contribute to optimising the preventive strategy for HCC in patients with CHB.

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LINKED CONTENT

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Gi-Ae Kim[1,2]
Young-Suk Lim[1]

[1]*Department of Gastroenterology, Liver Center, Asan Medical Center, University of Ulsan College of Medicine, Seoul, Republic of Korea*
[2]*Department of Internal Medicine, Kyung Hee University School of Medicine, Seoul, Republic of Korea*
Email: limys@amc.seoul.kr

ORCID

Gi-Ae Kim https://orcid.org/0000-0002-5002-0822
Young-Suk Lim https://orcid.org/0000-0002-1544-577X

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Editorial: increasing IBD prevalence and its complications in the context of the COVID-19 pandemic

As the prevalence of inflammatory bowel disease (IBD) approaches 1% of the population, the focus on optimising management and preventing adverse outcomes related to both the disease itself, and the treatment becomes more relevant than ever. In the study by King et al, the authors describe increasing prevalence of both Crohn's disease and ulcerative colitis at a rate of 2%-3% per annum over the past two decades. The forecast prevalence of IBD in the UK by the year 2025 is estimated at 744, 120 or 1.1% of the UK population.[1]

Historically, the association between IBD and colorectal cancer has been a major focus of risk management and patient care.[2] In their paper, King et al, show an adjusted hazard ratio of 1.4 for developing colorectal cancer for those with ulcerative colitis. The risk of other significant and potentially fatal complications of IBD such as other cancers (both related to IBD and its treatment), venous thromboembolism, malabsorption, poor mental health and infection has been addressed elsewhere.[3-6]

In the midst of the coronavirus disease 2019 (COVID-19) pandemic, the risk of infection in patients with IBD has become a source of uncertainty and anxiety for patients and their health care team. As of April 7, 2020, the *Secure-IBD* database has reported 326 cases of COVID-19 in patients with IBD worldwide, with 13 deaths.[7] Those who have died have ranged in age from 33 to over 90 years, and were on varied immunosuppressive regimes.

Early data from an IBD population of 318 patients in Wuhan, the epicentre of the COVID-19 outbreak, suggests that regular patient recommendations, closed loop communication, social isolation and simple hand hygiene are important factors in protecting this population at risk.[8] As of February 13, 2020, none of the patients in this cohort had been diagnosed with confirmed or suspected COVID-19. The authors of this paper point to the long-term relationships and routine emphasis on patient education in the setting of IBD, as likely being a significant contributor to adherence to recommendations.

It has become clear that we need ways of stratifying and managing risk for patients with IBD in the era of Covid-19. While significant uncertainty remains, *The International Organisation for the*

Study of Inflammatory Bowel Disease (IOIBD) has undertaken a RAND panel of expert opinion regarding the care of IBD patients during the COVID-19 pandemic.[9] In time the evidence to support clinical recommendations is likely to develop. Others from epicentres of the COVID-19 pandemic have also given specific recommendations based on their experience.[10]

The paper by King et al reminds us of two important and interacting challenges facing IBD clinicians in the future. First, we will continue to see more IBD as the prevalence increases worldwide. This will require improved management strategies to provide high-quality care to more patients. Second, complications of the disease and its treatment, be they established or evolving will require individualised approaches. While some planning will be needed to mitigate these, working together at times of crisis will enable the best results for our patients.

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Samantha Jane Benson-Pope[1]
Richard B. Gearry[1,2]

[1]*Department of Gastroenterology, Christchurch Hospital, Christchurch, New Zealand*
[2]*Department of Medicine, University of Otago, Christchurch, New Zealand*
Email: richard.gearry@cdhb.health.nz

ORCID

Samantha Jane Benson-Pope https://orcid.org/0000-0001-6350-6429

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Editorial: increasing IBD prevalence and its complications in the context of the COVID-19 pandemic. Authors' reply

Benson-Pope et al have highlighted the concerns that many patients with IBD, along with their medical teams, face during the coronavirus pandemic.[1] Immunosuppression has been the mainstay of moderate to severe IBD management for decades. With large IBD populations around the world, the need to protect such potentially vulnerable patients from coronavirus disease 2019 (COVID-19) is vital.