Dear ECCO members,
Dear IBD National Study Group Representatives,
Dear colleagues,

The risk of colorectal cancer in inflammatory bowel disease (IBD) is 4 to 10-fold increased incidence compared to controls. SCENIC international consensus recommends surveillance colonoscopies for colorectal cancer screening to identify dysplastic lesions and reduce the mortality rate of colorectal cancer in these patients. Currently, colectomy is the main treatment for dysplastic lesions. However, European Crohn and Colitis Organisation (ECCO) guidelines have suggested endoscopic resection and submucosal dissection in selected cases and referral centres. Endoscopic submucosal dissection (ESD) is a complex procedure, especially in IBD patients due to mucosal and submucosal fibrosis secondary to chronic inflammation. This fibrosis impairs submucosal lifting and reduces the feasibility of ESD. However, this technique avoids surgeries related to colorectal cancer.

Scarce data exists concerning the feasibility, safety of ESD in IBD patients in Europe with limited number of patients included and short follow-up. Furthermore, the knowledge about local recurrence, the onset of new dysplastic lesions and the recurrence of inflammatory activity of IBD following ESD has been poorly described. For these reasons, additional data are necessary to identify benefits and risks of this technique, as well as to determine which patients or lesions might be treated with ESD.

Due to this technique is only performed in selected centres, requires expertise to achieve optimal resection of the lesions, and is only performed in a limited number of IBD patients, we would like to propose a collaborative study across different European IBD centres on this topic in a retrospective, multi-centre observational study. The main aims of the study are to assess the en-bloc resection rate (technical success) and the colectomy rate due to ESD failure (clinical success) in IBD. Moreover, the secondary aims are to describe safety of the procedure both at the short and long term, to assess the local recurrence, to identify the predictive factors of colectomy due to ESD failure, to assess the incidence of synchronous and metachronous lesions during screening colonoscopies and to assess the risk of IBD relapse following this technique.

Each participating centre will be requested to collect data retrospectively on patients older than 18 years that underwent ESD for dysplastic lesions at least one month before the date of inclusion. All ESD procedures since 2004 could be included, when this technique was described for colonic lesions. Pregnancy, invisible dysplasia at the time of ESD, or total colectomy before ESD will be excluded from the study.

The final version of the study protocol has been reviewed extensively by the Clinical Committee (ClinCom) of ECCO and by the local Ethical Committee of the Coordinating Centre (Comité de Ética de la Investigación con Medicamentos de Cantabria). Considering the time for patients' recruitment and that there won't be a specific visit for the study, the majority of patients that meet the inclusion criteria won't attend the clinic within the recruitment period, so a written informed consent is not required for this study.

Who can collaborate?
- IBD centres who have performed ESD in IBD patients
- IBD centres who are willing to fill out an electronic clinical research form (eCRF) through REDCap® software.

If you are interested in collaborating on this study, please contact garcia_maria86@hotmail.com by September 20th, 2024. Please, also forward this email to other IBD centres in your country.

We will aim for the submission of an abstract (with initial data) for ECCO 2023 and a full manuscript shortly thereafter.

We truly hope that this retrospective study will become a success and might lead to an intense collaboration.

Sincerely,
Dra. María José García