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**Serological screening for coeliac disease in an adult general population: the HUNT study**

**Andersen I, Lukina P, Dyrli O, et al. Serological screening for coeliac disease in an adult general population: the HUNT study. Gut 2025; 74: 918-925. doi: 10.1136/gutjnl-2024-333886.**

Paediatric guidelines allow for omitting endoscopic biopsies in cases where antitransglutaminase 2 (TG2) immunoglobin A (IgA) levels are ≥10 times the upper limit of normal (ULN) and positive serology for endomysial IgA antibodies are found in a second control sample. Widespread acceptance of this approach in adults is still lacking.

The aim of this population-based study was to assess the screening abilities of dual TG2 IgA and IgG (immunoglobin G) assay in diagnosing Coeliac Disease (CeD) and the properties of the assay in a no-biopsy approach in an adult general population.

Serum samples were analysed with a dual TG2 IgA and IgG assay and seropositive participants were invited to endoscopy with duodenal biopsies. A CeD diagnosis was given if mucosal damage (Marsh grade 3) was found.

Histological evaluation of 657 seropositive participants confirmed CeD in 423. The positive predictive value (PPV) of a positive TG2 IgA was 73.3% (95% CI 69.7% to 77.0%) for biopsy-confirmed CeD. TG2 IgA ≥10 times the upper limit of normal (ULN), as used in the no-biopsy approach in children, increased the PPV to 88.1% (95% CI 84.8% to 91.4%). Primary TG2 IgG response was found in 87 participants, five of whom had biopsy-confirmed CeD. The PPV of a positive TG2 IgG was 5.8% (95% CI 1.9% to 12.9%) and of TG2 IgG ≥10× ULN was 9.5% (95% CI 1.2% to 30.4%) for biopsy-confirmed CeD in TG2 IgA-negative individuals.

Andersen et al. concluded the TG2 IgA assay showed excellent abilities as a screening tool for CeD in the adult general population. Using the ≥10 times upper limit of normal (ULN) for TG2 IgA further increased the PPV, but not to an extent that could justify a no-biopsy approach in this setting. The diagnostic accuracy of TG2 IgG was too poor for selectively identifying individuals with CeD.