3921

PREVALENCE AND INCIDENCE OF ADCA IN BARRETT'S WITH FLAT MUCOSA AND IN BARRETT'S WITH TEENY-WEENY BUMPS: DON'T BE SO COCKY!

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INTRODUCTION: Despite its malignant potential, a flat Barrett's esophagus (BE) mucosa, especially if short segment, is often treated with contempt, and the spectrum of cellular behavior ranging from no dysplasia to low grade dysplasia (LGD) to high grade dysplasia (HGD) to cancer (AdCa) is often unappreciated. Recent belches from the GI community have suggested "once-in-a-lifetime" EGD exam. Such a policy would require strict guidelines for biopsy. Indeed, "false alarms" would lead to unnecessary EGDs, while "false security" could lead to death. If evil dwells in a flat Barrett's mucosa, or a mucosa with a few teeny "bumps", the community has a right to know. The results from our ongoing 20-yr screening and surveillance program for routing out Barrett's AdCa suggests either (a) that endoscopists have poor vision or (b) that hidden dangers lurk in the flat "normal-appearing" BE mucosa. METHODS: Histological specimens were read by one pathologist (GC). RESULTS: A total of 38,000 histologic specimens from 1125 pts with BE have been systematically read. Visual inspection of BE was classified as First EGD (a) flat, (b) suspicious or (c) tumor; Follow up EGD (a) flat, (b) suspicious or (c) tumor; GEJ lesion (a) flat, (b) suspicious or (c) tumor. 87 pts with AdCa were discovered as follows: All 17 AdCa's found in flat BE were stage 0 or 1 (curable). All 6 AdCa's in the flat BE of the 1st EGD occurred in either 1 or 2cm tongues of BE. No flat AdCa was found in GEJ AdCa's. CONCLUSIONS: HGD and AdCa will be missed if biopsies are not taken from Barrett's mucosa *regardless of its flat appearance or length*. The concept of "once-in-a-lifetime" EGD must consider the potential "miss rate" of both HGD and AdCa in BE of both long and short stature.

FIRST EGD (or < 12 mos)	FOLLOW UP EGD	GEJ LESION
TUMOR:AdCa (N=31)	TUMOR: AdCa (N=2)	TUMOR: AdCa (N=20)
SUSP: AdCa (N= 2)	SUSP: AdCa (N=11)	SUSP: AdCa (N= 4)
FLAT: AdCa (N= 4) HGD to AdCa(N=2)	FLAT: AdCa (N=11)	FLAT: AdCa (N= 0)

3922

A EUROPEAN SURVEY OF CONSTIPATION AND RELATED BEHAVIOUR IN THE GENERAL POPULATION.

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Aims:To gain insight into the prevalence and understanding of constipation, and the use of laxatives in the general population, and how this varies internationally. Methods:A face-to-face survey in 5 European countries (France, Germany, Italy, Spain, UK). Respondents were asked if, within the last 12 months, they had suffered constipation (CON: self defined condition), or used laxatives (LAX). Further questioning allowed assessment of whether patients were symptomatic (SYM: straining and/or hard stools and/or incomplete evacuation at least one a month) and suffered chronic constipation (CC: CON and LAX and SYM for 6 or more months) or whether suffered from objective constipation (OC: SYM and fewer that 2 bowel movements per week). Patients with CON or SYM were asked if they had sought medical advice (SMA) Results: A total of 10,498 respondents were included (approximately 2,000 per country). TABLE The prevalence of CON was higher in Southern Europe, but the prevalence of SYM, LAX use CC and OC was similar in all countries. The proportion of patients defined as CON or with SYM who sought medical advice was relatively low; being 28% in Spain, 25% in UK, 23% in France and 19% in Italy and Germany. Conclusions:Laxative use and patient perception of constipation are relatively common in the general population, although somewhat variable in Europe. Less that half of patients with self-defined constipation or symptoms seek medical advice. These figures suggest that there is a need for more effective therapy, and for a change in patients' health seeking behaviour.

	France (%)	Germany (%)	Italy (%)	Spain (%)	UK (%)
CON	19	10	23	17	6
LAX	19	20	20	20	19
SYM	13	10	16	11	13
CC	7	4	8	6	2
OC	0.5	0.2	1.4	0.9	0.4

3923

ASSESSMENT OF THE PROPORTION OF GASTROINTESTINAL PERFORATIONS, ULCERS AND BLEEDS (PUBS) ATTRIBUTABLE TO NSAIDS.

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Background: Population-based estimates of PUB rates are available, but the proportion due to different causes is not well documented. Such data are important in order to provide a context for evaluating the public health impact of NSAIDs, and for evaluating new therapies. We undertook a systematic review to determine the proportion of PUBs due to NSAIDs. Methods: We searched MEDLINE, EMBASE, HEALTHSTAR and BIOSIS (1966-97) for original community-based cohort study data on GI complications.and NSAID exposure Explicit inclusion and explicit criteria were applied to titles, abstracts, and articles. Twophysician reviewers evaluated each article, with disagreement resolved by consensus. From these data, we derived estimates of the incidence of PUBs resulting in hospitalization, and determined the attributable risk of NSAIDs for these events. Results: We found 4849 titles, selecting 1768 articles for review. We identified six original cohort studies (1977-92) fulfilling our criteria. Cohort study designs varied according to definition of NSAID exposure, control-patient selection, duration of follow up, and specific GI outcomes measured. Study duration ranged from approximately three months to six years. NSAID exposure ranged from 2,784 to 190,132 person-years. PUB-related hospitalization occurred at a rate of 1.5-16.7 (1,000 person-years) for NSAID exposed persons, vs. 1.0-6.8 for those not exposed to NSAIDs. The proportion of all PUB-related hospitalizations attributable to NSAIDs ranged from 5.6-73.5%. Highest attributable risks were among elderly or rheumatoid arthritis cohorts. Discussion: There are substantial variations in study design among cohort studies involving NSAIDs; however the incidence of PUBs among non-NSAID users was 3.6 per 1,000 person-years.

3924

INCREASE IN POPULATION ATTENDENCY RATE FOR COLORECTAL CANCER SCREENING BY FOBT EFFECTS A FOUVAROBLE CANCER STAGE SHIFT.

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Introduction:Since 1976 a national cancer screening programme for colorectal cancer (CRC) exists. The participation rate of the screening programme, covering some cancers inclusive crc, varies from 15% for males to 38% for female annually. Former efforts to increase the participation rate has been failed. Therefore the German Cancer Society in alliance with the German Foundation for the Aid in Cancer launched a population based project for the promotion of crc-screening.Methods:A observational, population based study was performed in three pilot regions (Munich, Regensburg and Straubing) in Bavaria. 740. 000 males and females beyond the age of 44, enrolled in the health plans of the statutory health insurances were eligible for the study. Case finding period was April 96 to December 97. A professional public information campaign on the purposes and management of crc screening by FOBT was established. All physicians working in the pilot regions were encouraged to counsel and perform the FOBT at each patient visit for all eligible persons. Patient history, date of delivery, return of FOBT and the corresponding results were documented. After a positive FOBT a total colonoscopy should be performed to rule out colonic neoplasia.The colonoscopic findings and their management were documented as well. For crc the TNM classification after surgical removal of the tumour was used for clinical staging (UICC).A patient satisfaction survey was performed after a complete course of screening and evaluation.Results: From 4. 96 to 12. 97 308.677 screening tests were performed. In the case finding period the participation rate increased by 42.4% in 96, 54.3% in 97 for males and by 21.4% in 96 , 35.8% in 97 for females, respectively.Of 259.746 completely documented cases 11.107 were positive, corresponding to a positivity rate of 4.2%.5930 documented colonoscopies detected 309 crcs and 1588 polyps. The UICC stages I-III (30,5;24,1;31,6%)in the screening group were significantly (chi^2 >.05)different from crc stages of the tumour register (26,5;21,7;26,7%). Conclusion: After increase of the population's participation rate for FOBT crc screening by 38.4 % mean (range 21.4 - 54.3) , the crc cancer stage distribution (UICC) in the screened population shows a slightly, but significant stage shift towards more favourable stages. Intensified public information and encouraging physicians for participation in FOBT crc screening can led to a beneficial effect on mortality reduction by cancer stage shift.