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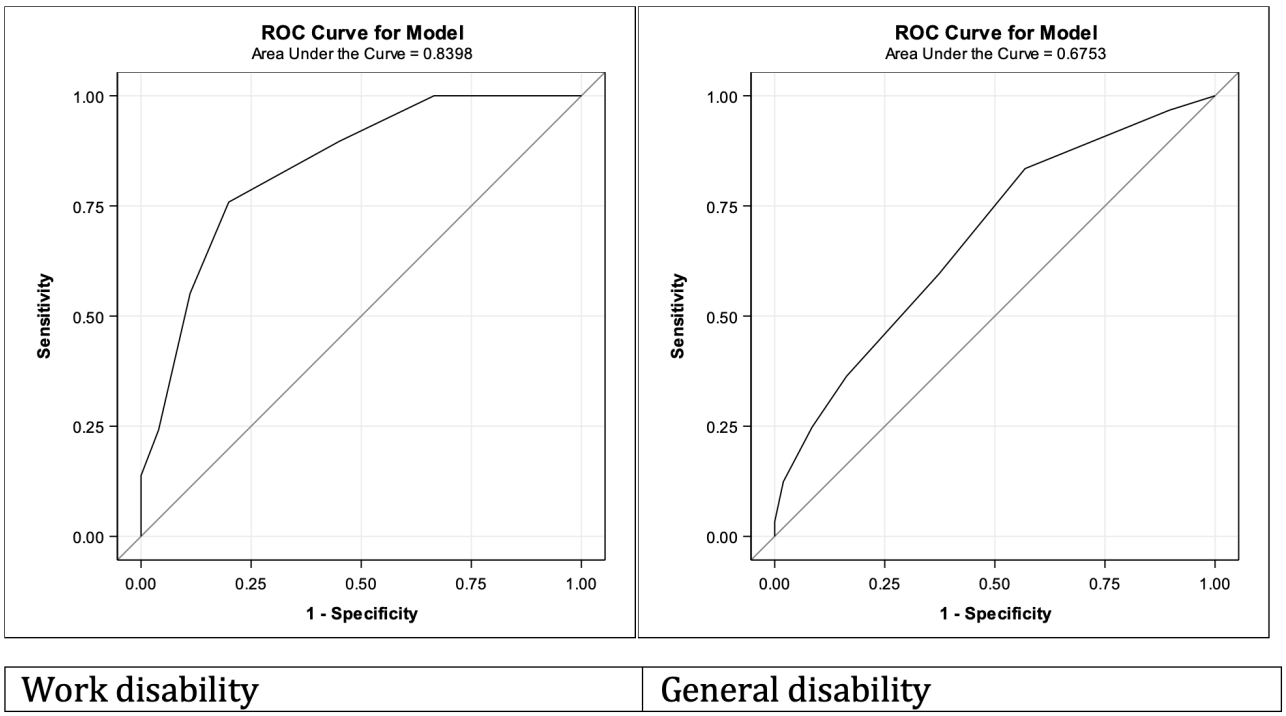
Figure 1: AUC of IBD-OWDI in validation set



population. Current guidelines establish endoscopic surveillance recommendations; however, epidemiological studies show poor compliance. The main aim of our study was to analyse adherence to endoscopic surveillance guidelines. Secondary aim was to evaluate the prevalence and time-to advanced lesions or CRC.

Methods: Retrospective multicentre study of patients with IBD followed-up in the participating centres between 2005 and 2020, who were diagnosed of IBD between 2005 and 2008, with criteria for CRC surveillance. Patients with CRC before IBD diagnosis were excluded. The ECCO 2013–2017 guidelines were used to evaluate adherence. Adenomatous lesions with >25% of villous component, >1cm or with high-grade dysplasia or serrated lesions >1cm or with any degree of dysplasia were considered advanced lesions. Software used for all analysis was R in its 3.6.1 version. Normality was checked with the Shapiro-Wilks test. Mean comparison was carried out using t-Student test while normality assumptions held true, otherwise, Mann-Whitney test. Time-to advanced lesions or CRC event between patients that had adherence to ECCO guidelines versus those who did not was performed through Kaplan-Meier and Log-rank test. P-values below 0.05 were considered significant.

Results: A total of 1004 (713 Ulcerative Colitis, 252 Crohn's disease and 39 Indeterminate Colitis; 52% male) patients from 25 centres were recruited with a median age of 36 (26–47) years. 87% of all patients were included in the endoscopic surveillance programme. The main reasons for non-inclusion were the absence of indication by the physician (38%) and the presence of inflammatory activity (37%). Adherence to the first or subsequent surveillance colonoscopies was 45% and 61%, respectively, with a total adherence rate of 32%. Prevalence of advanced lesions or CRC was 4% and 7 cases of CRC were detected. Time-to-detection of these lesions since IBD diagnosis was significantly longer in non-adherent patients (13.4 + 1.3 *vs*13.04 + 1.7; p<0.001). Adherence was associated to a higher detection of advanced lesions or CRC compared to non-adherent patients (HR: 1.97; IC: 1.02–3.79; p=0.043) (Figure 1).

Conclusion: Adherence to ECCO guidelines for endoscopic surveillance is low in this Southern European population. A higher and earlier detection of advanced lesions or CRC was identified in the adherent group. The results of this study highlight the need to improve compliance with the recommendations to obtain better outcomes.

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The Faroese IBD Study: Update on incidence from 2015–2020 and prevalence from 1960–2020

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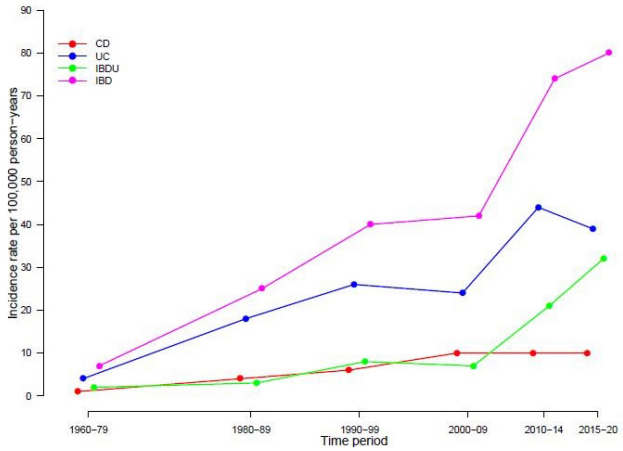
Background: Previous reports have found that the Faroe Islands has the highest reported incidence of inflammatory bowel disease (IBD) in the world.[1,2] The purpose of this study was to update our previous work on the IBD incidence from 1960–2014[2] with data up until 2020 and to describe the prevalence of IBD over 60 years.

Methods: All cases of Crohn's disease (CD), ulcerative colitis (UC) and IBD unclassified (IBDU) diagnosed between 1960 to 2020, including all age groups and year of death, were retrieved from the Medical Centre at the National Hospital of the Faroe Islands. Diagnoses were ascertained according to the Copenhagen Diagnostic Criteria. Population data from 1960–2020 were retrieved from Statistics Denmark and Statistics Faroe Islands. Point prevalence rates (per 100,000) were estimated as all IBD patients alive and living in the

Faroe Islands by the end of 1960, 1970, 1980, 1990, 2000, 2010 and 2020, divided by the Faroese population (end of year).

Results: 232 individuals have been diagnosed with IBD during the past 6 years in the Faroe Islands: 29 (12%) with CD, 111 (48%) with UC and 92 (40%) with IBDU, resulting in an increased age-standardised IBD incidence rate (European Standard Population, ESP) from 74 per 100,000 person-years (py) in 2010–14 to 80 in 2015–20. Figure 1 illustrates the updated IBD incidence rate integrated with results from our previous study.[2] The point prevalence rate of IBD was 5,8 cases per 100,000 persons in 1960; 46,6 in 1970; 133,9 in 1980; 325,4 in 1990; 610,7 in 2000; 925,1 in 2010 and 1407,9 cases per 100,000 in 2020, corresponding to 1,4% of the Faroese population living with IBD in 2020 compared to 0,6% in 2000.



Conclusion: The increasing incidence of IBD from 2015–2020 is mainly driven by IBDU, accounting for 40% of all cases and has increased from 21 per 100,000 (ESP) in 2010–14 to 32 in 2015–2020. The age-standardised incidence rate of CD remains unchanged compared to our previous study, at 10 per 100,000 (ESP), while the incidence of UC has decreased from 44 to 39 per 100,000 (ESP). The prevalence of IBD has increased radically in accordance with the increasing incidence. Further investigations into the high proportion of IBDU and causes of the observed IBD pattern is currently ongoing.

1. Ng SC, Shi HY, Hamidi N, et al. Worldwide incidence and prevalence of inflammatory bowel disease in the 21st century: a systematic review of population-based studies. Lancet 2018;390:2769–78.et al.
2. The Faroese IBD Study: Incidence of Inflammatory Bowel Diseases Across 54 Years of Population-based Data. J Crohns Colitis 2016;10:934–42.

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Inflammatory Bowel Disease (IBD) and immunosuppression do not worsen the prognosis of COVID-19. Results from the ENEIDA Project of GETECCU

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