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Summary

Clinical management of PSC/IBD

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Mechanisms & Personalised Medicine | Surgery | IBD | Hepatobiliary

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PSC in IBD patients is associated with substantially worse outcomes including increased mortality and colorectal cancer risk, requiring vigilant surveillance and standard IBD treatment, though IBD therapies show limited effect on PSC progression.

KEY POINTS

- The speaker reported that IBD patients with PSC have massively increased mortality particularly in young patients and very high colorectal cancer rates, with median liver transplantation-free survival stated as 13 years in tertiary care populations and 21 years in the entire PSC population.
- Annual colonoscopy surveillance should start from time of IBD diagnosis in PSC-IBD patients with no lag time, as the speaker stated colorectal cancer risk begins early.
- The speaker reported that biologics and small molecules show similar clinical response and remission rates in IBD with PSC compared to IBD without PSC, and standard IBD treatment guidelines should be followed.
- The speaker stated that up to 50% of cholangiocarcinomas are diagnosed in the first year after PSC diagnosis, requiring high vigilance for new strictures or cancers during this period.
- Two retrospective studies reported by the speaker found an association between adalimumab and alkaline phosphatase reduction not seen with infliximab, though the speaker noted uncertainty about calling this evidence.
- MRI screening studies presented by the speaker found approximately 8% prevalence of radiological PSC changes in IBD cohorts, substantially higher than clinically diagnosed rates, though whether screening is worthwhile remains unknown.

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