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### ► To cite this version:

Julien Kirchgerner, Magali Svrcek. Letter: histologic disease activity and colorectal neoplasia riskauthors' reply. *Alimentary Pharmacology & Therapeutics (Suppl)*, 2023, 57 (12), pp.1481-1481. 10.1111/apt.17536 . hal-04197448

**HAL Id: hal-04197448**

**<https://hal.sorbonne-universite.fr/hal-04197448v1>**

Submitted on 6 Sep 2023

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## **Letter: histologic disease activity and colorectal neoplasia risk - authors' reply**

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Letter to the Editor,

Reply

We thank Dr. Chang and colleagues for their comments about our article,<sup>1</sup> giving us the opportunity to further discuss which factors should be included in the risk stratification of colorectal cancer in patients with inflammatory bowel disease (IBD) undergoing surveillance colonoscopies.

Dr. Chang and colleagues suggest that the non-assessment of obesity and personal history of malignancies outside of the colon may have introduced some bias in our findings. While we agree that traditional risk factors of sporadic adenomas and colorectal cancer reported in the general population could be further assessed in patients with IBD, we disagree regarding the potential bias related to the non-assessment of these two parameters in our study.

Obesity has been variously associated with an increased risk of biologics failure in IBD and is also a risk factor of colorectal cancer in the general population. We assessed the proportion of obese patients defined by a body mass index greater or equal to 30 kg/m<sup>2</sup> in the cohort of patients with IBD followed in our unit during the year 2022. Among 3314 patients, only 8.8% were obese patients, while the prevalence of obesity in France is between 15 to 20%.<sup>2</sup> Although this is not exactly the same population that was included in our study, it provides insight of the proportion of obese patients in our study population.

Personal history of any cancer is associated with an increased risk of a newly diagnosed cancer, but the evidence increasingly suggests that biologics exposure notably anti-TNF is not associated with an increased risk of recurrence of cancer or newly diagnosed cancer in patients with IBD.<sup>3</sup>

Overall, our study highlights the fact that histological inflammation should be taken into account to guide the risk stratification of colorectal cancer in patients with IBD, in addition to established risk factors of colitis-associated neoplasia and sporadic colorectal cancer.

## References

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The authors' declarations of personal and financial interests are unchanged from those in the original article.

Guarantor of the article: Julien Kirchgesner

Contributors: MS: Conceptualization (Equal), Writing – review & editing (Supporting); JK: Conceptualization (Equal), Writing – review & editing (Lead).

All authors approved the final version of the manuscript.