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Letter: immune checkpoint inhibitor induced colitis - shouldn't we be checking more often? Authors' reply.

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We thank the authors, Dr. Samaan et al., for their thoughtful letter regarding our recent paper[1,2]. They raise several excellent points regarding the role and use of endoscopy in the evaluation of patients with suspected immune checkpoint inhibitor induced colitis.

We agree that at this time endoscopy appears to be underutilized in the workup of this condition. Several recent studies have shown that patients with high risk endoscopic features were more likely to require treatment with biologic therapy[3,4]. Thus, important prognostic as well as diagnostic information (e.g., excluding CMV infection and other processes) may be obtained via endoscopic evaluation.

Given the urgency of treating patients with severe presentations of this condition, we suspect that oncologists may see endoscopy as a barrier that could delay timely initiation of treatment. We fully agree that closer relationships between gastroenterologists and oncologists including an "oncology liaison gastroenterologist" will likely allow for streamlined care. One of the authors (MSP) currently serves such a role with a well-known National Cancer Institute-designated cancer center in the metro-Detroit area. Strengthening these relationships will allow for more prospective studies to be performed to evaluate the role of endoscopy and noninvasive markers in evaluating this and other conditions with overlap between specialties.

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The authors' declarations of personal and financial interests are unchanged from those in the original article.[2]

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