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## Surveillance of colorectal cancer in inflammatory bowel disease

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Inflammatory Bowel Diseases (IBD) are associated with an increased risk of colorectal cancer (CRC). Risk factors for cancer in IBD patients include: young age at diagnosis, longer duration of disease, greater extent of colonic involvement, increased severity of inflammation, family history of sporadic colorectal cancer, and coexisting primitive sclerosing cholangitis (PSC). The aim of any surveillance program must be to identify early lesions to enable treatment and prevention before the development of invasive cancer. A surveillance schedule must be acceptable to patients and practically possible to implement. The most recent European guidelines recommend a relatively strict surveillance policy. This surveillance strategy is applied to ulcerative colitis but also to Crohn's disease: initial surveillance colonoscopy should be performed in each patient beginning 8–10 years after symptom onset, partly to reassess disease extent and regular surveillance should begin on an annual or biannual basis. For patients with PSC surveillance should be performed annually from the time of PSC diagnosis. Endoscopic examination consists of systematic search for dysplasia on endoscopic biopsies and it is essential to examine the whole colon in search for all visible lesions. Colonoscopy should be performed when the disease is in remission to avoid histological confusion between dysplastic and regenerative lesions; in this case medical therapy and, above all chemoprevention with 5-aminosalicylates seem to be essential to reduce active inflammation. New methods such as chromoendoscopy, seems to improve the sensitivity of detecting dysplasia earlier standard endoscopy. In fact chromoendoscopy uses a dye sprayed on the colonic mucosa to enhance the visualization of subtle mucosal changes suggestive of neoplasia not visible with the white light of standard endoscopy. This allows the endoscopist to perform fewer biopsies more targeted. Nevertheless further studies plan to refine our knowledge of cancer biology, clinical practice, and molecular discovery will bring a new level of management of patients with long-standing disease and maybe lower incidence of cancer in this high-risk population.

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