especially in those accepting a screening invitation, is difficult due to the confounding effect that deprivation has on both background life expectancy[3] and colorectal cancer screening participation.[4] As a result, any potential benefit of screening in terms of later age at death cannot be adequately assessed from this analysis.

Raymond Oliphant, Philip McLoone, David Morrison

West of Scotland Cancer Surveillance Unit, Department of Public Health, 1 Lilybank Gardens, University of Glasgow, Glasgow, UK

Correspondence to Mr Raymond Oliphant, West of Scotland Cancer Surveillance Unit, Department of Public Health, 1 Lilybank Gardens, University of Glasgow, Glasgow, G12 8RZ, UK; raymondoliphant@nhs.net

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Idiopathic chronic pancreatitis in India: looking for a name! Futile or fruitful exercise?

We read with interest the article by Midha *et al*[1] and correspondence by various authors on the interesting and challenging topic of idiopathic chronic pancreatitis (ICP) in India. At the outset we would like to congratulate the authors of this good study. We had earlier published a study, which somehow escaped the attention of the authors in their initial study and also later in correspondence, where we had shown that the clinical profile of ICP in North India differs from that of classical tropical pancreatitis (TP) with a higher frequency of pain and a lower frequency of diabetes, pancreatic calcification and intraductal calculi.[2]

In our study of 155 patients with chronic pancreatitis (CP), ICP was the most common form of CP (41.3%).[2] When we compared the clinical profile of our patients with ICP with the profile of classical TP (as revealed by published reports in the 1990s), various interesting differences were noted. In contrast to 'classical' TP, where most patients were between 10 and 30 years of age, mean age at presentation in our series was 33 years. Patients with 'classical' TP were usually malnourished, with abdominal pain being present in 30–90% of patients, whereas the majority of our patients with ICP had a normal body mass index (BMI) and 97% of patients had abdominal pain. More than 90% of patients with 'classical' TP had pancreatic calcification and diabetes, whereas in our study the frequency of pancreatic calcification and diabetes was 46.9% and 23.4%, respectively. The majority of patients with TP frequently had large ductal calculi, whereas calculi were noted in only 14% of our patients. In another study, we compared the clinical profile of alcohol-related calcific CP with that of calcific ICP.[3] We observed that the mean duration of symptoms and the BMI were not significantly different between the two groups. There was also no significant difference in the frequency of various symptoms and complications except for pseudocyst that occurred more frequently in calcific alcoholic pancreatitis as compared with patients with calcific ICP.

Our results, as well as those of Midha *et al*, from two large centres in North India make us wonder whether ICP of North India is different from classical TP described earlier or whether this is indeed the same disease that has changed its phenotypic expression over a period of time. Even in South India classical TP is now seen less commonly. Balakrishnan *et al*[4] compared a cohort of patients of ICP seen in 1984 with those seen in 2004 and reported that ICP in the recent group (2004) of patients occurred in older people, and the frequency of pain was higher and that of diabetes was lower.

These studies make us wonder as to what has happened over the last two decades that has changed the profile of TPs or ICP in India. ICP seems to be a complex disorder, with interaction of genes with the environment determining the phenotypic expression of the disease. It is unlikely that the genetic profile of the population is going to change in a few decades. It seems that this change in profile of ICP may be due to the changes in the environment, diet and nutritional status brought about by the economic progress of India. We expectantly look forward to genetic and other studies that hopefully will unravel the mystery of whether ICP of North and South India and that of the west are either (1) the same disease with different manifestations or (2) different diseases altogether. Until such time we will continue to designate these mysterious and challenging diseases by latitudes, longitudes and/or geographical boundaries, and this disease will keep on looking for a name that is acceptable to us all!

Deepak K Bhasin, Surinder S Rana, Kartar Singh

Department of Gastroenterology, Post Graduate Institute of Medical Education and Research (PGIMER), Sector 12, Chandigarh, India

Correspondence to Professor Deepak Kumar Bhasin, 1041, Sector 24-B, Chandigarh 160 023, India; deepakkbhasin@gmail.com

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