CONGRATULATIONS TO……

Dr James Geake, Department of Thoracic Medicine, who co-authored the attached editorial which was published in the journal, *Respirology*. (Paper 1)

Professor Rajvinder Singh, Director of Gastroenterology, who is one of the authors of the attached paper which was published in the journal, *World Journal of Gastrointestinal Endoscopy*. (Paper 2)

The papers are now on display in the Library (Level 2). Please let us know if you or a colleague have had a paper published, and we will add it to our collection and email it out.

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**Paper 1**

**Bronchiectasis: Yet another systemic disease?**

*Respirology* (2018); Sept 2. doi: 10.1111/resp.13322. [Epub ahead of print]

**Abstract:**
Earlier studies suggested that the majority of deaths result from respiratory failure, although in more recent works, cardiovascular (CV) disease accounted for up to 25% of all bronchiectasis deaths. In recent years, there has been increasing awareness that rates of CV disease are increased in asthma and COPD. In a recent issue in *Respirology*, Hung et al. provide evidence that bronchiectasis is an independent risk factor for CV events. In their retrospective study, the authors report on a large cohort of Taiwanese patients with an incident diagnosis of bronchiectasis between 2000 and 2010 who were identified through the National Health Insurance Database, a population-based collection of medical information. Compared with matched controls, the risk of an acute coronary syndrome was 40% higher in those with bronchiectasis than in those who did not have this diagnosis.

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**Paper 2**

**Randomised controlled trial comparing modified Sano's and narrow band imaging international colorectal endoscopic classifications for colorectal lesions**


**Abstract:**

**Aim:**
To assess the utility of modified Sano's (MS) vs the narrow band imaging international colorectal endoscopic (NICE) classification in differentiating colorectal polyps.

**Methods:**
Patients undergoing colonoscopy between 2013 and 2015 were enrolled in this trial. Based on the MS or the NICE classifications, patients were randomised for real-time endoscopic diagnosis. This was followed by biopsies, endoscopic or surgical resection. The endoscopic diagnosis was then compared to the final (blinded) histopathology. The primary endpoint was the sensitivity (Sn), specificity (Sp), positive predictive value (PPV) and negative predictive value (NPV) of differentiating neoplastic and non-neoplastic polyps (MS II/Ii0 / IIa / IIIb vs I or NICE 1 vs 2/3). The secondary endpoints were “endoscopic resectability” (MS II/Ii0/IIa vs I/IIIb or NICE 2 vs 1/3), NPV for diminutive distal adenomas and prediction of post-polypectomy surveillance intervals.

Results:
A total of 348 patients were evaluated. The Sn, Sp, PPV and NPV in differentiating neoplastic polyps from non-neoplastic polyps were, 98.9%, 85.7%, 98.2% and 90.9% for MS; and 99.1%, 57.7%, 95.4% and 88.2% for NICE, respectively. The area under the receiver operating characteristic curve (AUC) for MS was 0.92 (95%CI: 0.86-0.98); and AUC for NICE was 0.78 (95%CI: 0.69, 0.88). The Sn, Sp, PPV and NPV in predicting “endoscopic resectability” were 98.9%, 86.1%, 97.8% and 92.5% for MS; and 98.6%, 66.7%, 94.7% and 88.9% for NICE, respectively. The AUC for MS was 0.92 (95%CI: 0.87-0.98); and the AUC for NICE was 0.83 (95%CI: 0.75-0.90). The AUC values were statistically different for both comparisons (P = 0.0165 and P = 0.0420, respectively). The accuracy for diagnosis of sessile serrated adenoma/polyp (SSA/P) with high confidence utilizing MS classification was 93.2%. The differentiation of SSA/P from other lesions achieved Sp, Sn, PPV and NPV of 87.2%, 91.5%, 89.6% and 98.6%, respectively. The NPV for predicting adenomas in diminutive rectosigmoid polyps (n = 150) was 96.6% and 95% with MS and NICE respectively. The calculated accuracy of post-polypectomy surveillance for MS group was 98.2% (167 out of 170) and for NICE group was 92.1% (139 out of 151).

Conclusions:
The MS classification outperformed the NICE classification in differentiating neoplastic polyps and predicting endoscopic resectability. Both classifications met ASGE PIVI thresholds.