



Colorectal cancer and dysplasia in inflammatory bowel disease: what is the real benefit of screening colonoscopy? A population study in Qatar

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Abstract

Since 1920, inflammatory bowel disease (IBD) has been linked to increased incidence and mortality from colorectal adenocarcinoma (CRC). Many studies showed screening colonoscopy reduces CRC mortality and improve survival in IBD patients. it is still unknown whether the incidence and mortality of CRC is increased in IBD in Qatar populations.

Aim of the study: To investigate the rate of CRC and dysplasia in an IBD patient cohort who underwent a screening colonoscopy in HMC, Qatar.

Methods: A Retrospective cohort study of a sample of patients who were diagnosed and treated for IBD and follow up in HMC, Oatar.

Results: Among 153 UC cases included in our study, there were 7 cases reported of CRC and dysplasia. Calculated incidence rate of CRC/dysplasia among UC cases was 4.58(95% CI 2.23, 9.14). Calculated person-years at risk of CRC/Dysplasia among UC cases was 4.14 cases per personyears. The mean time (in months) of first screening colonoscopy was 11.125 (SD 3.74) for all cases and were11.167 (SD 5.1153) and 11.123(SD 3.7025) for CRC/Dysplasia and Non CRC/Dysplasia groups respectively the difference between them wasn't statistically significant (p 0.498). There is significant association between development of CRC/Dysplasia and gender and Extend of the UC, higher in male and Pancolitis (E3) (p 0.032 and 0.030 respectively). There was no significant association between age, Nationality, treatment received, Extraintestinal inflammatory complications, PSC and duration of the disease (P value 0.334, 0.72, 0.458, 0.21, 0.149 and 0.506 respectively).

Conclusion: Our study showed relatively high incidence rate of CRC/Dysplasia among our IBD patients compared to international figures and our gastroenterologist physicians are

not firmly adherent to international guideline in relation to the time of first screening colonoscopy in IBD patients.

Bibliography

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