

Chromoendoscopy in colorectal surveillance for primary sclerosing cholangitis and inflammatory bowel disease



We would like to thank Nishad et al. for their insightful comments regarding our recently published manuscript [1] demonstrating the superiority of dye-based chromoendoscopy (CE) compared with white light endoscopy for neoplasia detection in patients with primary sclerosing cholangitis-inflammatory and bowel disease (PSC-IBD) and highlighting the important role of CE to detect subtle serrated lesions. Patients with PSC-IBD are a select group with much higher risk of colorectal cancer (CRC) than the IBD-only population [2].

Of the 359 colonoscopies performed in our cohort, 61% were performed by a consultant with extensive experience in CRC screening, 24% by a senior clinical fellow with more than 5 years of experience, and the remainder were done by a combination of nurse endoscopists and senior specialty registrars with supervising consultants. Random biopsies were obtained in 340 procedures (94%), there were 27 post-inflammatory polyps, and 59 neoplastic lesions were identified among those extracted using endoscopic mucosal resection. We did not have reliable data on family history of CRC to perform further analysis as suggested, such as inverse probability of treatment weighting.

It is important to focus on optimal techniques for neoplasia detection, given the increased incidence of non-conventional lesions [3], and indeed, artificial intelligence will play a role here. We welcome a recent network meta-analysis that highlights the benefit of chromoendoscopy in IBD even in the era of high-definition white light, which correlates with the benefit we observed in PSC-IBD [4].

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Conflict of Interest

RVM: No conflicts to declare. JEE: Has served on clinical advisory boards for Paion and Cosmo Pharmaceuticals; has served on the clinical advisory board and has share options in Satisfai Health; and reports speaker fees from Falk, Janssen and Medtronic. JEE: Is The Chair of the British Society of Gastroenterology Guideline Development Group on "Colorectal surveillance in inflammatory bowel disease: An update from 2010". ELC: Has received speaking fees from Horizon Therapeutics, Advanz (Intercept), Albireo, Dr Falk Pharma, Gilead, and GSK; has received consulting fees from Advanz (Intercept), Horizon Therapeutics, Ipsen, Mirum, Moderna, Sanofi, and Zenus Pharma; has received grant support from Jansen, Innovate UK, PSC Support, and Wellcome Trust; and has received institutional funding support from BRC Oxford NIHR (UK), Oxford Charitable Fund, and Research Capability Fund.

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