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One-time screening in never-smokers a game-changer in l...

One-time screening in never-smokers a game-changer in lung cancer

01 Apr 2026



Audrey Abella

Editor; MIMS





In this study, the screened cohort included 11,708 participants within the Guangzhou LUNG-CARE Project who completed a one-time LDCT (53.4 percent women). Of these, 69.2 percent had no history of tobacco use, but 17.7 percent were current tobacco users, and 12.4 percent had a ≥ 20 pack-year history.

The non-screened control group included individuals from the Guangzhou CDC Registry who received routine medical care without systematic screening (n=114,392; 53.5 percent women).

*NCCN: National Comprehensive Cancer Network criteria – age ≥ 50 years, ≥ 20 -pack-year smoking history

**Chinese criteria – age ≥ 40 years and ≥ 1 risk factor: ≥ 20 -pack-year smoking history, environmental/occupational exposure (asbestos, beryllium, radon, uranium), COPD/pulmonary fibrosis/tuberculosis history, or family history of lung cancer



After a median follow-up of 7 years, LDCT screening halved the incidence of lung cancer-specific mortality (hazard ratio [HR], 0.45; $p < 0.001$). The mortality benefit was evident across sexes, with a more pronounced effect among women (HR, 0.28; $p < 0.001$) than men (HR, 0.55; $p = 0.004$). [ELCC 2026, abstract LBA 5]

In the subgroup of patients diagnosed with lung cancer during the study period, 81.5 percent of cases in the screened group ($n = 227$) were diagnosed at stage 1; the corresponding rate in the non-screened group ($n = 1,105$) was only 25.1 percent. Conversely, the latter had a higher incidence of stage III/IV disease than the former (69.7 percent vs 13.7 percent). The predominant histologic subtype was adenocarcinoma (93.4 percent and 72.3 percent in the screened and non-screened groups, respectively).

The 5-year overall survival was significantly better among those who had screen-detected lung cancer than those who did not (87 percent vs 39 percent; HR, 0.13; $p < 0.001$).



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Left Atrial Appendage Closure Noninferior to Blood Thinners for Lowering Stroke Risk, Death in Some Patients with AFib

Three-year results suggest procedure may be a reasonable alternative to NOACs

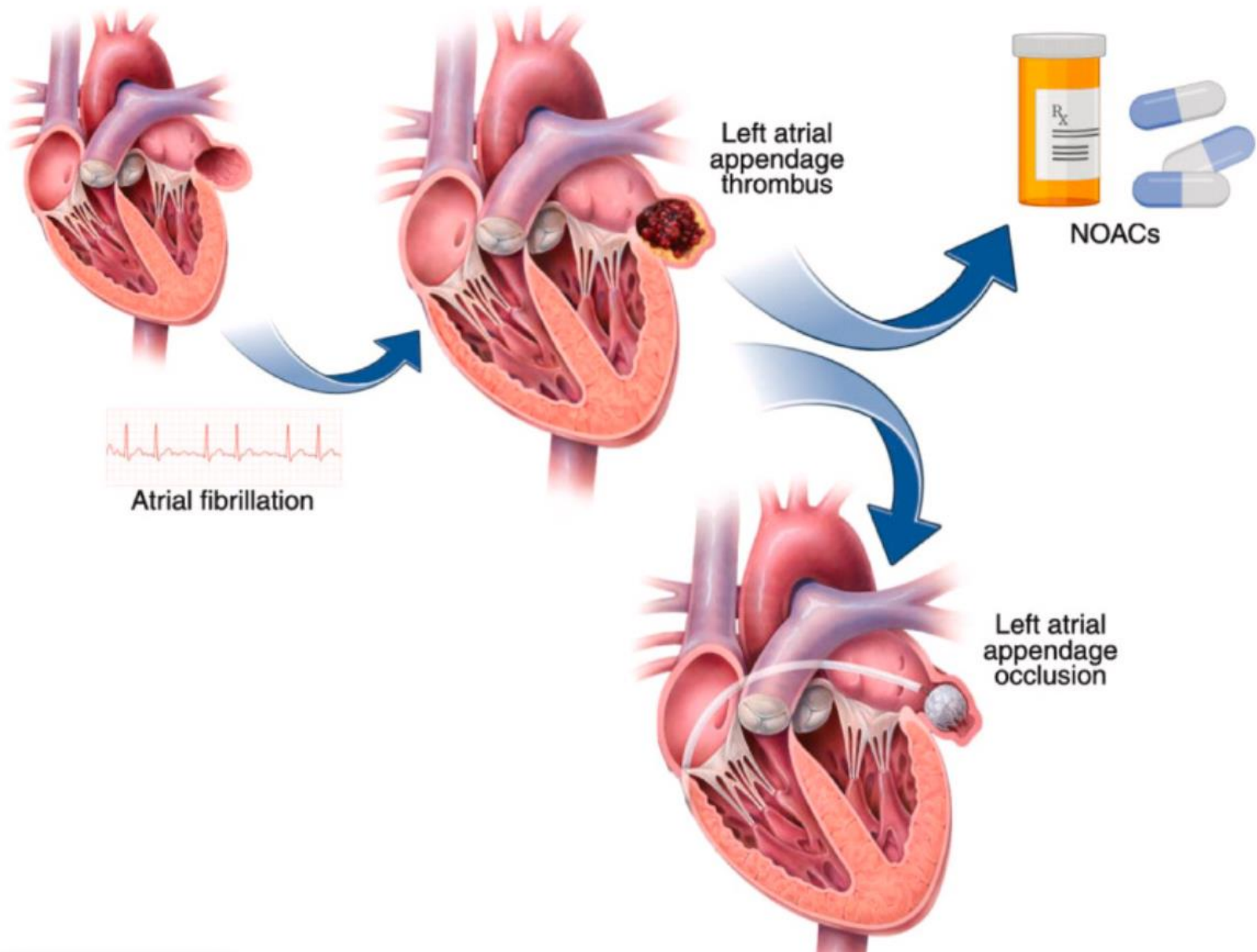
Mar 28, 2026



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Contact: Nicole Napoli, nnapoli@acc.org, 202.669.1465





CHAMPION-AF is the first prospective, multinational, randomized trial to test whether left atrial appendage closure is noninferior to NOACs in patients who are able to take long-term blood thinners irrespective of whether they have undergone prior AFib ablation. The study included 3,000 patients (average age 72 years, 32% women, 85% White) with non-valvular AFib who had a moderately elevated risk of stroke (average CHA2DS2-VASc score of 3.5) and low bleeding risk (mean HAS-BLED score of 1.3) at 141 sites across Australia, Belgium, Canada, Denmark, France, Germany, Israel, Italy, Japan, Netherlands, Poland, Saudi Arabia, Spain, Switzerland, United Kingdom and the United States. A total of 1,501 patients were randomized to receive a NOAC at the discretion of the treating physician and 1,499 were randomized to undergo left atrial appendage closure with the WATCHMAN FLX device, which was inserted via a thin tube (catheter) through a blood vessel in the groin.



“There was a slightly higher number of ischemic strokes among people in the left atrial appendage closure group—3.2% versus 2% among those in the medical therapy group, but event rates were low in both groups—and this is something we will look at again at five years,” Kar said.

Results for the primary safety endpoint—the combined occurrence of major and non-major, but clinically relevant, non-procedural bleeding at three years—showed that those in the medical therapy group had almost twice the rate of bleeding events. Bleeding occurred in 10.9% of those in the left atrial appendage closure group and 19% of those in the medical therapy group.

“This is an important finding because we studied people who we thought were good candidates for blood thinners—they are not contraindicated for long-term anticoagulation and they have low bleeding risk—and in spite of that, they had increased bleeding over time,” Kar said.



The study also had two prespecified secondary endpoints, and met both, according to Kar. The first secondary endpoint—the combined rate of major bleeding (procedural and non-procedural) at three years —met noninferiority for left atrial appendage closure (5.9% in the left atrial appendage closure group and 6.4% in the medical therapy group).

The secondary net clinical benefit endpoint was a composite of cardiovascular death, stroke, systemic embolism and non-procedural bleeding. Data demonstrated the left atrial appendage closure device was superior to medical therapy (15.1% vs. 21.8%, respectively).

The team also conducted a secondary analysis that looked at major and clinically relevant non-major procedural and non-procedural bleeding and found that at three years, the left atrial appendage closure group had fewer events compared to the medical therapy group (12.8% vs. 19%, respectively).

Because the trial only used a single device, the WATCHMAN FLX, and a specific post-implant treatment regimen, the results may not be generalizable to all left atrial appendage closure devices. The results may also not apply to patients with advanced heart failure with very low ejection fractions as those patients were excluded from the study.

Kar and team will follow patients for five years to determine whether left atrial appendage closure is non-inferior to blood thinners for ischemic stroke and systemic embolism over the longer term.






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ORIGINAL ARTICLE



Finerenone in Type 1 Diabetes and Chronic Kidney Disease

Authors: Hiddo J.L. Heerspink, Ph.D. , Andreas L. Birkenfeld, M.D., David Z.I. Cherney, M.D., Ph.D., Helen M. Colhoun, M.D., Per-Henrik Groop, M.D., Linong Ji, M.D. , Niels Jongs, Ph.D.,  +12, for the FINE-ONE Investigators* [Author Info & Affiliations](#)

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BACKGROUND

The nonsteroidal mineralocorticoid receptor antagonist finerenone has been reported to improve kidney and cardiovascular outcomes in persons with type 2 diabetes and chronic kidney disease (CKD). The efficacy and safety of finerenone in persons with type 1 diabetes and CKD are unknown.

METHODS

We conducted a phase 3 trial involving adults who had type 1 diabetes, CKD (estimated glomerular filtration rate [eGFR], 25 to <90 ml per minute per 1.73 m² of body-surface area), and albuminuria (urinary albumin-to-creatinine ratio [with albumin measured in milligrams and creatinine measured in grams], 200 to <5000) and were receiving an angiotensin-converting–enzyme (ACE) inhibitor or an angiotensin-receptor blocker. Participants were randomly assigned to receive finerenone (10 or 20 mg per day, depending on the eGFR) or matching placebo. The primary outcome was the relative change in the urinary albumin-to-creatinine ratio over a period of 6 months.





RESULTS

A total of 242 participants underwent randomization. The median urinary albumin-to-creatinine ratio decreased from 574.6 at baseline to 373.5 at 6 months among all the participants assigned to receive finerenone and from 506.4 to 475.6 among those assigned to receive placebo. Over a period of 6 months, the urinary albumin-to-creatinine ratio decreased by 34% with finerenone (geometric mean ratio to baseline, 0.66; 95% confidence interval [CI], 0.60 to 0.73) and 12% with placebo (geometric mean ratio to baseline, 0.88; 95% CI, 0.79 to 0.98), which corresponded to a 25% greater reduction with finerenone than with placebo (geometric mean ratio for finerenone vs. placebo, 0.75; 95% CI, 0.65 to 0.87; P<0.001). The most common adverse event was hyperkalemia (in 12 participants [10.1%] with finerenone and in 4 [3.3%] with placebo); 2 participants (1.7%) discontinued finerenone because of hyperkalemia. At 6 months, the change in the eGFR was -5.6 ml per minute per 1.73 m^2 with finerenone and -2.7 ml per minute per 1.73 m^2 with placebo (difference, -2.9 ml per minute per 1.73 m^2 ; 95% CI, -5.1 to -0.7); eGFR values approached baseline levels during the washout period.






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ORIGINAL ARTICLE |  Open Access |  

Organ preservation with total neoadjuvant therapy in early-stage rectal cancer: A statewide analysis

Zachary Bunjo , Tracy Fitzsimmons, Thuy-My Nguyen, Michael Penniment, Sudarshan Selva-Nayagam, Darren Tonkin, Tiong Cheng Sia, Elizabeth Murphy, Michelle Thomas, Tarik Sammour

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Background: The standard treatment for early-stage (cT2-3N0) rectal adenocarcinoma is upfront Total Mesorectal Excision (TME), but the desire for organ preservation has seen the increasing use of neoadjuvant therapy in these patients. Owing to its likely higher complete response rate, Total Neoadjuvant Therapy (TNT) is an attractive but understudied option. This study aimed to determine outcomes in patients with early-stage rectal cancer undergoing TNT.

Methods: This was a retrospective study of patients with cT2-3N0M0 rectal adenocarcinoma who underwent TNT instead of upfront surgery from 2019 to 2025 in South Australia. TNT comprised long-course chemoradiotherapy followed by up to 8 cycles of FOLFOX or 6 cycles of CAPOX. Patients with cCR were offered watch and wait (W&W) surveillance. The outcomes of interest included cCR rate, regrowth rate, local and distant recurrences (LR and DR) and 3-year survival.

Results: Thirty-nine patients were included, with mean tumour distance 4 cm from the anal verge. The median follow-up was 41 months (IQR 26-61) and 53.8% had completed at least 3 years of follow-up. Thirty-one patients (79.5%) achieved a cCR and proceeded to W&W. The regrowth rate was 16.1%; none experienced a LR and three had a DR. The 3-year DFS in the overall cohort was 94.1% (95% CI 86.3%-100%) and all patients were alive up to 3 years of follow-up. The rate of Grade 3 or higher chemotherapy-related toxicity was 25.6% and there were no deaths.



FDA approves Wegovy-like GLP-1 pill, Foundayo, for weight loss

Written by [Peter Morales-Brown](#) on April 8, 2026 — [Fact checked](#) by [Jill Seladi-Schulman, Ph.D.](#)





Expanding access to treatment

Oral formulations may expand access to treatment, particularly for those reluctant to use injectable medications. They may also offer greater convenience and may be easier to scale and distribute than injectable alternatives.

After approving [oral Wegovy](#) in December 2025, the FDA has now also approved [Foundayo](#) [✓]. Similar to other GLP-1 drugs, the once-daily pill mimics the GLP-1 hormone, which helps regulate appetite and food intake.



As noted above, unlike some existing oral GLP-1 therapies, Foundayo can be taken any time of day [without restrictions](#) on food and water intake, which may improve adherence for some individuals.

“People living with obesity need treatment options that meet them where they are – and for many, a once-daily pill that can be taken with no food or water restrictions can offer them greater flexibility in how they approach their treatment,” said [Deborah Horn](#), DO, director of the Center for Obesity Medicine at McGovern Medical School at UTHealth Houston, in a press release.

“With Foundayo, we now have an oral option that delivered an average of 12.4% weight loss at the highest dose in clinical trials – addressing both the clinical realities of obesity and the practical challenges patients face every day,” Horn noted.



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Temporal trends and correlates of *Helicobacter pylori* prevalence in children undergoing upper gastrointestinal endoscopy

RESEARCH | [Open access](#) | Published: 09 April 2026

Volume 185, article number 248, (2026) [Cite this article](#)

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Abstract

This study aims to evaluate temporal trends in *Helicobacter pylori* prevalence in symptomatic children undergoing upper gastrointestinal endoscopy and to identify demographic, clinical, endoscopic, and histopathological factors associated with *H. pylori* infection. We retrospectively evaluated children aged 0–18 years who underwent upper gastrointestinal endoscopy for various gastrointestinal symptoms with histopathological examination and rapid urease testing between 2010 and 2020. Patients with concordant diagnostic results were included. Demographic characteristics, symptoms, endoscopic and histopathological features were analyzed. Temporal trends in *H. pylori* prevalence were assessed, and factors associated with *H. pylori* were evaluated using multivariate logistic regression analyses. Among 1300 eligible patients, 335 (25.8%) were *H. pylori*–positive. The prevalence of *H. pylori* declined significantly over the study period, decreasing from 47.9% in 2010 to 23.4% in 2020. *H. pylori* positivity was associated with older age and lower height Z-score. Dyspepsia and refractory iron deficiency anemia, endoscopically antral nodularity, pangastritis, and duodenal ulcer were more frequent in *H. pylori*–positive patients and remained independently associated with *H. pylori* infection. Although *H. pylori* infection was more frequent in patients with glandular atrophy and intestinal metaplasia, no independent association was found between the lesions and *H. pylori* after multivariate adjustment.

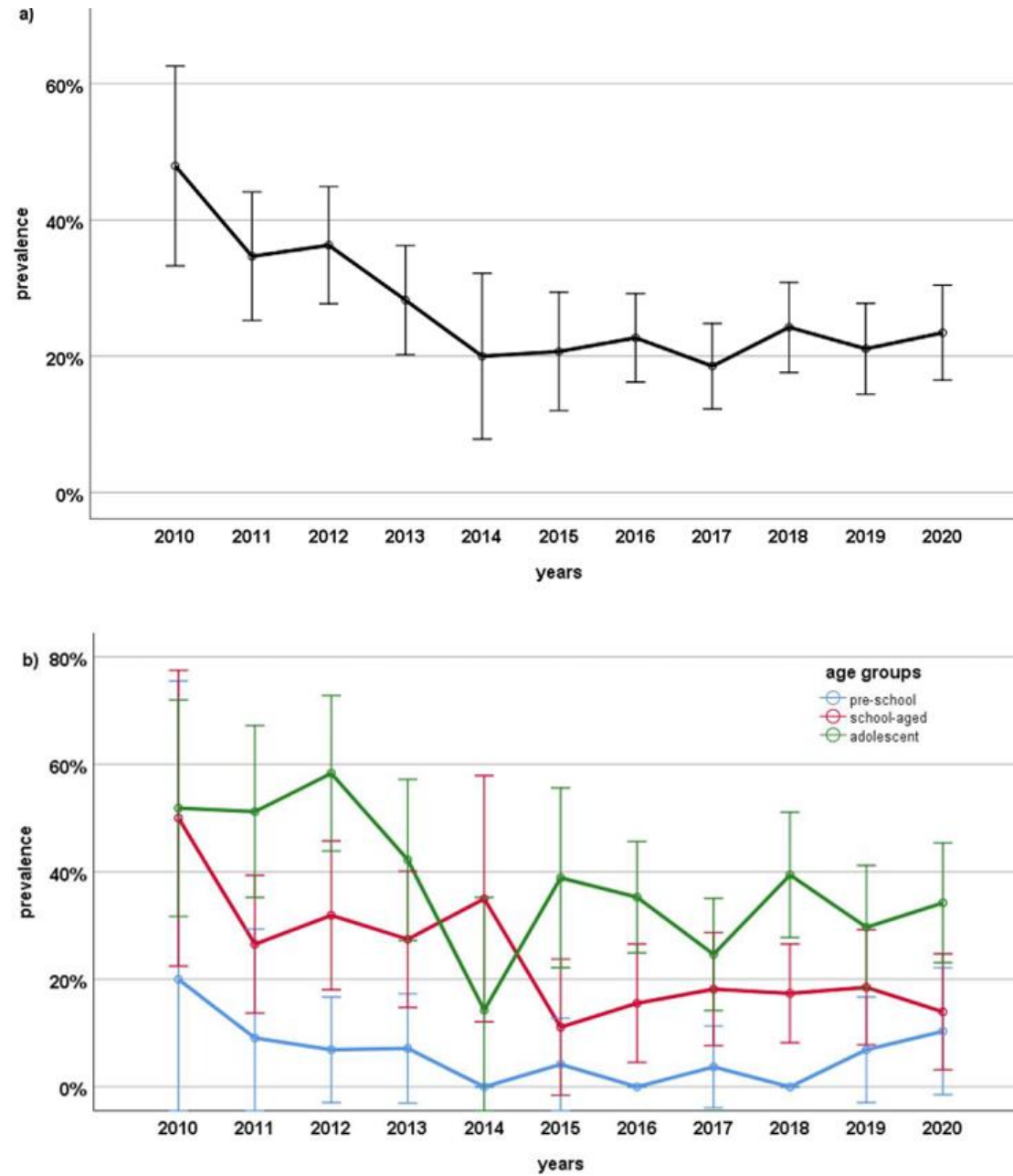


Fig. 1 Annual change in *H. pylori* prevalence among all children undergoing endoscopy (a) and change in *H. pylori* prevalence by age groups (b)



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Antibiotic Therapy for Uncomplicated Acute Appendicitis

Ten-Year Follow-Up of the APPAC Randomized Clinical Trial

Educational Objective: To identify the key insights or developments described in this article.



Objective To determine the 10-year appendicitis recurrence and appendectomy rate in patients with uncomplicated appendicitis treated with antibiotics.

Design, Setting, and Participants Ten-year observational follow-up of patients in the Appendicitis Acuta (APPAC) multicenter randomized clinical trial comparing appendectomy with antibiotics at 6 Finnish hospitals from November 2009 to June 2012, where 530 patients (aged 18-60 years) with uncomplicated acute appendicitis diagnosed by computed tomography were randomly assigned to appendectomy (n = 273) or antibiotics (n = 257). Last follow-up was April 29, 2024. This current analysis focused on assessing the 10-year appendicitis recurrence rate among patients assigned to antibiotics.

Interventions Open appendectomy vs antibiotics with intravenous ertapenem sodium (1 g/d) for 3 days followed by 7 days of oral levofloxacin (500 mg once daily) and metronidazole (500 mg 3 times/d).



Results At 10-year follow-up, 253/257 patients (98.4%) randomized to receive antibiotics (median age, 33 years; 102 [40.3%] female) were assessed for appendicitis recurrence, with a true appendicitis recurrence rate (appendicitis at histopathology) of 37.8% (95% CI, 31.6%-44.1% [87/230]) and a cumulative appendectomy rate of 44.3% (95% CI, 38.2%-50.4% [112/253]). Overall, the 10-year cumulative complication rate in the group randomized to appendectomy was 27.4% (95% CI, 21.6%-33.3% [62/226]) and 8.5% (95% CI, 4.8%-12.1% [19/224]) in the group randomized to receive antibiotics ($P < .001$). There was no observed significant difference in quality of life between antibiotics and appendectomy (387/530; median health index value, 1.0 [95% CI, 1.0-1.0] for both groups; $P = .18$).

Conclusions and relevance Among patients initially treated with antibiotics for uncomplicated acute appendicitis, the rate of recurrence and appendectomy at 10-year follow-up supports the use of antibiotics as an option for uncomplicated acute appendicitis in adult patients.