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**Surveillance in inflammatory bowel disease: the HELIOS trial**

**te Groen M, Wijnands A, den Broeder N*, et al.* Surveillance in inflammatory bowel disease: white light endoscopy with segmental re-inspection versus dye-based chromoendoscopy – a multi-arm randomised controlled trial (HELIOS). *Gut*2025; 74: 547-556. doi: 10.1136/gutjnl-2024-333446.**

The HELIOS trial was a multicentre, open-label, randomised controlled trial comparing high-definition (HD) white-light endoscopy (WLE) with segmental re-inspection (HD-WLE-SR; double-pass) to HD-DCE (dye-based chromoendoscopy) and single-pass HD-WLE in patients with colonic IBD undergoing surveillance. Patients were randomised 2:2:1, with the primary aim to test non-inferiority of HD-WLE-SR to DCE and superiority over single-pass WLE in detecting colorectal neoplasia.

The per-protocol analysis included 563 patients: 234 in the HD-WLE-SR group, 214 in the DCE group, and 115 in the single-pass WLE group. Neoplasia detection rates were 10.3% for HD-WLE-SR, 13.1% for DCE, and 6.1% for single-pass WLE. HD-WLE-SR met set non-inferiority criteria compared to DCE (difference −2.8%, lower CI −7.8%, p<0.01), but did not show superiority over single-pass WLE (difference 4.1%, p=0.19).

Detection rates per 10 minutes of withdrawal time were similar between HD-WLE-SR and DCE (0.062 vs. 0.058, p=0.83). HD-WLE-SR had a shorter withdrawal time compared to DCE (median 19 vs. 26 minutes) and required fewer resection/biopsies of macroscopic lesions (123 vs. 175, p<0.01). One case of high-grade dysplasia was detected in the DCE group, and no colorectal cancers were found. Most lesions (81%) were identified during the first inspection pass for HD-WLE-SR.

te Groen  *et al.,* suggest that DCE’s benefit may relate more to longer inspection time than to dye contrast. Although differences were not statistically significant, a larger sample might have demonstrated clearer advantages for DCE. HD-WLE-SR appears to be a practical and scalable alternative that avoids dye-related limitations. Larger studies are needed to confirm these findings and inform clinical guidelines.