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Summary

Panel discussion: How to tackle PSC/IBD from a multidisciplinary perspective

UEG Week Barcelona 2026 | Presentation

Mechanisms & Personalised Medicine | Surgery | IBD | Hepatobiliary

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This panel discussion addressed management controversies in PSC, including the role of colectomy type on liver outcomes, medical therapy selection, and surveillance strategies, with speakers emphasizing multidisciplinary care and the need for more clinical trial data.

KEY POINTS

- The speakers stated there is no role for prophylactic cholecystectomy in PSC, though cholecystectomy is easier before cirrhosis develops and a lower threshold should be used for removing gallbladders with polyps.
- Registry data from the Netherlands was cited showing ileostomy is associated with longer transplant-free survival compared to pouch reconstruction, though Norwegian survey data reportedly shows similar quality of life for both approaches.
- Regarding medical therapy, one speaker would include patients in trials, while Norway was described as having a conservative approach with approximately 30% or less UDCA treatment rate; vancomycin is not used routinely as there is insufficient data despite one trial showing some effect.
- For immunoregulatory therapy, speakers noted that Vedolizumab showed effect in a subgroup with advanced disease, and emphasized that clinical studies should include translational programs with molecular biomarkers to define responsive patient groups.
- Surveillance typically includes yearly MRC/MRCP, with colonoscopy frequency stratified by inflammatory activity (yearly if active, every 2-3 years if less active), and mutational sequencing of bile fluid is being studied to help differentiate benign from malignant strictures.
- Speakers emphasized the importance of multidisciplinary team meetings and close collaboration between gastroenterology and surgery for PSC patient management.

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