Endoscopy Priority Setting Partnerships (PSP)

The James Lind Alliance (JLA) works with Priority Setting Partnerships (PSPs) of patients, carers, and clinicians to identify and prioritise the unanswered questions or evidence uncertainties that they are agree are the most important for research to address. Endoscopy CRG Chair, Manu Nayar leads on the PSP in Endoscopy. He is a full-time substantive Consultant Gastroenterologist at the Freeman Hospital, Newcastle upon Tyne. His subspecialty area of interest is hepatobiliary and pancreatic endoscopy. This includes endoscopic management i.e., therapeutic ERCP and endoscopic ultrasound and management of benign & malignant pancreaticobiliary diseases.
PSP is collaborative work of JLA, BSG and Guts UK and was initiated in the 2nd half of the 2024. Main steering group includes of

- Dr Manu Nayar – PSP clinical lead
- Dr Nisha Patel – PSP clinical co lead
- Guts UK - PSP Lead
- The Health Care Professionals including but not exclusive to consultants, surgeons, and specialist nurses working across the UK.
- The public and patient involvement and engagement representatives will have lived experience of having endoscopy procedures and will cover the 4 nations.

Whilst much of the focus of existing research aims to address improving the quality of endoscopy and innovation, there has been very little research that is patient centred. It is increasingly recognised that clinical research in this area of health should be patient-led. For example, this could be based on patient experience e.g., how they feel attending an endoscopy procedure and the role of state of the art technology including robotics and artificial intelligence. Additional areas for research include the role of sedation and improving the efficiency in endoscopy (as highlighted by the GIRFT report. In addition, involving patients to truly understand their concerns regarding endoscopy, which is invasive, involves sedation and often results in discomfort, and how they can be addressed requires further investigation.

The potential for other collaborative research includes rapidly evolving innovation and technology in endoscopy such as artificial intelligence and multitasking endoscopy platforms.

The initial scope of the PSP will be to understand the key areas to develop research in the field of endoscopy at a national level based on recent discussions with the established BSG Endoscopy and Endoscopy Research committees.

Though this is a broad topic; there are unique and pressing issues which should be the focus of prioritisation. These areas include:

1. Patient centred research- including patient flow through endoscopy, patient concerns with endoscopy, patient engagement with endoscopy research and patient discomfort experienced during endoscopy.
2. How can we improve efficiency in endoscopy - GIRFT recommendations, room turnaround times, improving flow through endoscopy
3. Upper gastrointestinal disease- there is a need for well-designed randomized studies comparing different surveillance intervals in patients with gastric premalignant conditions.
4. Lower gastrointestinal disease- surveillance intervals for patients with a family history of colorectal cancer, those with sessile serrated polyps (SSPs), and those with (previous) colitis or colectomy following colon cancer have not been defined in recent years and how they can be adjusted depending on patient factors and quality of endoscopy. Identifying the best technique for detection, resection, and surveillance of SSPs and can further polyp characterization (sessile serrated lesions, number of polyps, and size of polyps) be a better predictor of interval cancer rates than adenoma detection rate? Management of diminutive polyps in older patients is urgently required.
5. Pancreatobiliary medicine – How can we reduce the risk of post procedure pancreatitis? The optimal indications for therapeutic EU? What is the optimal approach to access the biliary tree in patients with altered anatomy? How do we improve non-invasive diagnostic methods (e. g. contrast-enhanced endoscopic ultrasonography, 3 D reconstruction) for the differential diagnosis of pancreatic cancer and inflammatory diseases?
6. Innovation - The implementation of advanced endoscopic imaging in clinical practice- e.g., BE, intestinal metaplasia and polyps. The implementation of capsule endoscopy and the colon capsule. The implementation and impact of artificial intelligence and whether automated reading algorithms can be safely introduced into clinical practice.

Steering group will be producing and publicising the two Top 10 priority lists by early 2026. They will develop the prioritised uncertainties into research questions, identify mechanisms for delivery, and develop into a format suitable for themed funding calls.

Dr Manu Nayar

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