Clinical Trials Update

Novel Device Improves Barrett Esophagus Diagnosis in Primary Care

Testing with a spongy device that's swallowed to collect esophageal cells and retrieved via a thread attached to it improved general practitioners' detection of Barrett esophagus among patients with gastroesophageal reflux, according to a trial in *The Lancet*.

In England, 13 514 patients were randomized to receive either standard management—referral to endoscopy only for severe symptoms—or to usual care plus an invitation to have the Cytosponge-trefoil factor 3 (TFF3) procedure. Endoscopies were performed if the procedure identified TFF3-positive cells. Among the intervention group, 24% of participants successfully completed the procedure.

At 12 months, the estimated cumulative rate of Barrett esophagus was 20.2 per 1000 person-years in the intervention group, regardless of whether they had the procedure, and 2 per 1000 person-years in the usual care group. Of the 221 participants with a positive TFF3 result and subsequent endoscopy, 57% were diagnosed with Barrett esophagus and 2% were diagnosed with stage 1 esophagogastric cancer.

Baloxavir Protects Against Household Influenza Spread

Baloxavir marboxil, a polymerase acidic protein endonuclease inhibitor, prevented influenza from spreading in households with a confirmed case, a trial in *The New England Journal of Medicine* reported. Baloxavir is approved as treatment for uncomplicated influenza A and B and for patients at risk for complications.

The study involved 752 people in Japan who had household contact with 545 index patients with influenza during the 2018-2019 season. The participants were assigned to receive either single-dose baloxavir or placebo. All index patients received anti-influenza drugs, including baloxavir.

Over 10 days, influenza developed in 1.9% of the baloxavir group and in 13.6% of the placebo group. Approximately 50% fewer participants in the baloxavir group had laboratory-confirmed influenza than those in the placebo group. Baloxavir prophylaxis was also effective among high-risk, pediatric, and unvaccinated participants. The incidence of adverse events was similar for both groups.

Shared Decision-making Doesn't Change Anticoagulation Treatment

Physician satisfaction and patient engagement improved when they used a shared decision-making (SDM) tool for anticoagulant treatment. But their treatment decisions didn't differ from patients receiving standard care, a trial in *JAMA Internal Medicine* reported.

The study randomly assigned 922 patients with atrial fibrillation (AF) who were considering starting or reviewing anticoagulant treatment for stroke prevention to either standard care or to care that included the Anticoagulation Choice SDM tool. The tool calculates an individual patient's stroke risk and compares medication options based on issues important to patients.

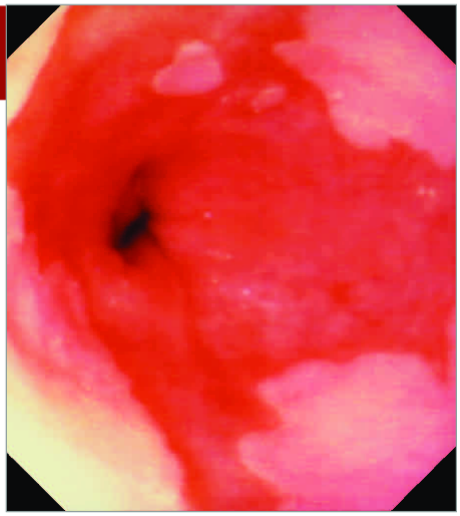
Although patient involvement in decision-making was higher in the intervention group than in the usual care group, there was no difference between groups in patients' perception of communication with clinicians, knowledge about stroke risk, or agreement with clinicians about treatment selection. "These results question the view that implementing SDM tools for anticoagulant treatment can improve care for patients with AF," the authors wrote.

Intravenous Ibuprofen Reduces Opioids After Orthopedic Trauma

Intravenous (IV) ibuprofen adequately relieved acute pain and minimized opioid use in the first 48 hours after an orthopedic trauma, a trial in the *Journal of Orthopaedic Trauma* reported.

In the single-center study, 99 trauma patients with fractures of the ribs, face, extremities, pelvis, or a combination of these were randomized to receive either 800 mg IV ibuprofen or placebo every 6 hours for a total of 8 doses. Both groups received 20 mg of Pepcid either orally or by IV twice a day and additional pain medication as needed.

Among the 74 patients with at least moderate pain, IV ibuprofen managed pain more effectively than placebo, with a significant reduction in pain occurring 8 hours after starting the infusion.



A sponge-like device improved primary care practitioners' detection of Barrett esophagus among patients with gastroesophageal reflux.

David M. Martin, MD/sciencesource.com

Mixed Results for Progesterone for Miscarriage Prevention

Progesterone therapy in the first trimester of pregnancy did not result in a greater rate of live births among women with a high risk of miscarriage, according to a trial in *Health Technology Assessment*. Women with previous miscarriages, however, benefited from progesterone therapy.

The study's 4153 women in the UK with early pregnancy vaginal bleeding were randomly assigned to twice daily 400 mg of progesterone vaginal suppositories or placebo until 16 weeks' gestation.

There was no significant difference in the live birth rate: 75% in the progesterone group and 72% in the placebo group. But for women who had 3 or more previous miscarriages, 72% in the progesterone group delivered a live infant compared with 57% in the placebo group. There were no significant differences in adverse events between the groups. **– Anita Slomski, MA**

Note: Source references are available through embedded hyperlinks in the article text online.