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Summary

Mistakes in Malignancy surveillance in IBD and how to avoid them

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Mistakes In Articles

IBD

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This material addresses nine common mistakes in screening for dysplasia and malignancy in inflammatory bowel disease patients and provides guidance on avoiding them.

KEY POINTS

- Inflammatory bowel disease comprises chronic, progressive, lifelong, and currently incurable gastrointestinal disorders that may be associated with colorectal dysplasia and cancer development.
- Technological improvements in disease management and malignancy screening have enabled earlier detection of precancerous lesions and timely resection of premalignant or localised malignant lesions, resulting in improved patient outcomes.
- The material presents nine common mistakes encountered in screening for dysplastic and malignant lesions in IBD management, based on clinical experience and an evidence-based approach.
- This content would be most relevant to clinicians managing patients with inflammatory bowel disease who perform or oversee dysplasia surveillance.

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