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Editorial: histologic normalisation in ulcerative colitis. Authors' reply

We thank Drs Pai, Jairath and Feagan for their insights regarding our work and for the robust discussion on the role of histologic activity in ulcerative colitis.^{1,2} There is mounting evidence demonstrating persistent histologic activity to be associated with a worse disease course including risk of relapses, hospitalisation, surgery and colorectal neoplasia.³⁻⁵ However, there are mostly retrospective and few rigorous studies examining the utility of histologic remission as a therapy target once the two more commonly recommended endpoints—clinical remission and endoscopic remission—have been achieved.⁶ In distinction from our study, most of the prior studies on histologic remission also included patients with endoscopically active disease or those with mild persistent inflammation (Mayo 1). Given the correlation between endoscopic severity and histology, and the recognition that those with Mayo 1 endoscopic activity may have worse outcomes than those with Mayo 0,⁷ such studies may be biased towards showing a higher predictive value of neutrophilic infiltration. As pointed out by Drs Pai et al, the likelihood of histologic normalisation (scored blinded in our study) is much greater in our cohort that was restricted to those with complete endoscopic remission (Mayo 0). While we acknowledge their concerns about sample size, ours remains one of the largest to examine the value of blinded scoring of histologic activity in those with complete endoscopic remission. As the field moves towards assessing both the clinical utility and cost-effectiveness of histologic healing, trials, such as proposed by Pai et al, examining the incremental value of histology in those who have already achieved endoscopic and clinical remission are essential to establish the relevant features that lead to improved outcomes for all our patients.

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LINKED CONTENT

This article is linked to Cushing et al and Pai et al papers. To view these articles, visit <https://doi.org/10.1111/apt.15568> and <https://doi.org/10.1111/apt.15617>.


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