Proctological oblivion

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EDITORIAL

Proctological oblivion

Who could ever imagine that proctological complaints could be a true gamechanger? A striking example is the saga around the loss of Napoléon Bonaparte at the battle of Waterloo where his anal ailments may have hampered a military success.

However, not only emperors suffer from proctological diseases; the prevalence of anal symptoms ranges up to 15% in general practice [1]. If compared with the prevalence figures of patients having Inflammatory Bowel Disease (IBD), ranging around 0.3%, the former is a noticeably larger group [2].

Despite the high prevalence and noteworthy negative impact of proctological illnesses on quality of life, the level of evidence in this field remains generally very low. This observation was confirmed by the recently published European Society of ColoProctology (ESCP) guideline regarding the treatment of haemorrhoidal disease (HD) [3]. Moreover, the same pattern of robust research deficit is seen in other areas in the territory of proctology, i.e., faecal incontinence, perianal fistula and anal fissure. The term 'proctology' touches not even 80,000 hits on PubMed, compared to over 108,000 results for the much smaller population of IBD patients. Although the disease burden of coloproctological complaints on a patient level may be limited, the disease burden on a population level is huge; the same holds true regarding the economic burden [4].

Hence, the question rises why this imbalance in research exists and secondly how can we overcome this?

A solution may be to prioritise proctology on the research agendas of different (inter)national forums. As a result, more high-quality studies can be designed and conducted to raise the level of robust evidence.

In these trials we endorse the use of patient-centred outcomes as primary outcome measures, complemented by traditional clinical outcomes such as recurrence of disease, complications and duration of operation. Selecting only traditional clinical outcomes in proctology may not represent treatment success as experienced by patients. This venture was underwritten by the ESCP in the publication of a Core Outcome Set (COS) for HD; in this COS, 'patient-reported symptoms' was the item selected as the primary outcome [5]. Using a COS will also improve transparency between studies and facilitate the ability to compare and combine (future) studies. The development of a COS for other proctological diseases has also been set in motion. Furthermore, it is advised to perform cost-effectiveness studies alongside such trials to gain more insight in the costs and savings associated with effective treatment options. Considering the large numbers of patients involved in the management of proctological complaints, there is much to gain regarding efficient use of resources on a patient and population level.

Eventually these clinical trials in proctology, will allow proper evidence synthesis and improve evidence-based guidelines and clinical practice. This may seem like a small and obvious step, but it will mean a huge leap in reducing the human and economic burden of proctological disease.

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