

UEG Journal Best Paper Award

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Four studies in UEG Journal examine surveillance strategies for pancreatic cysts, supportive therapy for Crohn's disease diarrhea, resistance-guided H. pylori treatment, and prognostic impact of PSC in inflammatory bowel disease.

KEY POINTS

- The PACIFIC trial found that small pancreatic cysts (under 1.5 cm) that remain stable (growing less than 2.5 mm per year) carry no increased cancer risk compared to the general population, suggesting surveillance cessation may be appropriate for this low-risk group.
- A randomized trial of 147 Crohn's disease patients showed that pancreatic enzyme replacement therapy reduced enteral nutrition-related diarrhea to below five bowel movements daily and improved quality of life, though endoscopic outcomes were unchanged.
- A French study demonstrated that PCR-based susceptibility testing for H. pylori achieved 98 to 100 percent eradication with tailored triple therapy, compared to 81 percent with empirical bismuth quadruple therapy, while being 39 percent more cost-effective than immunohistochemistry.
- An analysis of nearly 400,000 patients found that primary sclerosing cholangitis increases the composite risk of death, hospitalization, or colectomy by 32 percent in inflammatory bowel disease, with mortality nearly doubling in both ulcerative colitis and Crohn's disease when PSC is present.
- Gastroenterologists managing pancreatic cysts, refractory Crohn's symptoms, H. pylori treatment failure, or IBD with liver involvement will find actionable data in these reports.

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