



Editorial

On the second ECCO Consensus on Crohn's disease

In this issue of the Journal of Crohn's and Colitis the second ECCO Consensus on the diagnosis and management of Crohn's disease is published.^{1–3} It is the aim of ECCO to update its guidelines on IBD on a regular basis. This is a major commitment and involves a huge amount of work, both in achieving agreement about the Consensus statements and in writing the supporting text.

The procedure is the most robust of all international guidelines on IBD and is the same as that followed in the original Consensus papers on Crohn's disease^{4–6} and ulcerative colitis.^{7–9} It is described in detail in the first paper,¹ but in short, 14 working parties were established to examine what had changed in the management of Crohn's disease since the Consensus in 2006.^{4–6} The working parties performed a systematic literature review, developed a list of questions on their topic which were circulated to all contributors to the Consensus, in order to quantify opinion on unresolved questions and drafted statements for discussion at a plenary session. The working parties then met in Vienna on the 18th October 2008 to discuss all 122 statements word by word, until agreement was reached (>80% agreement constituted 'consensus'). This is the Delphi procedure, which merits a capital C for the word Consensus. The supporting text was then written by each working party, which is what takes the time, since this needs collating, but without which the statements have little meaning out of context.

It should be noted that the Consensus process and plenary session explicitly excluded members of the Pharmaceutical Industry. The wording of each statement was agreed by ECCO members in closed session and the supporting text written by the authors. Industry was invited to check the text solely for factual accuracy once the manuscript was finished before submission, but no change to any statement or interpretation of data was permitted at all. This has to be the case for the integrity of the Consensus. Each author has submitted a declaration of Conflict of Interest. These statements are listed in an appendix at the end of this text.

There are of course publications and data that appear after the Plenary session. As far as is possible such data are put in context in the text. There are more important differences in practice between different countries within Europe. Yet the process by which the Consensus is reached enables common ground to be found without dictating practice and this is one of ECCO's great achievements. Consequently the Consensus process does not stop at publication: the ECCO regional workshops use the guidelines as a vehicle for training and there are agreed criteria for translation (https://www.ecco-ibd.eu/publications/translation_guidelines). Our goal, after all, is to improve standards of care for our patients with inflammatory bowel disease across Europe.

Appendix

Conflict of Interest Statements of the authors of the second ECCO Consensus on Crohn's disease

| Author | I have given lectures supported by the following companies: | I have received study/travel grants from the following companies: | I have received an unrestricted educational grant from the following companies: | I have served as paid consultant for the following companies: |
|--------------|---|---|---|---|
| Allez M. | Abbott Schering-Plough UCB Ferring | None | None | None |
| Ardizzone S. | None | None | None | None |

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Appendix (continued)

| Author | I have given lectures supported by the following companies: | I have received study/travel grants from the following companies: | I have received an unrestricted educational grant from the following companies: | I have served as paid consultant for the following companies: |
|----------------------------|--|---|--|---|
| Baumgart D. | Abbott Astra Zeneca Dr. Falk Ferring Essex Otsuka Shire UCB | None | Abbott Astellas (Fujisawa) Biocodex Protein Design Labs | Abbott Astra Zeneca Berlex Bristol Meyers Squibb Centocor Elan Biogen Essex Medac Ocera Protein Design Labs Schering Schering-Pough UCB |
| Beuagerie L. Bouhnik Y. | Abbott Abbott Astra Zeneca Schering-Plough Teva Pharmaceuticals Ferring Solvay-Pharma Norgine Abbott | None None | None None | None Bristol-Meyers Squibb Shire Sanofi Norgine |
| Carbonnel F. | Abbott | Schering-Plough Ferring Abbott | None | UCB Abbott |
| Cole A. | None | Abbott Schering-Plough Ferring Falk | None | Schering-Plough Ferring |
| Colombel J-F. | Abbott Astra Zeneca Centocor Elan Dr. Falk Ferring Given Imaging Otsuka PDL Biopharma Schering-Plough Shire UCB | None | Astra Zeneca Ferring Schering-Plough UCB Lesaffe Giuliani Danisco Ocerra Therapeutics Danone Roquette Mapi Dysphar | Abbott ActoGeniX AlbireoPharma Astra Zeneca Bayer ScheringPharma Biogen Idec Inc Boehringer- Ingelheim Bristol Meyers Squibb Cellerix Chemocentryx Centocor Cosmo Technologies Danone France Elan Pharmaceuticals Genentech Giuliani Given Imaging |

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