Aims: Inconsistent associations have been reported between steatotic liver disease (SLD) and depression. We aimed to investigate the cross-sectional and prospective associations between MRI-derived liver fat, SLD and depression.; **Materials and Methods:** We used UK Biobank data. Liver fat was measured with liver MRI proton density fat fraction. SLD was defined as liver fat ≥5%. Depression was identified through self-reported diagnosis and hospital records. We examined cross-sectional associations using logistic regression

and prospective associations using Cox proportional hazards models, adjusting for potential confounders, including socioeconomic status, lifestyle factors and body mass index (BMI).; **Results:** Participants numbering 36 587 were included (age 64.5 years, 51.4% females, 28.2% SLD), and of these, 2849 participants had prevalent depression, higher in individuals with SLD (9.1%) than in those without (7.3%). SLD was associated with 40% higher odds of depression (OR: 1.40 (1.29, 1.52)) after adjusting for age, sex and socioeconomic status, but this was attenuated (OR: 1.12 (1.01, 1.23)) after adjusting for BMI. In the prospective analysis (n = 33 762), 414 people received a new diagnosis of depression over a median follow-up of 4.5 years. SLD was initially associated with a 27% higher depression risk (HR: 1.27 1.03, 1.56]), but this was no longer significant after BMI adjustment (HR: 0.93 (0.73, 1.18)). Liver fat (per 5% increase) was not associated with depression risk (HR: 1.02 (0.92, 1.12)). No sex differences were identified.; **Conclusions:** The association between liver fat and depression is likely due to reverse causation and the confounding effect of BMI. (© 2025 The Author(s). Diabetes, Obesity and Metabolism published by John Wiley & Sons Ltd.)

Access or request full text: https://libkey.io/10.1111/dom.16562

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40555708&profid=ehost

14. Abdominal Unicentric Castleman Disease: A Hepato-Pancreatico-Biliary Frenemy

Item Type: Journal Article

Authors: Florou, Evangelia;Govindu, Emeema;Zen, Yoh;Srinivasan, Parthi and Prachalias, Andreas

Publication Date: 2025

Journal: Cureus 17(7), pp. e88762

Abstract: Castleman disease (CD) is a group of rare lymphoproliferative disorders characterized by shared histopathological features but distinct clinical entities, broadly classified into unicentric Castleman disease (UCD) and multicentric Castleman disease (MCD). UCD involves a single anatomical site and typically follows a benign clinical course, whereas MCD affects multiple lymph node stations and is associated with systemic symptoms and a more complex therapeutic approach. The disease is poorly understood, and the difficulty in reaching a diagnosis is well noted in the literature. While MCD is systemic and requires hematological work-up, abdominal UCD consists of a radiologically detected solitary mass that poses a diagnostic challenge, often necessitating a hepato-pancreatico-biliary (HPB) opinion. We report a retrospective case series of four patients diagnosed with UCD between 2011 and 2022 at a tertiary centre. All patients underwent extensive diagnostic work-up due to suspected malignancy based on radiological features and metabolic imaging. Surgical resection was performed in all cases, given diagnostic ambiguity or concern for malignancy. The cohort included three males and one female, aged 24 to 69 years. Lesions were located in the retroperitoneum, pancreaticoduodenal groove, small bowel mesentery, and adjacent to the caudate lobe. In one patient, UCD coexisted with a head of pancreas adenocarcinoma. In all cases, definitive diagnosis was established following surgical resection and histopathological analysis. One patient was found to have a coexisting focus of follicular dendritic cell sarcoma and remains free of recurrence 12 years post-resection.

This rare association has been reported in the context of hyaline-vascular UCD and carries potential malignant behaviour, underscoring the need for long-term surveillance. All patients were referred to hematology services. UCD carries a low malignant potential; however, affected individuals may have an increased risk of developing lymphoproliferative disorders. HPB surgeons should maintain a high index of suspicion for this rare entity when evaluating retroperitoneal, paraduodenal, or mesenteric masses. In the majority of cases, surgical resection represents the culmination of an often complex diagnostic process that poses significant challenges to clinicians and leads patients to undergo surgery in the absence of a definitive preoperative diagnosis. Although complete surgical resection is considered curative and is typically associated with favourable outcomes, the future role of surgery may be subject to re-evaluation, particularly as advancements in radiological modalities could potentially facilitate non-invasive diagnosis. Regardless of the surgical outcome, all patients should be referred to hematology services for long-term follow-up. This case series underscores the diagnostic difficulties posed by UCD and highlights the importance of multidisciplinary collaboration in the management of such cases.

Access or request full text: https://libkey.io/10.7759/cureus.88762

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40861650&profid=ehost

15. Efficacy of digital health technologies in the management of inflammatory bowel disease: an umbrella review

Item Type: Journal Article

Authors: Gasparetto, Marco;Narula, Priya;Wong, Charlotte;Ashton, James;Kammermeier, Jochen;Pierik, Marieke;Kopylov, Uri and Arebi, Naila

Publication Date: 2025

Journal: The Lancet.Digital Health 7(5), pp. 100843

Abstract: The use of digital health technology (DHT) is increasing worldwide. Clinical trials assessing available health tools for the management of patients with inflammatory bowel disease (IBD) are sparse, with limited evidence-based outcome data. In this umbrella review, we investigated the effectiveness of DHT in the care of patients with IBD and identified areas for future research following the Joanna Briggs Institute methodology. Systematic reviews published between January, 2012, and September, 2024, were identified through searches across nine databases (Ovid Embase, Ovid MEDLINE, ProQuest PsycINFO, Epistemonikos, Cochrane, Health Evidence, DoPHER, PROSPERO, and CINAHL via EBSCO), and the results were imported into Covidence software. Inclusion criteria included systematic reviews of randomised controlled trials (RCTs) involving patients of all ages with Crohn's disease or ulcerative colitis, using DHT for diagnostics, treatment support, monitoring, self-management, or increasing participation in research studies, compared with standard care or alternative interventions. Outcomes included the efficacy and effectiveness of digital interventions, as reported in the studies. The primary outcome was clinical efficacy reported as one or more of the following: clinical response or remission, disease activity, flare-ups or relapses, and quality of life. Secondary outcomes

included medication adherence, number of health-care visits, patient engagement (satisfaction and adherence or compliance with interventions), attendance for all terms of engagement, rate of interactions, knowledge improvement, psychological outcomes, and cost or cost-time effectiveness. The review protocol was registered in PROSPERO (registration number: CRD42023417525). AMSTAR-2 was used for methodological quality assessment. Nine relevant reviews were included, including five with meta-analyses comprising 13-19 RCTs in each review; four reviews were rated as high quality and five as critically low quality. DHT was not directly beneficial in achieving or maintaining clinical remission in IBD. In four trials, DHT use was associated with a reduced number of hospital attendances and increased treatment adherence, supporting its role as an adjuvant to standard clinical practice in IBD. Although current evidence from several RCTs and systematic reviews does not indicate better clinical outcomes with DHT in maintaining IBD remission and reducing relapse rates, DHT could be used as an adjuvant resource contributing towards treatment adherence and reducing hospital visits.

Access or request full text: https://libkey.io/10.1016/j.landig.2024.12.007

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40374487&profid=ehost

16. Should we worry about high-grade pancreatic neuroendocrine tumor progression and alkylating agents? †

Item Type: Journal Article

Authors: Hackeng, Wenzel M.;Dreijerink, Koen Ma and Brosens, Lodewijk Aa

Publication Date: 2025

Journal: The Journal of Pathology 266(1), pp. 1–4

Abstract: Predicting metachronous metastases in localized pancreatic neuroendocrine tumors (PanNETs) and improving survival of patients with advanced disease are some of the most important goals in PanNET research. Both are addressed by a study published recently in this journal. First, the results suggest that heterozygous DAXX mutations are already present in tumor cells but only become potentiated after a single massive chromosomal event that causes loss of heterozygosity and biallelic loss of DAXX. Second, the significant finding that the alkylating agent streptozocin may also induce a hypermutator phenotype with aggressive high-grade progression is further explored. The literature on temozolomide and peptide receptor radionuclide therapy-induced and spontaneous high-grade PanNET progression shows that the cause of high-grade progression is likely multifactorial. High-grade progressed PanNETs may show histopathological features normally seen in neuroendocrine carcinomas. Although it is not clear how often alkylating treatment induces progression, increasing evidence suggests that after an initial response, some patients indeed progress due to streptozocin or temozolomide.

Access or request full text: https://libkey.io/10.1002/path.6409

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40007046&profid=ehost

17. Diverticulitis in Older Adults: A Review of Etiology, Diagnosis, and Management

Item Type: Journal Article

Authors: Hall, Jessica K.;Supiano, Mark A. and Cohan, Jessica N.

Publication Date: 2025

Journal: Journal of the American Geriatrics Society 73(5), pp. 1598–1607

Abstract: Background: Diverticulitis accounts for over 300,000 hospitalizations annually in the United States and its incidence increases with age. Among older adults, diverticulitis is the fourth leading cause for emergency surgery. Older adults with multimorbidity and geriatric syndromes are often excluded from clinical studies, leaving a gap in the evidence needed to guide management. Here, we provide a clinically oriented review of the diagnosis and management of older adults with diverticulitis through the lens of age-friendly care.; **Methods and Results:** We reviewed the literature describing the epidemiology, diagnosis, management, and prevention of diverticulitis in older adults. Due to age-related physiologic changes, the presence of geriatric syndromes, and multimorbidity, older adults with diverticulitis often present with atypical symptoms, variable laboratory findings, and are at higher risk for complications than younger patients. Guidelines support a more aggressive approach to diagnosis in this population, with lower threshold for obtaining diagnostic imaging. Antibiotics remain a mainstay of treatment for uncomplicated disease, and surgical management should be focused on severity of disease and the balance between the likelihood of improving quality of life and risks and burden of treatment.; **Conclusions:** Diverticulitis is a common disease that has a unique presentation among older individuals with limited evidence to guide management. Diagnosis and treatment should focus on what matters most to the patient, providing the most meaningful outcome possible within the context of multimorbidity, patient goals, symptom burden, and anticipated treatment outcomes. (© 2025 The Author(s). Journal of the American Geriatrics Society published by Wiley Periodicals LLC on behalf of The American Geriatrics Society.)

Access or request full text: https://libkey.io/10.1111/jgs.19388

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=39921851&profid=ehost

18. Streamlining Endoscopy Cleaning: The Impact of a New Detergent on Time and Water Use

Item Type: Journal Article

Authors: Hicks, Joshua and Mutowo, Mutsa

Publication Date: 2025

Journal: Journal of Market Access & Health Policy 13(2), pp. 23

Abstract: Reprocessing reusable flexible endoscopes is resource-intensive and involves high water consumption. This study evaluated the impact of replacing a standard detergent with EndoPreZyme™, a novel detergent, at Blackpool Teaching Hospitals NHS Foundation Trust. We assessed manual cleaning times, water usage, costs, and technician experiences. A direct observational time system analysis was conducted over two one-week periods to record technician tasks before and after implementing EndoPreZyme™, allowing for the omission of the final rinse after manual cleaning. Technician surveys captured user experiences during the transition. The results showed that removing the final rinse after manual cleaning reduced water consumption by 25 litres per endoscope, resulting in an estimated saving of 725,000 L annually. The average manual cleaning time decreased from 13 min 10.2 s to 11 min 10.7 s-a reduction of 1 min 59.5 s per endoscope (15%). This efficiency gain translated to approximately 962.9 fewer technician hours being required annually for manual cleaning. Cost analysis revealed a slight per-endoscope cost reduction (GBP 4.88 vs. GBP 4.90). Technicians reported improved productivity, reduced workload, and an awareness of water conservation. These findings demonstrate that EndoPreZyme™ supports NHS sustainability goals by decreasing water usage and enhancing operational efficiency in healthcare delivery. (© 2025 by the authors.)

Access or request full text: https://libkey.io/10.3390/jmahp13020023

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40416336&profid=ehost

19. Beyond the Myths: Mortality Risks and the Clinical Management of Diverticulosis

Item Type: Journal Article

Authors: Iftikhar, Qurat Ul Ain;Iftikhar, Muhammad Khubaib;Iqbal, Javed and Sathian, Brijesh

Publication Date: 2025

Journal: Journal of Gastroenterology and Hepatology 40(6), pp. 1644–1645

Abstract: Cameron et al. challenge the traditional view that colonic diverticulosis and uncomplicated diverticulitis increase mortality risk by demonstrating a protective association when confounding factors are controlled. Their findings align with recent epidemiological studies suggesting that diverticulosis is largely benign, necessitating a reassessment of its clinical management. However, residual confounding and the retrospective nature of the study warrant cautious interpretation. Future prospective research should investigate dietary, microbiota, and inflammatory influences. These insights emphasize the importance of individualized patient management and prioritization of comorbid conditions over diverticulosis treatment. (© 2025 Journal of Gastroenterology and Hepatology Foundation and John Wiley & Sons Australia, Ltd.)

Access or request full text: https://libkey.io/10.1111/jgh.16977

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40254412&profid=ehost

20. DIVERT-Ca: unveiling the hidden link between acute diverticulitis and colorectal cancer risk-multicentre retrospective study

Item Type: Journal Article

Authors: Issa, M. T.;Sultana, E.;Hamid, M.;Mohamedahmed, A. Y.;Albendary, M.;Zaman, S.;Bhandari, S.;Ball, W.;Narayanasamy, S.;Thomas, P.;Husain, N.;Peravali, R. and Sarma, D.

Publication Date: 2025

Journal: International Journal of Colorectal Disease 40(1), pp. 68

Abstract: **Introduction:** Colorectal cancer (CRC) is the third most common cancer worldwide, accounting for approximately 10% of all malignancies. Emerging trends of association with risk factors such as diverticulitis highlight the need for updated screening and follow-up protocols. We aimed to examine risk factors associated with the development of CRC within 12 months following an episode of acute diverticulitis, and identify areas to streamline follow-up.; **Methods:** We performed a retrospective multicentre study of adult patients admitted in 2022 with computed tomography (CT) confirmed acute diverticulitis across four large NHS Trusts in the UK. Patient demographics, comorbidities, clinical presentation, vital signs, laboratory results, details of in-patient stay, and follow-up investigations were collected and analysed. Our primary outcome was the incidence of CRC within 12 months of index presentation with acute diverticulitis. Analysed secondary outcomes were potential patient risk factors associated with a diagnosis of CRC and follow-up protocols. All statistical analysis was performed using R (version 4.4) and P-values of < 0.05 were considered statistically significant.; **Results:** A total of 542 patients with acute diverticulitis over the study period were included. The median age of our cohort was 62 (51-73) years, and 204 (37.6%) were male. Ten (1.8%) patients were diagnosed with CRC within the 12-month period. Hinchey grade Ib was significantly associated with CRC (OR 4.51, P = 0.028). Colonoscopic follow-up requests were associated with age between 40 and 60 years, mild white cell count (WCC) elevation, and a hospital stay of 3-7 days. Male gender, age between 18 and 40 years, and elevated C-reactive protein (CRP) were all strongly associated with CRC but not statistically significant. Follow-up was inconsistent with 53.7% of the cohort having luminal investigations.; **Conclusion:** The incidence of CRC was in-keeping with published literature. Hinchey grade 1b was significantly associated with a subsequent CRC diagnosis. These findings emphasise the need for specialised radiological review of CT scans to detect underlying malignancy. Moreover, standardised follow-up protocols following an episode of acute diverticulitis are needed to avoid missing malignant lesions. (© 2025. The Author(s).)

Access or request full text: https://libkey.io/10.1007/s00384-025-04858-1

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40088275&profid=ehost

21. Increasing engagement with liver disease management across the UK: a follow-up cross-sectional survey

Item Type: Journal Article

Authors: Jarvis, Helen;Berry, Charlotte;Worsfold, Jonathan;Hebditch, Vanessa and Ryder, Stephen

Publication Date: 2025

Journal: BJGP Open 9(1)
Abstract: Background: Liver disease is an increasing cause of premature mortality. Early detection of liver disease in primary care gives opportunity to intervene and change outcomes. Engagement in liver disease care by NHS bodies responsible for primary care pathway development could drive improvements. The formation of integrated care systems (ICS) in England provides an opportunity to reassess engagement with liver disease nationally.; **Aim:** To update the level of engagement with community chronic liver disease management among ICSs and health authorities across the UK.; **Design & Setting**: A cross-sectional follow-up survey to ICS and UK health boards.; Method: Questions used for a previous survey in 2020 were adapted and sent electronically to NHS bodies responsible for health care across the UK, using a freedom of information request. Quantitative analysis was undertaken using Microsoft Excel.; **Results:** There were 67 responses from 68 possible ICS and health board areas, representing 99% UK coverage. Twenty-seven per cent had a named individual responsible for liver disease. Monitoring of local liver disease health statistics happened in 34% of all UK areas. Comprehensive care pathways were available in n = 24/67 (36%) of areas, an increase from 26% in the 2020 survey. Areas with no liver pathways in place fell from 58% to 36% between the two surveys. Regional variations persist, with Wales and Scotland moving towards comprehensive coverage. Almost double the number of areas were making use of transient elastography within community pathways of care, up from 25% to 46%.; **Conclusion:** The results of this re-survey highlight improvements, but emphasise the need to build on regional success to further reduce inequality in care commissioning. (Copyright © 2025, The Authors.)

Access or request full text: https://libkey.io/10.3399/BJGPO.2024.0142

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=39293825&profid=ehost

22. Research priorities for cancers of the oesophagus and stomach: recommendations from a UK and Ireland patient and healthcare professional partnership exercise

Item Type: Journal Article

Authors: Jones, Christopher M.;Ng, Wee Han;Tincknell, Laura;McClurg, Dylan P.;Adam, Emily;Bhandari, Pradeep;Campbell, Karen;Chambers, Pinkie;Ciccarelli, Francesca;Coleman, Helen G.;Crosby, Tom;Doyle, Carmel;Dunn, Jason M.;Elliott, Jessie;Fitzgerald, Rebecca C.;Foley, Kieran G.;Goh, Vicky;Grabsch, Heike I.;Graham, Trevor A.;Grocott, Mike, et al

Publication Date: 2025

Journal: Gut

Abstract: **Background:** Cancers of the oesophagus and stomach are a major cause of morbidity and mortality. Research is crucial to improving outcomes. However, to maximise value and impact, areas of focus should be prioritised in partnership with patients.; **Objective:** We undertook a comprehensive analysis of UK and Ireland patient and healthcare professional (HCP) priorities for research into oesophagogastric cancers across the domains of prevention, diagnosis and staging, treatment, palliative care and survivorship.; Design: A scoping exercise sourced research questions from patients and HCPs. These were consolidated and then confirmed by systematic review to represent a true research uncertainty. Research questions were scored on potential impact by an interdisciplinary group of HCPs and prioritised using a weighting derived from a patient survey.; **Results:** There were 835 (395 HCP, 440 patient) respondents to the scoping (n=455) and prioritisation (n=380) surveys. Across these, 4295 suggested research uncertainties were consolidated to 92 uncertainties that were prioritised. HCP respondents represented 25 professional groups from community and hospital settings. Patient weighting changed 22.2-46.3% of priority rankings established by HCPs. All domains were represented by the 20 highest priority questions, 5 of which focused on personalising and optimally combining treatment modalities. Two other key themes related to optimising nutrition and improving quality of life during and after treatment, including in patients not cured of their cancer.; **Conclusion:** This work highlights the impact of patient input on HCP-ranked research priorities and provides a robust list of priorities to guide funders, policymakers and researchers to support and undertake impactful research. (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ Group.)

Access or request full text: https://libkey.io/10.1136/gutjnl-2025-336421

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40947137&profid=ehost

23. Colon capsule endoscopy today: Brief overview of leading UK and Danish initiatives

Item Type: Journal Article

Authors: Justsen, Jakob Frederik Frokjaer;Olesen, Niels Gellert;Baatrup, Gunnar and Koulaouzidis, Anastasios

Publication Date: 2025

Journal: Endoscopy International Open 13, pp. a26415952

Abstract Background and Study Aims: In recent years, several large national studies have been published reporting on outcomes of colon capsule endoscopy (CCE) in both symptomatic and screening settings, significantly contributing to the expanding body of real-world evidence on CCE. Therefore, we have compiled these studies to provide an overview of key developments, current challenges, and valuable insights they offer into the evolving role of CCE.; **Patients and Methods:** We examined three multicenter studies reporting on outcomes of CCE including the NHS England study with 4,878 symptomatic patients; the ScotCap pilot with 316 symptomatic patients; the ScotCap registry with 1,087 predominantly symptomatic patients (95.9%); and

the CareForColon 2015 study with 1,790 patients in a screening setting. For the ScotCap pilot study, only symptomatic patients were included.; **Results:** ScotCap pilot reported the highest rate of adequate bowel preparation (79.4%) without using prucalopride. CareForColon2015 achieved a significantly higher rate of complete tests (91.7%) compared with other studies. NHS England reported a notably lower rate of follow-up endoscopy (46.7%), indicating effective patient selection. ScotCap pilot reported one case of missed colorectal cancer. Sensitivity of CCE for detecting polyps ≥ 10 mm ranged from 93.8% to 97.0% on a per-patient basis and from 75.0% to 95.8% on a per-polyp basis in the NHS England and ScotCap trials.; **Conclusions:** These national CCE programs reveal the complexity of large-scale implementation, driven by variations in definitions and protocols. Harmonized quality metrics and shared definitions of success are essential. Efforts should focus on reducing downstream procedures and fostering cross-system learning.

Access or request full text: https://libkey.io/10.1055/a-2641-5952

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40726529&profid=ehost

24. Consensus on Upper Gastrointestinal Endoscopy Key Performance Indicators to Reduce Post Endoscopy Upper Gastrointestinal Cancer

Item Type: Journal Article

Authors: Kamran, Umair;Gronlund, Toto Anne;Morris, Eva J. A.;Brookes, Matthew;Rutter, Matt;McCord, Mimi;Adderley, Nicola J. and Trudgill, Nigel

Publication Date: 2025

Journal: United European Gastroenterology Journal
Abstract: Background: Upper gastrointestinal (UGI) endoscopy lacks established key performance indicators. Up to three-fold variation in post endoscopy upper gastrointestinal cancer rates has been observed among endoscopy providers in England, highlighting the need for standardisation of UGI endoscopy practices.; Objective: We aimed to achieve consensus on evidence-based key performance indicators to reduce post endoscopy upper gastrointestinal cancer.; **Methods:** Modified nominal group technique was employed in two consensus workshops, with representation from clinicians, patients and relatives, moderated by James Lind Alliance facilitators. Potential indicators were identified from the umbrella systematic review, English provider post endoscopy upper gastrointestinal cancer rates, and differences in endoscopy practices from the National Endoscopy Database between providers with the highest (worst) and lowest (best) post endoscopy upper gastrointestinal cancer rates. KPIs were categorised as provider or endoscopist/procedure related and ranked as of major or minor importance. Minimum standards were proposed where possible.; **Results:** Participants included 14 clinicians (gastroenterologists and UGI surgeons), 3 nurse endoscopists, 2 UGI cancer nurse specialists, 14 patients, their relatives and representatives from patient support groups and four observers. Endoscopy provider related major key performance indicators and proposed standards included monitoring

post endoscopy upper gastrointestinal cancer rates (minimum standard ≤ 7%); less intense endoscopy lists (maximum 10 'points' per list one point is equivalent to 15 min]); endoscopy provider accreditation (all providers); and premalignant condition surveillance on dedicated lists by endoscopists with adequate training (> 90% surveillance endoscopies). Endoscopist/procedure related major key performance indicators included: examination time ≥ 7 min; training in early UGI neoplasia recognition (all endoscopists); mucosal view quality recorded and cleansing agents used if not excellent (> 90% endoscopies); intravenous sedation offered to all appropriate patients; recommended number of biopsies from cancer associated or premalignant lesions (> 90% endoscopy where such lesions identified); and endoscopists' annual UGI endoscopy volume > 100 (all endoscopists).; **Conclusion:** This study offers a consensus on the key performance indicators and minimum standards that should be used to improve UGI endoscopy quality and reduce post endoscopy upper gastrointestinal cancer. (© 2025 The Author(s). United European Gastroenterology Journal published by Wiley Periodicals LLC on behalf of United European Gastroenterology.)

Access or request full text: https://libkey.io/10.1002/ueg2.70001

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40703049&profid=ehost

25. Impact of Long-Term Chemotherapy on Outcomes in Pancreatic Ductal Adenocarcinoma: A Real-World UK Multi-Centre Study

Item Type: Journal Article

Authors: Mahmood, Umair;Lynch, Joanna;Sandhu, Simran Kaur;Amin, Zahir;Bridgewater, John;Hochhauser, Daniel;Shiu, Kai-Keen;Miller, Paul;Smyth, Elizabeth C. and Khan, Khurum

Publication Date: 2025

Journal: Cancers 17(11)
Abstract: Background: We reviewed outcomes of short and long-term chemotherapy with or without breaks in pancreatic ductal adenocarcinoma (PDAC) patients. **Methods:** PDAC patients receiving ≥3 chemotherapy cycles between 2019 and 2024 at three institutions were included. Progression-free survival after first-line chemotherapy (PFS1), overall survival (OS) and best overall response (BOR) to chemotherapy were assessed using the Wilcoxon test, Kaplan-Meier test, and univariate and multivariate Cox regression models. **Results:** We screened 237 patients, and 135 patients met the study criteria. Among these patients, 25 had resectable disease, and 110 had unresectable/metastatic disease (13% borderline resectable (BRPC), 20% locally advanced (LAPC), 10% localised developing metastases, 57% de novo metastatic). Ten patients (7%) underwent genetic profiling; KRAS aberrations (N = 4), actionable PLAB2/BRCA2/FGFR2 mutations (N = 3), ATM/BRIP1 alteration (N = 1). Two patients were managed with PARP inhibitors after receiving multiple lines of chemotherapy. Median PFS1 and OS were concordant with the published literature, but select patient groups achieved prolonged survival outcomes. Among the 36 BRPC/LAPC patients, we observed >1-year PFS1 in 9 (25%) patients and >2-year OS in 3 (8%) patients. Among the 63 de novo metastatic patients, we observed >1-year PFS1 and >2-year OS in 6 (10%) patients. Among patients with localised disease, smoking history was a poor prognostic factor with respect to OS (p = 0.03). Improved PFS1 and OS was associated with ≥6 cycles of

first-line chemotherapy, its duration of ≥3.66 months, and local treatment after first chemotherapy (p 1 line of chemotherapy (p = 0.003). **Conclusion:** Despite challenges, extended chemotherapy and multiple treatment lines may improve survival, with localised treatments benefiting select patients.

Access or request full text: https://libkey.io/10.3390/cancers17111896

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40507375&profid=ehost

26. Impact of Non-Anesthesiologist-Administered Propofol Sedation for Outpatient Endoscopy in the Healthcare System

Item Type: Journal Article

Authors: Mandarino, Francesco Vito;Gribaudo, Giorgia;Salmeri, Noemi;Fanti, Lorella;Barchi, Alberto;Massimino, Luca;Fasulo, Ernesto;Dell'Anna, Giuseppe;Azzolini, Francesco;Viale, Edi;Vespa, Edoardo;Quario, Lorenzo;Facciorusso, Antonio;Fuccio, Lorenzo;Mantovani, Lorenzo Giovanni;Cortesi, Paolo Angelo and Danese, Silvio

Publication Date: 2025

Journal: DEN Open 6(1), pp. e70151

Abstract: **Introduction:** Non-anesthesiologist-administered propofol (NAAP) sedation for outpatient endoscopy has proven to be safe. However, implementing NAAP in Western countries faces challenges, and propofol-based sedation is still largely administered by anesthetists. For low-risk patients, anesthesiologist-administered propofol (AAP) could represent an avoidable waste of healthcare resources.; **Methods:** This research consisted of two phases. The first is a retrospective study comparing NAAP and AAP for outpatient endoscopy at a tertiary center, with the primary outcome being the rate of adverse events (AEs). Propensity score matching was performed to balance baseline characteristics between the two groups. The second phase involved a budget impact model to assess the economic impact of using NAAP instead of AAP for low-risk patients, both locally and nationally, between 2023 and 2025.; **Results:** Between May 2019 and November 2021, 2721 patients undergoing esophagogastroduodenoscopies (EGDs; NAAP 2439 and AAP 282) and 2748 colonoscopies (NAAP 2491 and AAP 257) were enrolled. Overall, the AE rates were similar between the cohorts (esophagogastroduodenoscopies: NAAP 1.1% vs. AAP 0.8%, p = 0.81; colonoscopies: NAAP 1.8% vs. AAP 3.5%, p = 0.20). All NAAP-related AEs were minor.The budget impact model revealed that adopting NAAP instead of AAP would save €124,724,659 and 2223 working days for healthcare professionals for the Italian National Health System (NHS) between 2023 and 2025.; **Conclusion:** NAAP has a comparable AE rate to AAP for low-risk outpatient endoscopy. Implementing NAAP instead of AAP could save over €100 million and 2000 working days for the Italian NHS between 2023 and 2025. Wider adoption could improve healthcare resource allocation. (© 2025 The Author(s). DEN Open published by John Wiley & Sons Australia, Ltd on behalf of Japan Gastroenterological Endoscopy Society.)

Access or request full text: https://libkey.io/10.1002/deo2.70151

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40487568&profid=ehost

27. Impact of Bowel Preparation Type on Colonoscopy Quality and Adenoma Detection: A Comparative Study

Item Type: Journal Article

Authors: Maramraj, Sankeerthan and Yeap, Elaine

Publication Date: 2025

Journal: Cureus 17(4), pp. e82969

Abstract: **Background** Colorectal cancer (CRC) is a leading cause of cancer-related mortality worldwide. Colonoscopy is the gold standard for CRC screening, but its effectiveness depends on bowel preparation quality. This study compares polyethylene glycol (PEG)-based MoviPrep (Norgine Limited, Hengoed, UK) and sodium picosulfate-based Picolax (Ferring GmbH, Kiel, Germany) in terms of bowel cleansing quality, caecal and ileal intubation rates, and adenoma detection rate (ADR). **Methods** This retrospective observational study analysed 6,921 colonoscopies performed at University Hospital Crosshouse between June 2020 and June 2023. Bowel preparation quality was assessed using the modified Ottawa Bowel Preparation Scale, categorised as Excellent, Good, Fair, or Inadequate. ADR was determined by histologically confirmed adenomas. Statistical comparisons between the two groups were performed using chi-square tests. **Results** MoviPrep was used in 6,219 (89.9%) of cases, while Picolax was used in 702 (10.1%) cases. MoviPrep was associated with a lower inadequate preparation rate (343 (5.5%) vs. 63 (9.0%)), a higher caecal intubation rate (3,675 (59.1%) vs. 307 (43.7%)) and ileal intubation rate (1,119 (18.0%) vs. 81 (11.5%)), and a higher ADR (2,295 (36.9%) vs. 167 (23.8%)). **Conclusion** MoviPrep demonstrated superior bowel cleansing, higher completion rates, and greater adenoma detection, supporting its use as a preferred bowel preparation method for colonoscopy in clinical practice. (Copyright © 2025, Maramraj et al.)

Access or request full text: https://libkey.io/10.7759/cureus.82969

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40416163&profid=ehost

28. Quantifying the cost savings and health impacts of improving colonoscopy quality: an economic evaluation

Item Type: Journal Article

Authors: McCarthy, Stephen;Rutter, Matthew David;McMeekin, Peter;Catlow, Jamie;Sharp, Linda;Brookes, Matthew;Valori, Roland;Bhardwaj-Gosling, Rashmi;Lee, Tom;McNally, Richard;McCarthy, Andrew and Gray,

Joanne

Publication Date: 2025

Journal: BMJ Quality & Safety 34(7), pp. 469–478

Abstract: **Objective:** To estimate and quantify the cost implications and health impacts of improving the performance of English endoscopy services to the optimum quality as defined by postcolonoscopy colorectal cancer (PCCRC) rates.; **Design:** A semi-Markov state-transition model was constructed, following the logical treatment pathway of individuals who could potentially undergo a diagnostic colonoscopy. The model consisted of three identical arms, each representing a high, middle or low-performing trust's endoscopy service, defined by PCCRC rates. A cohort of 40-year-old individuals was simulated in each arm of the model. The model's time horizon was when the cohort reached 90 years of age and the total costs and quality-adjusted life-years (QALYs) were calculated for all trusts. Scenario and sensitivity analyses were also conducted.; **Results:** A 40-year-old individual gains 0.0006 QALYs and savings of £6.75 over the model lifetime by attending a high-performing trust compared with attending a middle-performing trust and gains 0.0012 QALYs and savings of £14.64 compared with attending a low-performing trust. For the population of England aged between 40 and 86, if all low and middle-performing trusts were improved to the level of a high-performing trust, QALY gains of 14 044 and cost savings of £249 311 295 are possible. Higher quality trusts dominated lower quality trusts; any improvement in the PCCRC rate was cost-effective.; **Conclusion:** Improving the quality of endoscopy services would lead to QALY gains among the population, in addition to cost savings to the healthcare provider. If all middle and low-performing trusts were improved to the level of a high-performing trust, our results estimate that the English National Health Service would save approximately £5 million per year. (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.)

Access or request full text: https://libkey.io/10.1136/bmjqs-2023-016932

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=38925929&profid=ehost

29. Diagnosis of adult patients with intestinal failure-associated liver disease: A descriptive cross-sectional study

Item Type: Journal Article

Authors: Mehta, Shameer J.;Zissimopoulos, Alexandra;Fragkos, Konstantinos;Williams, Sarah;Faloon, Sarah;Taylor, Michael;Mistry, Priya;Gupta, Vipin;Dibb, Martyn;Baker, James;Smith, Philip;Allan, Philip;Rutter, Charlotte;Donnellan, Clare;Abraham, Arun and Lal, Simon

Publication Date: 2025

Journal: JPEN.Journal of Parenteral and Enteral Nutrition 49(5), pp. 650–658

Abstract: Background: No consensus exists regarding diagnostic tools for adult intestinal failure-associated liver disease (IFALD). This study aimed to determine correlations between histological pathology, noninvasive diagnostic tools, and IFALD severity. Secondary objectives included correlations between noninvasive diagnostic tools in adult patients with a clinical diagnosis of IFALD.; **Methods:** This was a multicenter, cross-sectional retrospective study conducted across six UK IF units. All patients judged to have IFALD were included. Included data were as follows: demographics, IF pathophysiological mechanism, radiological findings, blood results, elastography, and histological findings. Fisher exact tests, Kruskal-Wallis tests, and Spearman correlations were performed.; **Results:** Of 745 patients, 234 patients with IFALD were included (prevalence: 31.4%; median age: 56 years), with 95.3% meeting European Society of Clinical Nutrition and Metabolism criteria. Three fibrosis scores were used in 51 liver biopsies (Brunt et al.: 5 9.8%]; Ishak et al.: 10 19.6%]; and Metavir et al.: 10 19.6%]). Elastography was performed in 57 patients (24.4%), with a median stiffness of 7.35 kPa. Histology grade inversely correlated with liver stiffness (n = 23; P = 0.01). No correlation was found between histology and imaging (n = 34; P = 0.22; chi-squared). Serum platelet count and enhanced liver fibrosis correlated with imaging (steatosis vs fibrosis/cirrhosis) (n = 85 (P < 0.01) and n = 12 (P = 0.05), respectively; Spearman). AST:ALT and FIB-4 scores correlated with liver stiffness at a threshold of 12 kPa (Spearman correlation coefficient: 0.943 P < 0.01; n = 6]; Spearman correlation coefficient: 0.417 P = 0.02; n = 31]; respectively).; **Conclusion:** Variations in the use and performance of noninvasive tools and histological reporting in adult IFALD were found. Prospective studies of noninvasive tools and expert histological consensus on reporting practice are justified. (© 2025 American Society for Parenteral and Enteral Nutrition.)

Access or request full text: https://libkey.io/10.1002/jpen.2769

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40342094&profid=ehost

30. Hepatitis A vaccination coverage in adults with chronic liver disease in primary care in England: a retrospective cohort study

Item Type: Journal Article

Authors: Meza-Torres, Bernardo;Jamie, Gavin;Wimalaratna, Rashmi;Williams, Robert;Byford, Rachel;Forbes, Anna;Elson, William;Hinton, William;Ordóñez-Mena, Jose,M.;Pericleous, Marinos;Feher, Michael;Whyte, Martin;Joy, Mark and de Lusignan, Simon

Publication Date: 2025

Journal: The Lancet.Public Health 10(8), pp. e647–e655

Abstract: Background: International guidelines recommend the administration of two doses of pre-exposure hepatitis A vaccination for people with chronic liver disease to prevent severe complications. We aimed to describe hepatitis A vaccination coverage and mortality in adults with chronic liver disease in England.; **Methods:** We did a retrospective cohort study using routinely collected medical record data from the Oxford-Royal College of General Practitioners Research and Surveillance Centre (RSC) primary care sentinel network. We included people aged 18 years or older who were diagnosed with chronic liver disease between Jan 1, 2012,

and Dec 31, 2022. The primary outcome of interest was hepatitis A vaccination. Hepatitis A vaccination coverage was calculated using the number of vaccinated people with chronic liver disease as the numerator and the chronic liver disease population in the RSC dataset as the denominator. We compared individual characteristics by vaccination status using descriptive statistics. We used a multistate survival model to estimate the transition probabilities between four states: (1) diagnosis of chronic liver disease; (2) first hepatitis A vaccination; (3) second hepatitis A vaccination; and (4) death.; Findings: 664 571 individuals aged 18 years or older with chronic liver disease were identified from the RSC sentinel network population, of whom 625 079 individuals were included in our analysis. Of 625 079 individuals with chronic liver disease, 13 875 (2·2%) had received a first hepatitis A vaccination, 3007 (0·4%) had received a second dose, 732 (5·3%) of 13 875 vaccinated individuals died, and 101 065 (16·5%) of 611 204 individuals without vaccination died during the study period. Adjusting for death as a competing risk, vaccination was more likely among younger age quintiles (hazard ratio 5·46 95% CI 5·13-5·81]), non-smokers (1·59 1·54-1·65]), residents of urban areas (1·28 1·21-1·35]), individuals with higher socioeconomic status (1·06 1·03-1·10]), and individuals with a diagnosis of metabolic dysfunction-associated steatotic liver disease (MASLD; 1·71 1·64-1·78]). Individuals with a history of harmful alcohol use (0·36 0·32-0·39]), type 1 diabetes (0·46 0·36-0·57]), chronic kidney disease (0·63 0·57-0·70]), or mental disorders (0·66 0·64-0·69]) were less likely to be vaccinated. The lowest risk of mortality was in people with chronic liver disease of infectious or autoimmune aetiology and in people with MASLD.; **Interpretation:** Hepatitis A vaccine uptake among people with chronic liver disease in England is low, with disparities by age, location (urban vs rural), and socioeconomic status. Steps should be taken to reduce the inequalities in vaccine administration.; Funding: GlaxoSmithKline's Investigator Sponsored Studies Program.

Access or request full text: https://libkey.io/10.1016/S2468-2667(25)00139-2

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40738551&profid=ehost

31. British Society of Gastroenterology guidelines on inflammatory bowel disease in adults: 2025

Item Type: Journal Article

Authors: Moran, Gordon W.;Gordon, Morris;Sinopolou, Vassiliki;Radford, Shellie J.;Darie, Ana-Maria;Vuyyuru, Sudheer Kumar;Alrubaiy, Laith;Arebi, Naila;Blackwell, Jonathan;Butler, Thomas D.;Chew, Thean;Colwill, Michael;Cooney, Rachel;De Marco, Gabriele;Din, Said;Din, Shahida;Feakins, Roger;Gasparetto, Marco;Gordon, Hannah;Hansen, Richard, et al

Publication Date: 2025

Journal: Gut 74, pp. s1–s101

Abstract: In response to recent advancements in inflammatory bowel disease (IBD) management, the British Society of Gastroenterology (BSG) Clinical Services and Standards Committee (CSSC) has commissioned the

BSG IBD section to update its guidelines, last revised in 2019. These updated guidelines aim to complement the IBD standards and promote the use of the national primary care diagnostic pathway for lower gastrointestinal symptoms to enhance diagnostic accuracy and timeliness. Formulated through a systematic and transparent process, this document reflects a consensus of best practices based on current evidence. The guideline, while developed primarily for the UK, is structured to support IBD management internationally. It is endorsed by the BSG executive board and CSSC without external commercial funding, with involvement primarily supported through professional roles in public institutions and the National Health Service (NHS). Methodological revisions since the prior guidelines have enhanced rigor in technical review and development, with methodology details published independently following peer review. In developing the recommendations, 89 clinical experts and stakeholders participated in an online survey, identifying primary outcomes, such as clinical and endoscopic remission, as well as adverse event metrics, all stratified by clinically relevant effect sizes. These guidelines are intended to support clinical decision-making but are not prescriptive, recognizing that individual clinical scenarios may warrant tailored approaches. Further research may inform future revisions as new evidence emerges.

Access or request full text: https://libkey.io/10.1136/gutjnl-2024-334395

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40550582&profid=ehost

32. Management of diarrhoea in patients with stable ulcerative colitis with low FODMAP diet, amitriptyline, ondansetron or loperamide: the MODULATE RCT

Item Type: Journal Article

Authors: Moreau, Lauren A.;Ford, Alexander Charles;Brookes, Matthew James;Graca, Sandra;Guthrie, Elspeth;Hartley, Suzanne;Houghton, Lesley;Kemp, Karen;Kennedy, Nicholas A.;McKenzie, Yvonne;Muir, Delia;Loo Ow, Pei;Probert, Christopher;Pryde, Emma;Taylor, Christopher;Willis, Thomas A.;Wright-Hughes, Alexandra and Farrin, Amanda J.

Publication Date: 2025

Journal: Health Technology Assessment (Winchester, England) , pp. 1–30

Abstract: Background: Many patients with ulcerative colitis report ongoing diarrhoea even when their disease is stable and in remission.; **Design:** MODULATE was a pragmatic, multicentre, seamless, adaptive, phase 2/3 open-label, parallel-group, multiarm multistage randomised controlled trial.; Setting and Participants: People aged over 18 years with stable ulcerative colitis who had diarrhoea, recruited from secondary care sites in the United Kingdom.; **Interventions:** The control arm consisted of modified first-line dietary advice given to all patients with irritable bowel syndrome; the first interventional arm was amitriptyline, a tricyclic antidepressant, which at low doses slows colonic transit; the second intervention was loperamide, an antidiarrhoeal drug also thought to slow colonic transit; the third was ondansetron, an antiemetic thought to slow colonic transit; and the fourth was a diet low in fermentable oligo-, di-, and mono-saccharides and

polyols, which is thought to reduce bloating and gas within the small intestine. All patients randomised to an interventional arm were to receive treatment for 6 months.; **Main Outcome Measures:** Primary Outcome Measures: Phase 2: Improvement in diarrhoea measured using the Gastrointestinal Symptom Rating Scale-irritable bowel syndrome questionnaire at 8 weeks post randomisation: improvement defined as those reporting minor discomfort from diarrhoea or less (scoring ≤ 2 on the diarrhoea subscale).; **Secondary Outcome Measures**: Phases 2 and 3: Measured at both 8 weeks and 6 months: Improvement in diarrhoea measured using the Gastrointestinal Symptom Rating Scale-irritable bowel syndrome. Blood for C-reactive protein, stool for faecal calprotectin at 6 months only, reviewing case notes for escalation of medical therapy for ulcerative colitis. Anxiety and depression, via the Hospital Anxiety and Depression Scale.; **Results:** The MODULATE trial opened in December 2021 and closed in January 2023. Of the eight secondary care sites that completed contracting, only four opened to recruitment during this time, and one person was randomised. Trial timelines coincided with the start of the COVID-19 pandemic, causing substantial delays and, ultimately, its early closure. During this time, the trial underwent two major redesign phases, enabling a fully remote participant pathway incorporating electronic consent, remote data capture, posted blood and stool sample kits for eligibility screening, delivery of the dietary intervention via telephone or video call platform, postage of trial investigational medicinal products directly to participants' homes and all trial follow-up appointments conducted via telephone. The second phase of redesign pushed the trial towards a fully decentralised model. However, this stage was not implemented due to the decision to close the trial early.; **Limitations:** The study was unable to recruit the necessary sample size, preventing the trial from progressing. The trial met with several challenges. The Trial Steering Committee's root cause analysis concluded that the pandemic was the leading factor in trial closure, especially regarding our ability to recruit both sites and participants.; **Conclusions:** Although the trial closed early and with insufficient participants to proceed with full statistical analysis, lessons were learnt that could potentially inform future remote trial design and decentralised participant pathways.; Future Work: MODULATE was a commissioned call in response to a priority question identified by people living with ulcerative colitis. The question remains important and unanswered; trials to address it are needed. Given the recruitment difficulties we experienced, consideration should be given to conducting these in both primary and secondary care.; Funding: This synopsis presents independent research funded by the National Institute for Health and Care Research (NIHR) Health Technology Assessment programme as award number 17/33/03.

Access or request full text: https://libkey.io/10.3310/GHFE4871

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40079650&profid=ehost

33. Health inequalities in hepatocellular carcinoma surveillance, diagnosis, treatment, and survival in the United Kingdom: a scoping review

Item Type: Journal Article

Authors: Mysko, Christopher;Landi, Stephanie;Purssell, Huw;Allen, A. J.;Prince, Martin;Lindsay, Gary;Rodrigues, Steven;Irvine, Jenny;Street, Oliver;Gahloth, Deepankar;MacLennan, Sara;Piper Hanley, Karen;Hanley, Neil and Athwal, Varinder Singh

Publication Date: 2025

Journal: BJC Reports 3(1), pp. 13

Abstract: **Background:** Hepatocellular carcinoma (HCC) remains a deadly cancer in the UK despite advancements in curative therapies. Societal conditions and health inequalities influence the development of chronic liver disease and outcomes from complications including HCC. Scoping this emergent evidence-base is required to inform research and solutions for the NHS.; **Methods:** A PRISMA scoping review was performed up to September 2023. Articles exploring health inequalities in HCC involving the UK population were included.; **Results:** This review has characterised axes of health inequality and their impact across the HCC care continuum in the UK. Studies predominantly employed a cohort design or population-based analyses, with meta-analyses of surveillance utilisation including only a single UK study. These methodologies provided an appropriate lens to understand longitudinal trends and identify disadvantaged groups. However, important evidence gaps remain, including exploration of patient perspectives, intersectional analyses, and statistical measures of socioeconomic inequity in HCC.; **Conclusions:** HCC is a rapidly growing cause of cancer mortality and disproportionally affects underserved groups, presenting a major public health concern. Further research is required to innovate and evaluate surveillance and management pathways to reduce systemic inequities. Direction is needed at the national level to improve prevention, early diagnosis and access to curative treatment. (© 2025. The Author(s).)

Access or request full text: https://libkey.io/10.1038/s44276-025-00126-5

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40033086&profid=ehost

34. Trends in alcohol-specific deaths in England, 2001-22: an observational study

Item Type: Journal Article

Authors: Oldham, Melissa;Jackson, Sarah;Brown, Jamie;Buss, Vera;Mehta, Gautam;Dowd, Jennifer Beam;Holmes, John and Angus, Colin

Publication Date: 2025

Journal: The Lancet.Public Health 10(5), pp. e371–e379

Abstract: **Background:** Following the COVID-19 pandemic, many countries saw large increases in rates of alcohol-specific deaths, including England. This study aimed to examine whether there have been changes in the characteristics of those dying by specific cause of death, age, sex, and area-level deprivation.; **Methods:** Using annual mortality data in England published by the Office for National Statistics, we describe the prevalence and 95% CI of age-standardised rates of alcohol-specific deaths overall and by age, sex, area-level deprivation measured by quintiles of the Index of Multiple Deprivation (IMD), and cause of death between 2001 and 2022. We also compared demographic profiles of those dying before the COVID-19 pandemic (2017-19) and after (2020-22); calculated crude absolute differences in rates and relative rate ratios across age, sex, and

IMD; and used a multivariable Poisson regression model to calculate the rate ratio and adjusted absolute differences for deaths by IMD quintile for each period, adjusting for age and sex.; **Findings:** Age-standardised rates of alcohol-specific deaths in England remained largely unchanged until 2019, before rising sharply by 19·4% in 2020 and continuing to rise by a further 13·5% to the highest level on record in 2022: 14·7 (95% CI 14·4-15·0) per 100 000 people. There were few relative demographic changes in alcohol-specific mortality between 2017-19 (pre-pandemic) and 2020-22 (after the start of the COVID-19 pandemic) because the largest absolute increases in alcohol-specific mortality were seen among groups that had the highest pre-pandemic rates, including men (absolute rate increase, 3·87; relative increase, 25·9%) and those from areas of higher deprivation (absolute rate increase, 4·72; relative increase, 22·5%). When examining causes of deaths, the largest absolute increase was in alcohol-related liver disease (2·37; relative increase, 27·2%), with the largest relative increase in acute causes (absolute rate increase, 0·49; relative increase, 35·4%), although these accounted for a smaller proportion of deaths compared to alcohol-related liver disease. There was little to no change in deaths from alcohol dependence syndrome (absolute rate increase, 0·02; relative increase, 5·8%).; **Interpretation:** Alcohol-specific deaths in England remain high and increased after the COVID-19 pandemic. Policies should aim to reduce rates of alcohol consumption at the population level. Substantial investment is also required to facilitate early detection of liver disease and effective treatment.; Funding: Cancer Research UK.

Access or request full text: https://libkey.io/10.1016/S2468-2667(25)00047-7

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40222372&profid=ehost

35. Risk Factors for Liver Disease Cluster Geographically: A Precision Public Health Analysis of a UK City

Item Type: Journal Article

Authors: Parker, R.;Taylor, A.;Dukes, R.;Wilks, B.;Hinkson, A.;Burn, D. and Rowe, I. A.

Publication Date: 2025

Journal: Alimentary Pharmacology & Therapeutics 61(10), pp. 1697–1702

Abstract: These data describe the distribution of risk factors for liver disease in Leeds, a large city in the UK. Anonymised, unlinked data were aggregated to lower super output areas by the Leeds GP data extraction programme for deprivation, obesity, diabetes and alcohol use. Incident liver disease was quantified from coding of hospital admissions. Alcohol use, deprivation and obesity were associated with LD. Risk factors clustered together geographically. Liver blood tests were more frequently done in areas of low-disease prevalence. These results illustrate health inequalities and support public health policies to reduce incident liver disease.

Access or request full text: https://libkey.io/10.1111/apt.70088

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40105195&profid=ehost

36. New Names, New Drugs, Better Outcomes in Steatotic Liver Disease

Item Type: Journal Article

Authors: Peverelle, Matthew;Mbelle, Mzamo and Joshi, Deepak

Publication Date: 2025

Journal: British Journal of Hospital Medicine 86(8), pp. 1–18

Access or request full text: https://libkey.io/10.12968/hmed.2024.0655

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=EPTOC187508582&profid=ehost

37. Genetic variants influencing liver fat in normal-weight individuals of European ancestry

Item Type: Journal Article

Authors: Piras, Ignazio S.;Don, Janith;Schork, Nicholas J. and DiStefano, Johanna K.

Publication Date: 2025

Journal: JHEP Reports : Innovation in Hepatology 7(8), pp. 101453

Abstract: **Background & Aims:** Metabolic dysfunction-associated steatotic liver disease (MASLD) occurs across a wide spectrum of body weights, yet the genetic determinants underlying hepatic steatosis in individuals with normal BMI remain underexplored. This study aimed to identify genetic variants associated with liver fat fraction in normal-weight individuals.; **Methods**: We performed a genome-wide association study (GWAS) using magnetic resonance imaging-proton density fat fraction (MRI-PDFF) data from 10,918 normal-weight participants (BMI <25 kg/m 2) of European ancestry in the UK Biobank. Hepatic steatosis and liver fat content were assessed using both case-control (CC; 815 cases with MRI-PDFF ≥5% vs . 10,103 controls with MRI-PDFF <5%) and quantitative trait (QT; N = 10,918, with MRI-PDFF as a continuous outcome) designs. Fine mapping prioritized potential causal variants. Gene-level associations were evaluated using multi-marker analysis of genomic annotation (MAGMA), and liver-specific gene expression was imputed for transcriptome-wide association studies (TWAS).; **Results:** We identified 241 genome-wide significant variants in the CC-GWAS and 418 in the QT-GWAS, with most located on chromosomes 19 and 22, including known loci such as PNPLA3 , TM6SF2 , and SAMM50 . Fine-mapping analyses prioritized three candidate causal variants in SUGP1 , GATAD2A , and MAU2 . MAGMA identified eight genes in CC-GWAS and 19 in QT-GWAS, including a

novel association with RFXANK . TWAS supported the involvement of MBOAT7 and SAMM50 , with fine mapping further implicating SAMM50 as a likely causal gene.; **Conclusions:** This study, one of the first to detect genome-wide associations for hepatic steatosis in normal-weight individuals, identified both novel and established genetic loci. These findings highlight the role of genetic susceptibility independent of obesity-related pathways and may inform targeted strategies for MASLD prevention and treatment in this understudied population.; Impact and Implications: This study provides new insights into the genetic risk factors underlying metabolic dysfunction-associated steatotic liver disease in individuals with a normal BMI, a group often under-represented in steatotic liver disease research. Leveraging large-scale genomic and imaging data from the UK Biobank, we identified both known and novel variants associated with liver fat accumulation, emphasizing that genetic predisposition can drive hepatic steatosis independently of excess adiposity. While the study is based on individuals of European ancestry, future research should assess the relevance of these findings in more diverse populations to ensure broader clinical applicability. These results may help inform future strategies for early risk stratification and targeted prevention in metabolically vulnerable, normal-weight individuals. (© 2025 The Authors.)

Access or request full text: https://libkey.io/10.1016/j.jhepr.2025.101453

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40677695&profid=ehost

38. Sociodemographic Profile of People with Diagnosed Pancreatic Cancer in the UK: Retrospective Sentinel Network Cohort Study

Item Type: Journal Article

Authors: Price, Claire A.;Mold, Freda;de Lusignan, Simon;Smith, Nadia A. S.;Winn, Martyn and Lemanska, Agnieszka

Publication Date: 2025

Journal: Studies in Health Technology and Informatics 327, pp. 1115–1119

Abstract: Pancreatic cancer is a devasting disease which is an increasing cause of cancer mortality. The aim of this study was to characterise, using descriptive statistics, the sociodemographic, risk and clinical characteristics of who develops pancreatic cancer. This retrospective cohort study examined data from one of the largest UK primary care databases, from January 1st 2006 to August 31st 2020. A total of 573 primary care practices contributed data. There were 9,267 people diagnosed with pancreatic cancer. The median age at diagnosis was 73 years (IQR 16) and 49.8% (4,616) of people were female. Nearly a third (30.2%, 2,798) of people had diabetes, and 85.8% (2,400) of the people with diabetes received the diabetes diagnosis before pancreatic cancer. For people for whom ethnicity was recorded 94.4% (5,979) were white. Under half of people with BMI recorded (41.9%, 571) were overweight or obese at pancreatic cancer diagnosis and 5.9% (80) were underweight. In addition, 12.6% (1,168) of participants were active smokers and 1.4% (130) exceeded recommended limits of alcohol. Improved characterisation of the sociodemographic, risk and clinical characteristics of who develops pancreatic cancer highlights the opportunity for machine learning and other

technologies to flag people at high risk of this cancer.

Access or request full text: https://libkey.io/10.3233/SHTI250563

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40380668&profid=ehost

39. Colorectal cancer incidence after the first surveillance colonoscopy and the need for ongoing surveillance: a retrospective, cohort analysis

Item Type: Journal Article

Authors: Robbins, Emma C.;Wooldrage, Kate;Rutter, Matthew D.;Veitch, Andrew M. and Cross, Amanda J.

Publication Date: 2025

Journal: Gut 74(9), pp. 1419–1429

Abstract: **Background:** Recommendations for the first postpolypectomy surveillance colonoscopy (SC1), based on stratifying postpolypectomy colorectal cancer (CRC) risk, are well established. Limited data inform recommendations for surveillance beyond SC1.; **Objective:** We investigated which patient groups need surveillance beyond SC1.; **Design:** Retrospective analysis of patients who underwent colonoscopy with polypectomy at 17 UK hospitals, mostly from 2000 to 2010, and had ≥1 surveillance colonoscopies. Cancer and death data were collected through 2017. We examined patients in groups defined by risk at baseline and SC1, applying risk definitions from the 2020 UK postpolypectomy surveillance guidelines: 'low risk, low risk' (LR-LR), 'high risk, low risk' (HR-LR), 'low risk, high risk' (LR-HR) and 'high risk, high risk' (HR-HR). We examined CRC incidence after SC1, censoring at any second surveillance colonoscopy (SC2), and after SC2 through end of follow-up. We compared incidence with general population incidence using standardised incidence ratios (SIRs).; **Results:** Analyses included 10 508 patients: LR-LR=6587 (63%), HR-LR=3272 (31%), LR-HR=248 (2%) and HR-HR=401 (4%). Median follow-up from SC1 was 8.0 years and 151 CRCs were diagnosed. Compared with the general population, CRC incidence after SC1 was lower in the LR-LR group (SIR 0.48, 95% CI 0.34 to 0.67), non-significantly different in the HR-LR (SIR 1.17, 0.85 to 1.58) or LR-HR (SIR 2.51, 0.81 to 5.85) groups, but higher in the HR-HR group (SIR 2.84, 1.30 to 5.39). After SC2, CRC incidence in the HR-HR group was no longer higher than in the general population (SIR 1.86, 0.89 to 3.42).; **Conclusion:** Patients with high-risk findings at both baseline and SC1 needed an SC2, while those with low-risk findings at SC1 did not, regardless of their baseline findings. (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY. Published by BMJ Group.)

Access or request full text: https://libkey.io/10.1136/gutjnl-2024-334242

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40187891&profid=ehost

40. Characteristic immune cell interactions in livers of children with acute hepatitis revealed by spatial single-cell analysis identify a possible postacute sequel of COVID-19

Item Type: Journal Article

Authors: Röttele, Felix;Zollner, Andreas;Mogler, Carolin;Yuksel, Muhammed;Arikan, Cigdem;Karl, Vivien;Aberle, Judith Helene;Aberle, Stephan W.;Kogler, Hubert;Vécsei, Andreas;Vodopiutz, Julia;Salié, Henrike;Gräser, Anne;Krimmel, Laurenz;Martin, Pius;Lurz, Eberhard;Maier, Felix Immanuel;Woelfle, Lena;Nobre, Susana;Goncalves, Isabel, et al

Publication Date: 2025

Journal: Gut 74(9), pp. 1486–1499

Abstract: **Background:** A rise in paediatric cases of acute hepatitis of unknown origin (AHUO) was observed in 2022, some requiring liver transplantation. A link to adeno-associated virus 2 infection and CD4 + T-cell mediated disease was reported in cohorts in the UK and USA but does not explain all cases.; **Objective:** To determine the intrahepatic immune cell interactions in the inflamed liver and a possible contribution of SARS-CoV-2 infection.; **Design:** Patients with acute non-A non-E hepatitis (10/12 AHUO, 2/12 subacute) during February 2022-December 2022 undergoing liver biopsy were recruited in a European patient cohort. Hepatological, virological, histopathological and highly multiplexed spatial and single-cell analyses of liver biopsies were performed.; **Results:** Patients were negative for adenoviral and SARS-CoV-2 PCR. Three patients had a positive adenoviral serology and 10/12 patients had a history or serological evidence of SARS-CoV-2 infection. Imaging mass cytometry identified significant intrahepatic immune infiltration with an enrichment of CD8 + T-cells. The highest CD8 infiltration and concomitant peripheral immune activation were observed in patients with the most severe hepatitis. CD8 + T-cell infiltration was connected to histomorphological interface hepatitis and bridging necrosis. Cellular neighbourhood analysis indicated disease-associated microanatomic interactions between CX3CR1 + endothelial and myeloid cell populations, interacting with effector CD8 + T-cells suggesting a pathogenic cellular triad. Of note, we detected intrahepatic SARS-CoV-2 antigens in ACE2-expressing cells in the areas with significant pathology in 11/12 samples using several different detection methods. 10/12 patients were treated with corticosteroid therapy and no liver transplantation was required.; **Conclusions:** We identified a possible manifestation of an immune-mediated postacute sequel to COVID-19 associated with a characteristic immune infiltrate in children with AHUO. COVID-19 testing should be considered in paediatric AHUO. (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ Group.)

Access or request full text: https://libkey.io/10.1136/gutjnl-2024-333880

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40187893&profid=ehost

41. BSG/ACPGBI guidance on the management of colorectal polyps in patients with limited life expectancy

Item Type: Journal Article

Authors: Rutter, Matthew D.;Ranjan, Ravi;Westwood, Clare;Barbour, Jamie;Biran, Adam;Blackett, Helen;Burr, Nicholas Ewin;Carlisle, John;Clare, Barry;Cripps, Neil;Coyne, Peter;Dolwani, Sunil;Hodson, Rachel;Holtham, Stephen;Mohammed, Noor;Morris, Eva J. A.;Neilson, Laura;Oliphant, Raymond;Painter, John;Prakash, Anand, et al

Publication Date: 2025

Journal: Gut 74(10), pp. 1551–1560

Abstract: **Background:** Determining optimal management of colorectal polyps in patients with limited life expectancy of under 10 years can be difficult, due to challenges balancing an uncertain natural history of polyp progression to symptomatic malignancy versus the increased risk and consequences of polypectomy complications.; **Aim:** This British Society of Gastroenterology and Association of Coloproctologists of Great Britain and Ireland guidance aims to help clinicians and patients consider these risks to aid decision-making for polypectomy versus a conservative approach.; **Methods:** A guidance development group comprising 28 members was established, including gastroenterologists, colorectal surgeons, elderly care physicians, anaesthetists, epidemiologists, nurse endoscopists, a general practitioner and patient representatives. Estimates on life expectancy stratified by age and comorbidity, polyp dwell time for differing polyp sizes, cancer sojourn time and polypectomy complication rates for comorbid/elderly patients both on and off antithrombotic medication were collated from various literature searches. A model was created to compare the risk of symptomatic malignancy in a patient's lifetime against the risk of significant complications.; **Results**: Following a modified Delphi consensus process and after three rounds of voting, 33 recommendations were made within 10 domains (principles, diagnostic investigation, life expectancy, polyp and cancer natural history, polypectomy risks, management recommendations, follow-up, decision-making practicalities, training and education, future research). A table was created, summarising whether polypectomy or conservative management might be the favoured option for 40 clinical scenarios of patients with differing life expectancy, polyp sizes and use of antithrombotic medication.; **Conclusions:** This guidance provides a framework to facilitate more objective and informed decision-making, from which an individualised plan can be developed between the patient and their clinician. (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ Group.)

Access or request full text: https://libkey.io/10.1136/gutjnl-2025-335047

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40301120&profid=ehost

42. Multivitamin supplementation and its impact in metabolic dysfunction-associated steatotic liver disease

Item Type: Journal Article

Authors: Ryu, Tom;Chae, Seung Yun;Lee, Jaejun;Han, Ji Won;Yang, Hyun;Chung, Beom Sun and Yang,

Keungmo

Publication Date: 2025

Journal: Scientific Reports 15(1), pp. 8675

Abstract: Metabolic dysfunction-associated steatotic liver disease (MASLD) is an emerging global health concern with limited therapeutic options. Multivitamins, widely consumed dietary supplements, have been proposed to modulate oxidative stress and inflammation, potentially impacting MASLD progression. However, their efficacy in reducing mortality and other complications in MASLD remains unclear. Using data from the UK Biobank with 7 years of median follow-up period, this study assessed the association between multivitamin use and health outcomes, including all-cause mortality, liver-related mortality, cardio-cerebrovascular disease (CVD), and chronic kidney disease (CKD), in individuals with MASLD and those without steatotic liver disease. Inverse probability of treatment weighting (IPTW) was employed to adjust for confounders. Multivitamin users showed a significantly lower all-cause mortality risk in the MASLD cohort both before (HR: 0.88, 95% CI 0.81-0.95, P = 0.034) and after (HR: 0.94, 95% CI 0.88-1.00, P = 0.037) IPTW adjustment. Multivitamin use was also associated with the lower risk of CVD (HR: 0.72, 95% CI 0.68-0.76, P < 0.001) and CKD (HR: 0.73, 95% CI 0.67-0.81, P < 0.001) in the MASLD cohort. No significant reduction was found for liver-related mortality or liver cirrhosis incidence. These findings suggest that multivitamins might provide broader protective effects in populations with metabolic dysfunction. Further research is needed to clarify their role in liver-specific outcomes. (© 2025. The Author(s).)

Access or request full text: https://libkey.io/10.1038/s41598-025-92858-0

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40082562&profid=ehost

43. Sigmoid Resection vs Conservative Treatment After Diverticulitis: Prespecified 4-Year Analysis of the LASER Randomized Clinical Trial

Item Type: Journal Article

Authors: Santos, A.;Mentula, P.;Pinta, T.;Ismail, S.;Rautio, T.;Juusela, R.;Lähdesmäki, A.;Scheinin, T. and Sallinen, V.

Publication Date: 2025

Journal: JAMA Surgery 160(6), pp. 615–622

Abstract: Importance: Laparoscopic elective sigmoid resection is a treatment option for patients with recurring, persistent painful, or complicated diverticulitis, but outcomes of surgery compared with conservative treatment are unclear in long-term follow-up.; **Objective:** To compare quality-of-life (QOL), complication, and recurrence outcomes of surgery vs conservative treatment in patients with recurring, persistent painful, or complicated diverticulitis.; **Design, Setting, and Participants:** The open-label

Laparoscopic Elective Sigmoid Resection Following Diverticulitis (LASER) randomized clinical trial was conducted in 6 Finnish hospitals. Ninety patients with recurring, persistent painful, or complicated diverticulitis were randomized (1:1) to elective sigmoid resection or conservative treatment from September 2014 to October 2018. Herein, outcomes are reported at 4-year follow-up using the intention-to-treat principle. Data analysis for this 4-year follow-up was performed from October 2023 to November 2024.; Interventions: Laparoscopic elective sigmoid resection vs conservative treatment.; **Main Outcomes and Measures:** Secondary outcomes, such as Gastrointestinal Quality of Life Index (GIQLI) scores, complications, and recurrences, within 4 years are reported using intention-to-treat and post hoc per-protocol analyses.; Results: Of 90 enrolled patients (28 male 31%] with mean SD] age of 54.11 11.9] years; 62 female 69%] with mean SD] age of 57.13 7.6] years), 45 were randomized to elective sigmoid resection and 45 to conservative treatment. Among those randomized to conservative treatment, 14 of 44 (32%) underwent sigmoid resection within 4 years (patients with lower QOL on average). The mean (SD) GIQLI score was 115.3 (17.8) in the surgery group vs 109.8 (19.8) in the conservative treatment group (mean difference, 5.54 95% CI, -2.98 to 14.06]) at 4 years. Recurrence of diverticulitis occurred in 6 of 38 patients (16%) (4 10%] after surgery) in the surgery group vs 34 of 37 patients (92%) in the conservative treatment group. Severe postoperative complications occurred in 4 patients (10%) in the surgery group vs 5 patients (11%) in the conservative treatment group.; **Conclusions and Relevance**: High crossover rates from conservative treatment to surgery indicate that patients with low QOL in the conservative treatment group often require surgical intervention; elective sigmoid resection did not improve QOL compared with conservative treatment in 4-year follow-up, even though it was effective in preventing recurrences of diverticulitis and did not lead to increased rates of postoperative complications. Upfront surgery may be preferable in patients with low QOL, but initial conservative treatment is an option for patients with near-normal QOL.; Trial Registration: ClinicalTrials.gov Identifier: NCT02174926.

Access or request full text: https://libkey.io/10.1001/jamasurg.2025.0572

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40202724&profid=ehost

44. Orthostatic hypotension in pancreatic cancer

Item Type: Journal Article

Authors: Seaman, Siwan and Hemmings, Stephanie

Publication Date: 2025

Journal: BMJ Supportive & Palliative Care 15(4), pp. 460–462

Abstract: Orthostatic hypotension is a relatively common medical diagnosis and can be debilitating for the patients it affects. There is a range of treatment options, though only one medication is licensed in the UK for treatment of orthostatic hypotension.We review the case of a man in his 70s with pancreatic cancer who developed orthostatic hypotension towards the latter stage of his disease that caused severe dizziness, impacting his quality of life. Multiple factors contributed to his orthostatic hypotension and various treatments, both non-pharmacological and pharmacological, were trialled, with varying degrees of success, to alleviate his

symptoms and improve his quality of life. On reviewing his case, we identify that the medication options have different optimal scenarios in which they are effective. (© Author(s) (or their employer(s)) 2025. No commercial re-use. See rights and permissions. Published by BMJ Group.)

Access or request full text: https://libkey.io/10.1136/spcare-2025-005399

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40316430&profid=ehost

45. Intermittent fasting strategies and their effects on body weight and other cardiometabolic risk factors: systematic review and network meta-analysis of randomised clinical trials

Item Type: Journal Article

Authors: Semnani-Azad, Zhila;Khan, Tauseef A.;Chiavaroli, Laura;Chen, Victoria;Bhatt, Hardil Anup;Chen, Alisia;Chiang, Nicholas;Oguntala, Julianah;Kabisch, Stefan;Lau, David Cw;Wharton, Sean;Sharma, Arya M.;Harris, Leanne;Leiter, Lawrence A.;Hill, James O.;Hu, Frank B.;Lean, Michael Ej;Kahleová, Hana;Rahelic, Dario;Salas-Salvadó, Jordi, et al

Publication Date: 2025

Journal: BMJ (Clinical Research Ed.) 389, pp. e082007

Abstract: **Objective:** To assess the effect of intermittent fasting diets, with continuous energy restriction or unrestricted (ad-libitum) diets on intermediate cardiometabolic outcomes from randomised clinical trials.; **Design:** Systematic review and network meta-analysis.; **Data Sources:** Medline, Embase, and central databases from inception to 14 November 2024.; **Eligibility Criteria for Selecting Studies:** Randomised clinical trials comparing the association of intermittent fasting diets (alternate day fasting, time restricted eating, and whole day fasting), continuous energy restriction, and ad-libitum diets were included.; **Main Outcomes:** Outcomes included body weight (primary) and measures of anthropometry, glucose metabolism, lipid profiles, blood pressure, C-reactive protein, and markers of liver disease.; **Data Synthesis:** A network meta-analysis based on a frequentist framework was performed with data expressed as mean difference with 95% confidence intervals (CIs). The certainty of the evidence was assessed using grading of recommendations assessment, development, and evaluation (GRADE).; **Results:** 99 randomised clinical trials involving 6582 adults of varying health conditions (720 healthy, 5862 existing health conditions) were identified. All intermittent fasting and continuous energy restriction diet strategies reduced body weight when compared with ad-libitum diet. Compared with continuous energy restriction, alternate day fasting was the only form of intermittent fasting diet strategy to show benefit in body weight reduction (mean difference -1.29 kg (95% CI -1.99 to -0.59), moderate certainty of evidence). Additionally, alternate day fasting showed a trivial reduction in body weight compared with both time restricted eating and whole day fasting (mean difference -1.69 kg (-2.49 to -0.88) and -1.05 kg (-1.90 to -0.19), respectively, both with moderate certainty of evidence). Estimates were similar among trials with less than 24 weeks follow-up (n=76); however, moderate-to-long-term trials (≥24 weeks, n=17) only showed benefits in weight reduction in diet strategies compared with ad-libitum. Furthermore, in comparisons between intermittent fasting strategies, alternate day fasting lowered total

cholesterol, triglycerides, and non-high density lipoprotein compared with time restricted eating. Compared with whole day fasting, however, time restricted eating resulted in a small increase in total cholesterol, low density lipoprotein cholesterol, and non-high density lipoprotein cholesterol. No differences were noted between intermittent fasting, continuous energy restriction, and ad-libitum diets for HbA 1c and high density lipoprotein.; **Conclusions:** Minor differences were noted between some intermittent fasting diets and continuous energy restriction, with some benefit of weight loss with alternate day fasting in shorter duration trials. The current evidence provides some indication that intermittent fasting diets have similar benefits to continuous energy restriction for weight loss and cardiometabolic risk factors. Longer duration trials are needed to further substantiate these findings.; Trial Registration: ClinicalTrials.gov NCT05309057. (© Author(s) (or their employer(s)) 2019. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.)

Access or request full text: https://libkey.io/10.1136/bmj-2024-082007

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40533200&profid=ehost

46. Implementation of a care bundle improves PBC management

Item Type: Journal Article

Authors: Smith, Rachel;Burke, Laura;Abbas, Nadir;Aspinall, Richard J.;Thorburn, Douglas;Heneghan, Michael;Yeoman, Andrew;Leithead, Joanna;Braniff, Conor;Mitchell-Thain, Robert;Jones, Rebecca L.;McPherson, Stuart;Dyson, Jessica K.;Jones, David;Trivedi, Palak J.;Alrubaiy, Laith and Mells, George F.

Publication Date: 2025

Journal: JHEP Reports : Innovation in Hepatology 7(9), pp. 101422

Abstract: **Background & Aims:** In 2021, we conducted a UK-wide audit of the management of primary biliary cholangitis (PBC) in the National Health Service (NHS) of the UK, which identified widespread deficiencies in PBC-related healthcare. In the current study, recognising the need to address these deficiencies, we aimed to (1) develop a PBC care bundle to support clinicians in the provision of high-quality, standardised care; (2) pilot the bundle in selected centres across the UK; and (3) re-evaluate adherence to quality standards.; **Methods:** We designed a PBC care bundle that incorporated a checklist of quality standards and a summary of guidelines from the British Society of Gastroenterology. Twelve hospitals, with variable performance in the national audit, were invited to pilot the bundle between 1 October 2023 and 31 March 2024. Clinical data were collected to compare adherence to quality standards before and after bundle use.; **Results:** We obtained data about 773 patients with PBC. We found significant improvement in performance across all quality standards following bundle use, with two hospitals achieving target performance (≥90%) across all standards, something not achieved by any hospital in the national audit. Across all centres, referral of patients for second-line therapy increased from 72% to 94% (p <0.001). Assessment of symptoms improved from 54% to 90% (p <0.001), and bone health improved from 65% to 86% (p <0.001). Surveillance for hepatocellular carcinoma increased from 67% to 97% (p <0.001), and screening for gastro-oesophageal varices improved from 81% to

92% (p = 0.027).; **Conclusions:** Use of the PBC care bundle significantly improves adherence to management guidelines. Rollout of the bundle will mark a vital step to improve the delivery of high-quality care to all patients with PBC.; Impact and Implications: The national primary biliary cholangitis (PBC) audit demonstrated critical shortfalls in the delivery of PBC-related healthcare across the UK. In this study, we have designed a PBC care bundle to improve adherence to management guidelines and promote standardised care. We show that use of the bundle improves care delivery in hospitals across the NHS. The PBC care bundle has been endorsed by the British Society of Gastroenterology and the British Association for the Study of the Liver and is freely available online to all clinicians to support the provision of high-quality PBC-related healthcare. (© 2025 The Authors.)

Access or request full text: https://libkey.io/10.1016/j.jhepr.2025.101422

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40810101&profid=ehost

47. Liver Fibrosis and the Risk of Coronary Artery Disease, Stent Thrombosis, Restenosis and Adverse Clinical Outcomes

Item Type: Journal Article

Authors: Tian, Na;Xiao, Tie;Xia, Tianyi;Yuan, Hai-Yang;Shapiro, Michael D.;Lip, Gregory Y. H.;Fanren, Cheng-Han;Lian, Li-You;Huang, Chen-Xiao;Wei, Yi-Xuan;Targher, Giovanni;Byrne, Christopher D.;Hong, Cheng-Lv;Ju, Shenghong and Zheng, Ming-Hua

Publication Date: 2025

Journal: Alimentary Pharmacology & Therapeutics
Abstract: Background and Aims: Liver fibrosis may be associated with coronary artery disease (CAD) and adverse cardiovascular outcomes, but data remain limited. This study aimed to explore the relationship between liver fibrosis and the incidence of CAD, stent thrombosis (ST), in-stent restenosis (ISR) and long-term clinical outcomes.; **Methods:** Two cohorts were analysed: the UK Biobank (UKB) cohort examined liver fibrosis and CAD incidence and clinical outcomes in the general population, while the Wenzhou cohort assessed its relationship with ST and ISR and long-term outcomes in post-PCI patients. CAD incidence was defined as coronary stenosis ≥ 50% or clinical events, such as myocardial ischaemia, myocardial infarction and acute coronary syndrome. ST was confirmed via angiography, and ISR was defined as ≥ 50% stenosis within the stent. Major adverse cardiovascular events (MACE) included all-cause mortality, myocardial infarction, heart failure and stroke. Liver fibrosis was assessed using FIB-4, categorised as ≤ 1.3, 1.3-2.67 and > 2.67.; **Results:** 394,625 participants were included. In the UKB cohort (n = 380,638), 7102 (1.9%) had FIB-4 > 2.67. Over 14.4 years, FIB-4 > 2.67 was associated with higher CAD incidence (aHR = 1.41, p 2.67. Over 3.0 years, FIB-4 > 2.67 was associated with increased risks of ST and ISR (aHR = 1.34, p = 0.001) and MACE (aHR = 1.97, p < 0.001).; **Conclusions:** Liver fibrosis is common among patients with CAD and is associated with CAD incidence, stent thrombosis, restenosis and long-term cardiovascular risk. (© 2025 John Wiley & Sons Ltd.)

Access or request full text: https://libkey.io/10.1111/apt.70306

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40746017&profid=ehost

48. Missed opportunities in HCV care: Trends in late diagnosis and treatment

Item Type: Journal Article

Authors: Tillakeratne, Shane;Valerio, Heather;Alavi, Maryam;Hajarizadeh, Behzad;Martinello, Marianne;Petoumenos, Kathy;George, Jacob;Amin, Janaki;Matthews, Gail V.;Grebely, Jason;Pearson, Sallie-Anne and Dore, Gregory J.

Publication Date: 2025

Journal: JHEP Reports : Innovation in Hepatology 7(9), pp. 101474

Abstract: **Background & Aims:** Timely HCV care is essential to prevent liver disease progression. The aim of this study was to evaluate trends in late HCV diagnosis and treatment in people diagnosed with end-stage liver disease (ESLD) in New South Wales (NSW), Australia.; **Methods:** HCV notifications in NSW, Australia (1995-2022) were linked to hospital admissions (2010-2021) and treatment records (2002-2022). Descriptive analyses and logistic regression were used to examine trends and factors associated with late diagnosis and missed treatment opportunities. Late diagnosis and treatment were defined as the absence of HCV notification and treatment within 2 years prior to or following the first hospitalisation for ESLD.; **Results**: Among 4,419 people with an HCV notification and ESLD diagnosis, late HCV diagnoses decreased from 24% in 2010-2012 to 16% in 2019-2021. The proportion receiving no or late treatment declined from 98% (85% no, 13% late) to 70% (48% no, 22% late). Residing in rural or regional areas was linked with late HCV diagnosis (adjusted odds ratio aOR] 1.44, 95% CI 1.05-1.97, p = 0.024). Recent injecting drug use (aOR 0.78, 95% CI 0.60-0.99, p = 0.041), incarceration (distant aOR 0.55, 95% CI 0.38-0.78, p = 0.001], recent aOR 0.51, 95% CI 0.28-0.96, p = 0.037]), government assistance (aOR 0.57, 95% CI 0.39-0.82, p = 0.002), and older age (born ≤1944 aOR 0.31, 95% CI 0.15-0.66, p = 0.002], born 1945-1959 aOR 0.47, 95 CI% 0.29-0.77, p = 0.003]), were associated with lower odds of a late HCV diagnosis. Recent alcohol use disorder was associated with increased odds of no or late treatment (aOR 1.80, 95% CI 1.40-2.32, p = 0.001).; Conclusion: Encouragingly, factors associated with social marginalisation predict earlier HCV diagnosis, while rural/regional residence predicts late HCV diagnosis among people with ESLD. Missed HCV treatment opportunity, defined by no or late treatment is associated with alcohol use disorder, but not with indicators of social marginalisation.; **Impact and Implications:** Timely HCV care is essential to prevent liver disease progression. Significant improvements in HCV diagnosis and treatment timing in New South Wales over the past decade highlight the success of Australia's universal provision of direct-acting antiviral therapy and targeted screening initiatives, particularly for people who inject drugs and those recently incarcerated. Persistent barriers to timely care remain for rural communities and people with alcohol use disorder, suggesting the need for enhanced integration of HCV services with alcohol treatment programs and expanded rural outreach. Achieving World Health Organization elimination targets by 2030 requires strengthened efforts to reach underserved populations and better integrate HCV care. (© 2025 The Author(s).)

Access or request full text: https://libkey.io/10.1016/j.jhepr.2025.101474

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40823173&profid=ehost

49. Development and Validation of Machine Learning-Based Marker for Early Detection and Prognosis Stratification of Nonalcoholic Fatty Liver Disease

Item Type: Journal Article

Authors: Xiao, Lushan;Zeng, Lin;Wang, Jiaren;Hong, Chang;Zhang, Ziyong;Wu, Chengkai;Cui, Hao;Li, Yan;Li, Ruining;Liang, Shengxing;Deng, Qijie;Li, Wenyuan;Zou, Xuejing;Ma, Pengcheng and Liu, Li

Publication Date: 2025

Journal: Advanced Science (Weinheim, Baden-Wurttemberg, Germany) 12(33), pp. e10527

Abstract: Nonalcoholic fatty liver disease (NAFLD) is the leading cause of chronic liver disease and is considered the hepatic manifestation of metabolic syndrome, triggering out adverse outcomes. A stacked multimodal machine learning model is constructed and validated for early identification and prognosis stratification of NAFLD by integrating genetic and clinical data sourced from 36 490 UK Biobank and 9 007 Nanfang Hospital participants and extracted its probabilities as in-silico scores for NAFLD (ISNLD). The efficacy of ISNLD is evaluated for the early prediction of severe liver disease (SeLD) and analyzed its association with metabolism-related outcomes. The multimodal model performs satisfactorily in classifying individuals into low- and high-risk groups for NAFLD, achieving area under curves (AUCs) of 0.843, 0.840, and 0.872 within training, internal, and external test sets, respectively. Among high-risk group, ISNLD is significantly associated with intrahepatic and metabolism-related complications after lifestyle factors adjustment. Further, ISNLD demonstrates notable capability for early prediction of SeLD and further stratifies high-risk subjects into three risk subgroups of elevated risk for adverse outcomes. The findings emphasize the model's ability to integrate multimodal features to generate ISNLD, enabling early detection and prognostic prediction of NAFLD. This facilitates personalized stratification for NAFLD and metabolism-related outcomes based on digital non-invasive markers, enabling preventive interventions. (© 2025 The Author(s). Advanced Science published by Wiley-VCH GmbH.)

Access or request full text: https://libkey.io/10.1002/advs.202410527

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40432473&profid=ehost

50. A comprehensive analysis of the impact of smoking on adverse clinical outcomes of steatotic liver diseases

Item Type: Journal Article

Authors: Yang, Keungmo;Lee, Jaejun;Han, Ji Won;Yang, Hyun;Chae, Seung Yun;Chung, Beom Sun and Ryu, Tom

Publication Date: 2025

Journal: Therapeutic Advances in Gastroenterology 18, pp. 17562848251331315

Abstract: **Background:** Metabolic dysfunction-associated steatotic liver disease (MASLD), previously known as non-alcoholic fatty liver disease (NAFLD), is an increasingly prevalent liver disorder.; **Objectives:** This study investigated the effect of smoking status on various clinical outcomes in MASLD and metabolic dysfunction and alcohol-associated liver disease (MetALD).; **Design**: This study is a retrospective cohort analysis utilizing data from the UK Biobank (Application ID: 117214). Participants were categorized as current, previous, or never smokers, and outcomes were analyzed using inverse probability of treatment weighting to adjust for confounders.; Methods: The primary outcomes were all-cause mortality and liver-related mortality. Secondary outcomes included incidence of liver cirrhosis, hepatic decompensation, cardio-cerebrovascular diseases (CVD), and hepatocellular carcinoma (HCC). Multivariate Cox proportional hazards models were employed to evaluate associations.; **Results:** Previous and never smokers had significantly lower hazard ratios (HRs) for mortality compared to current smokers in all cohorts (HR: 0.33, 95% confidence interval (CI): 0.31-0.35, $p < 0.001$ for never smokers in No SLD cohort, HR: 0.43, 95% CI: 0.41-0.44, $p < 0.001$ for never smokers in MASLD cohort, and HR: 0.41, 95% CI: 0.38-0.45, $p < 0.001$ for never smokers in MetALD cohort). Previous and never smokers showed significantly lower incidences of liver cirrhosis compared to current smokers across all cohorts, except for MetALD. Previous and never smokers showed lower incidences of CVD compared to current smokers. In the MASLD cohort, never smokers had the lowest incidence of hepatic decompensation and HCC. In the MetALD cohort, no significant differences were observed in the risk of hepatic decompensation and HCC between different smoking statuses.; **Conclusion:** Smoking is related to worse survival outcomes and higher incidences of liver cirrhosis and CVD in MASLD and MetALD cohorts. Therefore, smoking cessation and prevention are crucial strategies for reducing the burden of liver disease and improving patient prognosis. (© The Author(s), 2025.)

Access or request full text: https://libkey.io/10.1177/17562848251331315

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40292092&profid=ehost

51. Causal relationship between COVID-19, vaccination, and 20 digestive diseases: a comprehensive two-sample Mendelian randomization study

Item Type: Journal Article

Authors: Zeng, X.;Li, X.;Fu, Y.;Chen, J.;Yang, K. and Qin, H.

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Journal: Virology Journal 22(1), pp. 213

Abstract: **Background:** Sequelae and complications have become a significant concern in the post-pandemic era of Coronavirus disease 2019 (COVID-19). However, it remains unclear whether there is a direct causal relationship between COVID-19 or vaccination and digestive diseases, as existing evidence is ambiguous and controversial. In this study, we investigated the associations between multiple COVID-19 infection phenotypes, vaccination, and 20 common digestive diseases, and explored their causal relationships through extensive Mendelian randomization (MR) analysis.; **Methods:** For individuals of European descent, we conducted an extensive two-sample Mendelian randomization (MR) analysis using genome-wide association study (GWAS) data. Six COVID-19 infection (six phenotypes) GWAS datasets and two vaccination (from the UK and Finland) GWAS datasets were used as exposure factors; 20 common digestive diseases were treated as outcome factors, with each disease having two or more GWAS datasets, mostly sourced from the UK Biobank and FinnGene platforms. Single nucleotide polymorphisms (SNPs) associated with the exposures were used as instrumental variables (IVs) to estimate the causal relationship between COVID-19, vaccination, and the 20 digestive diseases. Meta-analysis was conducted to assess the combined causal effect from multiple MR results.; **Results:** MR analysis revealed a causal relationship between COVID-19 and duodenal ulcer (P = 4.98E-03, OR = 1.00, 95% CI: 1.00-1.00). Additionally, COVID-19 hospitalization was associated with viral hepatitis (P = 4.94E-02, OR = 1.10, 95% CI: 1.00-1.21), cirrhosis (P = 1.72E-02, OR = 0.91, 95% CI: 0.85-0.98), and chronic pancreatitis (P = 1.48E-02, OR = 0.91, 95% CI: 0.84-0.98). Severe COVID-19 infection was linked to viral hepatitis (P = 3.57E-02, OR = 1.00, 95% CI: 1.00-1.00), cholelithiasis (P = 3.50E-02, OR = 1.00, 95% CI: 1.00-1.00), and Crohn's disease (P = 4.15E-02, OR = 0.96, 95% CI: 0.93-1.00). Meta-analysis further supported a causal link between COVID-19 and duodenal ulcer (P = 4.97E-03, OR = 1.00, 95% CI: 1.00-1.00), gastroesophageal reflux disease (P = 3.38E-02, OR = 1.04, 95% CI: 1.00-1.07), and chronic pancreatitis (P = 2.67E-03, OR = 0.92, 95% CI: 0.87-0.97). COVID-19 vaccination (Finland) was associated with an increased risk of gastroesophageal reflux disease (P = 3.38E-02, OR = 1.12, 95% CI: 1.01-1.24). After applying the Benjamini-Hochberg correction, no significant differences were observed in the meta-analysis results.; **Conclusions**: This extensive MR study found no strong causal relationship between COVID-19 infection, vaccination, and 20 common digestive diseases based on genetic data. These results help clarify the longstanding uncertainty surrounding the potential causal links between COVID-19-related factors and digestive diseases. Our findings suggest that genetic variants associated with COVID-19 infection and vaccination do not significantly influence the risk of these diseases, which could inform clinical treatment strategies and public health guidelines. (© 2025. The Author(s).)

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52. The safety and efficacy of remimazolam, ciprofol, and propofol anesthesia in endoscopy: a systematic review and network meta-analysis

Item Type: Journal Article

Authors: Zhou, Siqi;Yu, Shangchen;Bi, Yuan;Tian, Zhang;Pan, Ruochen;Yan, Tianqing;Deng, Jianbo and Xu, Aijun

Publication Date: 2025

Journal: BMC Anesthesiology 25(1), pp. 230

Abstract: **Background:** While propofol remains widely used for endoscopic sedation, its cardiovascular depression and injection pain limitations have prompted exploration of novel agents (remimazolam, ciprofol). This study aimed to compare their safety and efficacy profiles systematically.; **Methods:** We conducted a network meta-analysis to evaluate remimazolam, ciprofol, and propofol for gastrointestinal endoscopy. Bayesian random-effects models were used to estimate relative risks (RR) and mean differences (MD) with 95% credible intervals(CrI).; **Results**: Forty-two randomized controlled trials (N = 10,540 patients) were included. Remimazolam demonstrated superior cardiovascular safety (RR = 0.44, 95%CrI 0.35-0.54 vs propofol) and lowest respiratory depression risk (RR = 0.36, 0.28-0.46). Propofol showed faster recovery (MD -14.22 min, -2.35 to -30.83 vs remimazolam). Both remimazolam (RR = 0.045) and ciprofol (RR = 0.054) significantly reduced injection pain versus propofol.; **Conclusion:** Remimazolam should be prioritized for high-risk patients (cardiovascular/respiratory comorbidities) despite slightly longer recovery times. Propofol remains suitable for low-risk procedures requiring rapid turnover, while ciprofol offers balanced efficacy for endoscopy.; Trial Registration: The study was registered with the UK National Institute for Health Research's PROSPERO platform (CRD42024569405; https://www.crd.york.ac.uk/prospero/). (© 2025. The Author(s).)

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53. Long-term risk of irritable bowel syndrome associated with MASLD, MASLD type and different cardiometabolic risk factors: a large-scale prospective cohort study

Item Type: Journal Article

Authors: Zhou, Y.;Yang, Z.;Liu, S.;Xie, S.;Zhang, Q.;Zhang, S.;Zhu, S. and Wu, S.

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Journal: BMC Gastroenterology 25(1), pp. 576

Abstract: **Background:** Despite the increased irritable bowel syndrome (IBS) risk associated with hepatic steatosis demonstrated in prior evidence, it is still unclear whether the newly coined metabolic dysfunction-associated steatotic liver disease (MASLD), could in reverse impact IBS development. We prospectively assessed the association of MASLD, MASLD type and different cardiometabolic risk factors (CMRFs) with incident IBS in a nationwide population-based cohort.; **Methods:** Participants free of IBS at baseline in UK Biobank were included (N = 380,619). MASLD, MASLD type pure MASLD, MASLD with increased alcohol intake (MetALD)] and CMRFs were defined based on the new criteria in America and Europe. Cox proportional hazard model was used to assess the associated risk of incident IBS.; **Results:** Overall, 143,857 (37.8%) had MASLD

at baseline. During a median 13.2-year follow-up, 7329 incident IBS cases were identified. Compared with normal individuals, MASLD patients had an 11% elevated risk of IBS (HR = 1.11, 95%CI: 1.04-1.20). The increased risk was present in both pure MASLD (HR = 1.12, 1.03-1.21) and MetALD (HR = 1.26, 1.09-1.45) patients. Moreover, a substantially greater risk of IBS was observed as the number of CMRFs increased in MASLD patients (P trend < 0.001), with 16% and 30% higher risk in MASLD with 3 CMRFs (HR = 1.16, 1.06-1.27) and ≥ 4 CMRFs (HR = 1.30, 1.17-1.43) patients. Additionally, risk of IBS was significantly higher among MASLD patients with a certain CMRF overweight/obesity (HR = 1.14, 1.05-1.23), dysglycemia (HR = 1.15, 1.05-1.27) and dyslipidemia (HR = 1.18, 1.09-1.28)] versus normal individuals, respectively. Further sensitivity analysis and subgroup analysis indicated similar results.; **Conclusions:** MASLD, either pure MASLD or MetALD, was associated with an increased risk of incident IBS, with greater risk with more cardiometabolic risk factors, suggesting management of MASLD may help prevent IBS. (© 2025. The Author(s).)