

Endoscopy, but not as we know it

Sir,

Many gastrointestinal diseases have a significant genetic component governing their pathogenesis. Genome-wide association studies have helped advance our understanding of many key genetic factors and this continues to grow significantly.

In 2007, the first genome-wide association study for coeliac disease confirmed an association of the disease with the 4q27 chromosomal region (van Heel et al, 2007). Further variants have been localized, including the 3p21 chromosome, IL18RAP and SH2B3 protein (Hunt and van Heel, 2009).

A genome-wide association study for Crohn's disease has identified more than 30 distinct loci linked to the pathogenesis of the condition. Genes which are currently of particular interest include NOD2, IRGM, ATG16L1, CCR6, IL12B, STAT3, LRRK2, CDKAL1, ICOSLG, PTPN2, PTPN22 and ITLN1 (Barrett et al, 2008).

Focusing on colorectal cancer, a genome-wide association study identified susceptibility loci on chromosomes 10p14 and 8q23.3 (Tomlinson et al, 2008).

Coeliac disease, inflammatory bowel disease and colorectal cancer classically rely on invasive endoscopic procedures to visualize the disease and obtain tissue samples for diagnostic confirmation. But is such an intervention truly beneficial to the patient? Surely these advances in genetic analysis hold promise for new diagnostic means, such as geneoscopy, a genetic form of endoscopy which is being developed. These will enable clinicians to determine the likely risk of disease contraction, progression and response to treatment, and may even help the development of new pharmacological agents which are both efficacious and safe. These advances are not likely for some time, but are sure to revolutionize the treatment of gastrointestinal disease with a significant genetic weighting.

Neel Sharma

Core Medical Trainee Year One
Lewisham Healthcare NHS Trust
London SE13 6LH

Barrett JC, Hansoul S, Nicolae DL et al (2008) Genome wide association defines more than 30 distinct susceptibility loci for Crohn's disease. *Nat Genet* 40: 955–62

Hunt KA, van Heel DA (2009) Recent advances in coeliac disease genetics. *Gut* 58: 473–6

Tomlinson IPM, Webb E, Carvajal-Carmona L et al (2008) A genome wide association study identifies colorectal cancer susceptibility loci on chromosomes 10p14 and 8q23.3. *Nat Genet* 40: 623–30

van Heel DA, Franke L, Hunt KA et al (2007) A genomewide association study for coeliac disease identifies risk variants in the region harboring IL2 and IL21. *Nat Genet* 39: 827–9

Snow in Paris: efficient cooperation in a hospital

Sir,

At the beginning of December, I was in a meeting in central Paris when my assistant called me. The roads were blocked following an exceptional snowstorm and she was stuck in our hospital in west Paris. The trains were still working so I returned to the hospital. Between the train station and the hospital it was eerily quiet, street lamps lit the bright white deserted boulevards. The sudden snow fall immobilized everybody. In front of the hospital, a few ambulances were trying to get out without success.

At 6pm, 2 hours later, the pre-hospital emergency system despatched paramedics all around the district so that they could get to any potential emergency in less than 15 minutes and refused hospital transfers (except life-threatening cases which could not be managed in other hospitals). Disabled patients (a major specialty of our hospital) and families of patients were stuck, as were staff. The night shift was not able to come in.

An emergency committee had been set up at 3pm by the director – unfortunately at 6pm they had not communicated with the pre-hospital emergency system. I joined the committee, as I was in charge of the hospital's disaster plan. They had already made some decisions, including leaving the staff nursery open and asking non-clinical staff to stay (restaurant, technical support and gardeners to clear the road inside the hospital). All health-care staff were asked to stay until relief teams could come, but regardless of this request all nurses, auxiliary nurses, technicians, doctors, managers, physicians assistants and paramedics had decided of their own free will that they would stay, as the nursery and restaurants were staying open.

All 2000 hospital staff cooperated to greet patients, families and colleagues who could not go home. The head nurses were the link between managers and nursing staff. The emergency committee asked people who were not essential and who could

go home to leave, as the very unusual circumstances could last some days. Communications by phone were also disturbed because of a technical problem.

At 8pm, it became clear that no cars could enter or leave the hospital. Nursing staff were asked to stay on their shift for the night if the relief team could not get in. Everybody was invited to eat at the restaurant at this time. Around 100 extra people had to spend the night at hospital, including patients who could not be transferred, families of patients and staff. The Red Cross helped to find extra blankets and beds. Breakfast was organized and arrangements made with staff who lived nearby to come in for the morning shift. At this time it was felt that everything was under control and that those who could go home should do so. During the night, the snow stopped and roads were cleared. A final debriefing meeting was held at the end of the next day.

Two weeks later, after a long period of snow, nursing and support staff had become used to managing this situation without the need for a formal emergency committee.

As many hospitals do, we have disaster plans to deal with a heat wave, terrorist attack or pandemic flu, but there was no plan for a case of isolation which did not require disaster care. This event highlighted the need for an intermediate procedure which will be developed for future. It is also a good example of collaboration between all units and staff. It shows that we must protect the unique richness of our hospital, by which I mean our workers.

Alexis Descatha

Assistant Professor
Assistance Publique Hôpitaux de Paris/
Université de Versailles St Quentin
Occupational Health Unit
Raymond Poincaré University Hospital
F-92380 Garches
France

Erratum

In *Figure 3 of Using bevacizumab to treat metastatic cancer: UK consensus guidelines* (vol 71(12), 2010, p. 670), the third box in the upper part of the figure should read 'Emergency surgery' not 'Elective surgery'. In these patients, withhold bevacizumab for ≥ 4 weeks after surgery or until the wound is fully healed, whichever is later. We apologize for any confusion caused.