

## Faecal transplants wipe out *C. difficile*

Antonio Bradley

Faecal transplantation has taken a leap towards the mainstream, with the **first randomised trial** of the procedure finding it effective against antibiotic-resistant diarrhoea.

Long viewed a fringe therapy lacking high-level evidence, faecal transplants were shown to boost cure rates threefold in patients with recurrent *Clostridium difficile*, compared to treatment with antibiotics alone.

The results, published Thursday in the *New England Journal of Medicine*, come as the Gastroenterological Society of Australia changes its stance on the procedure, having **previously warned it was potentially unsafe**.

Society spokeswoman Associate Professor Jane Andrews, an Adelaide gastroenterologist, said it was now considered the "ultimate probiotic".

"Faecal transplantation for recurrent *C. difficile* has now got very good evidence behind it," she said.

"It has become mainstream in many centres and we are looking at setting up a state-based



service in SA at the Royal Adelaide Hospital next year."

The trial, conducted in the Netherlands, randomised 42 mostly elderly patients with recurrent *C. difficile* to oral vancomycin plus infusion of donor faeces via a nasoduodenal tube or vancomycin alone. Infection was cured in 15 of 16 patients (96%) who received a faecal infusion, with 13 needing only one infusion.

By comparison, infection was cured in only four of 13 patients

(31%) who received vancomycin alone, and three of 13 patients (23%) who received vancomycin with bowel preparation.

The trial was prematurely stopped due to safety concerns over the high rates of relapse in patients in the control groups.

Because the efficacy of antibiotics decreased with each recurrence, it was "reasonable" to opt for faecal transplantation after the second or third relapse, the study authors said.

"The mechanism underlying the efficacy of donor-faeces infusion is probably the reestablishment of the normal microbiota as a host defense against *C. difficile*."

Immediately after infusion, 94% of patients experienced diarrhoea, 31% cramping and 19% belching.

These symptoms resolved within three hours in all cases.

*NEJM* 2012; online

**What do you think?**

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## 'Shame' discouraging hepatitis C treatment

Kate Cowling

Fear of stigmatisation is keeping hepatitis C patients away from treatment clinics, a leading hepatologist says.

And the problem is likely to worsen as services hit capacity and liver complications breed "lifelong patients".

Responding to a global report by the **Economist Intelligence Unit**, Professor Jacob George, Director of Gastroenterology and Hepatology at Westmead Hospital, told *Gastroenterology Update* a large proportion of hepatitis C sufferers are still afraid to approach their doctor for treatment, or even get diagnosed.

"Ideally, we want all patients who have the disease to get treatment early, but to do that we need to remove stigmatisation," he said.

Nonetheless, with three-to-four month waiting lists for treatment,



the system as it stands could not cope with the excess demand if every currently undiagnosed person sought treatment tomorrow, Professor George said.

"We're also facing significant capacity constraints, which need to be addressed at a government level."

He said early diagnosis and treatment would drastically reduce

waiting lists long-term.

"If we can treat them early, we still have the potential to make it a 'one stop shop'," he said.

"But if you have advanced liver disease, and you cure the virus, you are still at risk of liver cancer. It becomes a lifelong burden."

*The Silent Pandemic: Tackling Hepatitis C with Policy Innovation*

report estimated Australia's hepatitis C population at around 225,000, a prevalence rate of 0.5-1%. Around 70% of sufferers know they have contracted the disease.

The figures were low globally, especially when compared to Egypt (20%) and parts of South-east Asia (three to five percent).

However, Professor George said access to highly effective, subsidised medications is still below where it should be.

The two newest genotype-1 drugs – boceprevir and telaprevir – are not currently PBS-listed, despite being approved for subsidy in the US in May 2011, Professor George said.

"If we can get that rectified, it would almost immediately increase the efficacy of treatment," he said.

**What do you think?**

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## Gastric banding tightens belts and budget

Kate Aubusson

Gastric banding continues to woo its critics as the most **comprehensive study** yet finds patients keep the weight off over a decade after surgery.

But a huge number of eligible Australians are missing out, with most public hospitals refusing to perform the procedure, the lead researcher says.

The 15-year follow-up study involving over 3,000 patients found Australians who opted for laparoscopic adjustable gastric banding

surgery lost an impressive amount of weight – 26 kilograms on average – and maintained weight loss for more than 10 years.

And the trend is set to continue beyond the 20-25 year mark, lead researcher Professor Paul O'Brien told *Gastroenterology Update*.

A meta-analysis of all gastric banding research with long-term weight loss data – included in the study published this week in the *Annals of Surgery* – found on average patients lost 54% of their excess weight ten years after gastric banding surgery.

In the current Australian study,

there were no deaths associated with the surgery or any revisional procedures that were needed for about half the cohort. About one in 20 patients had the band removed during the follow-up period.

The authors from the Centre for Obesity Research and Education (CORE) touted the benefits of gastric banding for type 2 diabetes patients.

But in a position statement released last year, Diabetes Australia maintained gastric banding should only be used as a “last resort” for very obese adults and for whom lifestyle changes and other medical

treatments have proven unsuccessful.

Professor O'Brien disagrees, citing his 2008 study that found three quarters of gastric banding patients with initial BMIs between 30 and 40 went into diabetes remission.

“While it shouldn't be the first option, it shouldn't be the last,” he said.

“It's effective and if it's managed properly it's very, very safe and to say “no, we'll only do it on extreme people as a last resort is the wrong sort of thinking”.

*Annals of Surgery, 2012*

**What do you think?**

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## CRC: obese and underweight men do worse

Hugo Wilcken

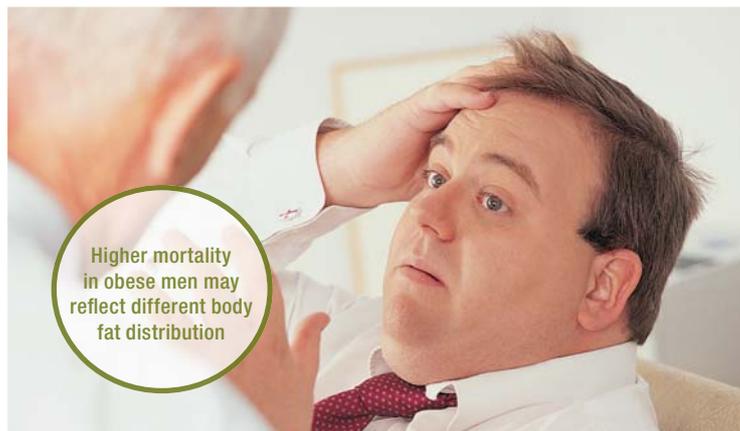
The link between BMI and prognosis in colon cancer is far more pronounced in men than in women, a **large study** finds.

Severely obese men had a 16% increase in overall mortality, the study of over 25,000 people with stage 2 and 3 colon carcinoma showed.

But obese women had similar time to recurrence and disease-free survival to normal-weight patients and so did overweight patients of both sexes, the authors from France, Italy and the US said.

Underweight men had a 39% increase in overall mortality compared with normal-weight patients, while the increase for underweight female patients was only 12%.

Previous studies had suggested poorer outcome in underweight bowel cancer patients was due to non-cancer-related deaths, but the current study reported shorter time to recurrence and disease-free survival, suggesting



increased tumour aggressiveness had an impact, the authors said.

Reporting in *Cancer*, the authors speculated that the higher mortality of obese male patients may be related to the protective effects of oestrogen in women as well as different body fat distribution.

Men were more likely to have abdominal adiposity which was associated with a number of insulin-related mediators of bowel cancer risk and mortality, they noted.

However the authors conceded their study had several limitations, notably lack of data on smoking, diet, exercise and menopausal status, which may have confounded results.

Their findings nonetheless suggested that “interventions to modify patient BMI after a colon cancer diagnosis have the potential to improve patient outcomes,” they concluded.

*Cancer 2012; online*

**What do you think?**

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## Less is more in bowel cleanser world

Patients about to have a colonoscopy may be relieved of some discomfort after a **study** finds a tastier and lower volume bowel prep works just as well as higher-volume ones.

A low-volume dual-action bowel preparation containing sodium picosulphate and magnesium citrate given the day before colonoscopy prepared the bowel just as well as two litres of PEG-3350 and bisacodyl tablets, the study of over 600 patients found.

When given as a split-dose regimen the newer bowel prep was superior to the older bowel cleanser, offering an advantage for busy practices, the study authors wrote in the *American Journal of Gastroenterology*.

*Am J Gastroenterology 2013; online*

**What do you think?**

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## Fewer large adenomas in Chinese Australians

Hugo Wilcken

Advanced adenomas are far more common in Caucasian Australians than in patients of Chinese origin, according to a **new study** which may have important screening implications.

Over 11% of Caucasians undergoing colonoscopy were found to have advanced adenomas compared with almost five percent for people of Chinese descent, the Sydney-based study of over 1,000 consecutive colonoscopies showed.

Sessile serrated adenomas, which recent studies have associated with colorectal cancer risk, were also far more common in Caucasians (seven vs two percent), the authors from the Sutherland Hospital reported.

"Caucasian ethnicity was found to be an independent predictor for the detection of advanced adenoma," they wrote in the *Journal of Gastroenterology and Hepatology*.

But as there were only 13 cancers detected in the study, a larger



The findings could alter screening recommendations for Chinese people

multicentre trial would be needed to confirm any major difference in bowel cancer prevalence between the two populations, they cautioned.

Most published literature on adenoma detection rates involved Caucasians, which made it unclear whether benchmarks should be the same in Chinese and Caucasian populations, the authors said.

But if the data is confirmed in larger studies, "it may be appropriate to alter the screening recommendation with enormous cost saving in the large Chinese population", they concluded.

*Journal of Gastroenterology and Hepatology*, 2013; online

**What do you think?**

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## Discovery may revolutionise gastric cancer treatment

A discovery by Australian researchers could lead to better treatment of certain colon and gastric cancers.

The investigators from the Walter and Eliza Hall Institute and the Ludwig Institute for Cancer Research pinpointed a protein involved in inflammatory response and the growth of colon and gastric cancers.

The team found that blocking the protein with the mTorc1 inhibitor RAD001 reduced tumour vascularisation and cell proliferation in mouse models, curbing the growth of gastric cancers.

Other cancers associated with inflammation might also be susceptible to mTorc1 inhibitors, lead author Stefan Thiem said.

The **research** was published last week in the *Journal of Clinical Investigation*.



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