

approved clinical trial and registry. However, it is a fact and needs to be pointed out, that only one third of our identified IAR (80 of 205) participated in the recommended screening programme. A pilot study on 32 of these IAR using standard questionnaires and interviews (Beck Depression Inventory (BDI) and Brief Symptom Inventory (BSI)) around counselling (days -7, 0, +30) conducted by a psychiatrist revealed, that these IAR were critically biased by cognitive coping strategies (unpublished data). Pancreatic cancer (PC) screening is clearly different from other cancer screening programmes, given the disastrous prognosis of PC, the unknown true penetrance in the different settings of hereditary PC, the lack of a major gene defect, the lack of reliable imaging or biomarkers, the lack of evidence to improve prognosis or to save lives by any screening, and the high risk of morbidity and mortality of potential preventive surgery. Some authors even advocate that at present 'doing nothing' provides the greatest remaining quality of life-adjusted years and the lowest costs.⁶

We fully agree that we need to gain much more knowledge about hereditary PC to draw a definite conclusion about the true value of PC screening in IAR. However, based on our data, we strongly believe, in accordance with the recommendations of the Fourth International Symposium of Inherited Diseases of the Pancreas,⁵ that all screening procedures should be performed as part of peer-reviewed protocols combined with a scientific appraisal of the screening methods and human subject protection. At present there is no data, that would justify a general PC screening even of high risk individuals outside of such protocols as suggested by Harinck *et al.* In contrast, it has to be feared that uncritical use and interpretation of screening results obtained with the presently available tools on a healthcare basis may cause unnecessary physical harm and psychological distress. On the other hand over-estimation of the power of our present screening tools may lead to a deceptive, unjustified and potentially dangerous level of safety, if done uncritically and uncontrolled. The message of our paper thus is not 'to do nothing', but to carefully evaluate screening methods for IAR from familial pancreatic cancer (FPC) families in the setting of board approved clinical trials, to continuously improve our knowledge and strategies.

P Langer,¹ TM Gress,² DK Bartsch¹

¹Department of General Surgery, Philipps-University Marburg, Germany; ²Department of Gastroenterology, Philipps-University Marburg, Germany

Correspondence to Dr D K Bartsch, Department of Visceral-, Thoracic and Vascular Surgery, Philipps University Marburg, Germany; bartsch@med.uni-marburg.de

Competing interests None.

Provenance and peer review Not commissioned; not externally peer reviewed.

Gut 2010;**59**:1006–1007. doi:10.1136/gut.2010.214163

REFERENCES

1. **Harinck F**, Canto MI, Schulick R, *et al.* Surveillance in individuals at high risk of pancreatic cancer; too early to tell? *Gut* 2010;**59**:1005–6.
2. **Langer P**, Kann PH, Fendrich V, *et al.* Five years of prospective screening of high-risk individuals from families with familial pancreatic cancer. *Gut* 2009;**58**:1410–18.
3. **Canto MI**, Goggins M, Hruban RH, *et al.* Screening for early pancreatic neoplasia in high-risk individuals: a prospective controlled study. *Clin Gastroenterol Hepatol* 2006;**4**:766–81. quiz 665.
4. **Poley JW**, Kluij I, Gouma DJ, *et al.* The yield of first-time endoscopic ultrasonography in screening individuals at a high risk of developing pancreatic cancer. *Am J Gastroenterol* 2009;**104**:2175–81.
5. **Brand R**, Rubinstein C, Lerch MM, *et al.* Advances in counselling and surveillance of patients at risk for pancreatic cancer. *Gut* 2007;**56**:1460–9.
6. **Rubenstein JH**, Scheiman JM, Anderson MA. A clinical and economic evaluation of endoscopic ultrasound for patients at risk for familial pancreatic adenocarcinoma. *Pancreatol* 2007;**7**:514–25.

CORRECTIONS

doi:10.1136/gut.2009.208975ecorr1

Safety and comfort for colonoscopy in the over seventies-time to achieve a balance? *Gut* 2010;**59**(Suppl 1):A23. The correct author list should have been Hancock J, Ali F, Sarkar A, Parr J.

doi:10.1136/gut.2009.190439corr1

Ibeakanma C, Vanner S. *Gut* 2010;**59**:612–21. TNF α is a key mediator of the pro-nociceptive effects of mucosal supernatant from human ulcerative colitis on colonic DRG neurons. The figures were ordered incorrectly in the print version of the paper. The latest online pdf and full text have been corrected. The journal apologises for the error.

doi:10.1136/gut.2009.180182corr1

Long-term outcome of endoscopic dilatation in patients with Crohn's disease is not affected by disease activity or medical therapy. *Gut* 2010;**59**:320–4. The correct author list should have been Thienpont C, D'Hoore A, Vermeire S, Demedts I, Bisschops R, Coremans G, Rutgeerts P, Van Assche G.

The latest online pdf and full text have been corrected. The journal apologises for the error.

doi:10.1136/gut.2008.155226corr1

De-Xin Zhang, Peng-Tao Zhao, Lin Xia, *et al.* *Gut* 2010;**59**:292–9. Potent inhibition of human gastric cancer by HER2-directed induction of apoptosis with anti-HER2 antibody and caspase-3 fusion protein. Panels E–H were missing in figure 5. The latest online pdf and full text have been corrected. The journal apologises for this error.

doi:10.1136/gut.2008.174904corr1

Yue H-Y, Yin C, Hou J-L, *et al.* *Gut* 2010;**59**:236–46. Hepatocyte nuclear factor 4 α attenuates hepatic fibrosis in rats. Professor Lin Yong and Dr Weifen Xie should have been co-corresponding authors on this paper. The latest online pdf and full text have been corrected.

doi:10.1136/gut.2008.155853corr1

Park DH, Kim M-H, Chari S T. *Gut* 2009;**58**:1680–9. Recent advances in auto-immune pancreatitis. M-H Kim and S T Chari should have been co-corresponding authors on this paper. The latest online pdf and full text have been corrected.

doi:10.1136/gut.2009.179606corr1

Mangia A, Andriulli A. Tailoring the length of antiviral treatment for Hepatitis C. *Gut* 2010;**59**:1–5. There were several errors in table 1 which have now been corrected online.

doi:10.1136/gut.2008.174607corr1

Cahill RA, Lindsey I, Cunningham C. *Gut* 2009;**58**:1168–9. NOTES for colorectal neoplasia—surgery through the looking glass. The surname of the third author should be spelt Cunningham, not Cunnigham. The latest online pdf and full text have been corrected.

doi:10.1136/gut.2009.183608corr1

Lysosomal accumulation of gliadin p31e43 peptide induces oxidative stress and tissue transglutaminase-mediated PPAR γ down-regulation in intestinal epithelial cells and coeliac mucosa. *Gut* 2010;**59**:311–9. The correct author list should have been Luciani A, Rachela Vilella V, Vasaturo A, Giardino I, Pettoello-Mantovani M, Guido S, Cexus O N, Peake N, Londei M, Quarantino S, Maiuri L as it appeared in the online first version. We have replaced the latest online pdf and full text. The journal apologises for the error.