

Improved CRC outcomes with recent colonoscopy in IBD

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For patients with inflammatory bowel disease (IBD), colonoscopy within

three years prior to colorectal cancer (CRC) diagnosis is associated with early tumor stage at diagnosis, according to a study published online Feb. 27 in *Clinical Gastroenterology & Hepatology*.

Hyun-seok Kim, M.D., M.P.H., from the Baylor College of Medicine in Houston, and colleagues conducted a retrospective cohort study of patients with confirmed CRC within a cohort of 77,824 IBD patients in the National Veterans Health Administration during 2000 to 2015. The association between colonoscopy surveillance intervals and CRC stage, treatment, and all-cause and cancer-specific mortality was examined. The interval between colonoscopy and CRC diagnosis was classified as within less than one year, one to three years, three to five years, or none within five years.

The researchers found that of the 566 patients with CRC, 69.4 percent did not have colonoscopy within five years prior to CRC diagnosis, while 9.7, 17.7, and 3.1 percent had colonoscopy within one, one to three, and three to five years, respectively. Those with colonoscopy within one year and one to three years were less likely to be diagnosed at later stage compared to those with no surveillance (adjusted odds ratios, 0.40 and 0.56, respectively). Colonoscopy within one year was associated with lower all-cause mortality, regardless of IBD type and duration (adjusted hazard ratio, 0.56).

"Our findings support the use of surveillance [colonoscopy](#) to improve CRC outcomes in IBD patients to reduce late-stage CRC and all-cause mortality," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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