

# An Abstract Provides "seAFood" for Thought

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## Abstract

A recent article published in *The Lancet* reports on the seAFood trial, in which patients with colorectal adenomas received aspirin and/or eicosapentaenoic acid (EPA, an omega-3 polyunsaturated fatty acid) post-resection. The article's abstract indicates that the primary trial endpoint, adenoma detection rate, is negative, but it does not give any indication of the

remarkable secondary endpoint (adenoma number) results, which strongly suggest chemopreventive efficacy of both agents. Given the difficulty researchers and physician-scientists experience in staying abreast of the latest literature in the field, inclusion of secondary findings in abstracts should be strongly considered.

Staying abreast of the current literature is one of the obligatory demands on biomedical scientists who want to operate at the forefront of their subject. In light of the considerable number of articles that warrant perusal, often a glance at the abstracts has to make do.

That this practice can lead to severe oversights is illustrated by an article recently published in *The Lancet* (1), in which the results of the seAFood adenoma prevention trial are reported. In this multicenter, randomized, double-blind, placebo-controlled 2 × 2 factorial trial, 709 patients with adenomas were enrolled who had been identified in the English Bowel Cancer Screening Programme as being at high risk for colorectal cancer. Patients received either aspirin or eicosapentaenoic acid (EPA, an omega-3 polyunsaturated fatty acid) alone or both in combination, apart from placebo. The primary trial endpoint, adenoma detection rate, was negative, but secondary analysis revealed evidence of chemopreventive activity of both agents. Aspirin reduced the mean number of colorectal adenomas per participant, and the preventive effects of both agents were

specific in that they depended on colorectal adenoma subtype and location. Patients who received EPA presented with fewer conventional adenomas in the left colon as compared with placebo, and those on aspirin had a reduced number of adenomas in the right colon, particularly of serrated adenomas, in addition to a reduced risk of conventional colorectal adenomas. The discussion of the article is pertinent as to the suitability of adenoma number rather than adenoma detection rate as endpoint in adenoma prevention trials, and the authors argue persuasively for the necessity of a precision-based approach in future prevention trials. Curiously, the abstract of this article focuses solely on the primary endpoint and completely omits any mention of the secondary efficacy endpoints. Therefore, readers who restrict themselves to perusing the abstract only without proceeding to the results and discussion entirely miss the "good news" hidden in this article. These secondary endpoint results seem to us sufficiently noteworthy to the readership of *Cancer Prevention Research* that we decided to raise them to their attention. Although scientists know that reading the abstract solely can be inadequate to find the succulent bits in an article, we advocate that abstracts of trial papers should mention, at least briefly, insightful results of secondary analyses.

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