Setting the stage for research in endoscopy

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Endoscopy as the technical discipline in gastroenterology may be regarded similar to coronary angiography in cardiology. We are facing new developments in endoscopy that will facilitate diagnosis and minimally invasive therapy of GI diseases for the benefit of our patients. The digital revolution has brought relevant innovations with respect to early detection and better endoscopic diagnosis.¹ In addition to diagnostic endoscopy, interventional endoscopy is gaining increasing interest; not least due to the growing public demand for minimal invasiveness.² In the near future, more endoscopic intraluminal interventions will therefore be performed, requiring an increasing number of practicing endoscopists. The boundaries between interventional endoscopy and minimally invasive surgery will dissolve.³ Nevertheless, this implies that pre-, intra-, and post-procedural patient management should adhere to similar standards as in surgery.

You will realize that the current issue of the *United European Gastroenterology Journal* is packed with manuscripts related to endoscopy. This highlights the importance of endoscopy in gastroenterology mentioned above. You will find manuscripts on new developments relevant for endoscopic detection of early neoplastic lesions;⁴ learn something about the endoscopic treatment of such lesions;⁵ get information on new tools for endoscopic treatment;⁶ and become aware of the usefulness of standard techniques, and how and when they are applied.⁷ Hence, there should be something for everyone. The manuscripts selected to appear in this issue of *United European Gastroenterology Journal* cover all aspects of endoscopic research: from basic mechanisms to clinical routine practice. These papers should help you gain new insights and will advise your daily endoscopic practice.

However, despite all this new information, there are still many shortcomings, and many basic problems remain unsolved. In contrast to other areas of gastroenterology, such as inflammatory bowel disease or hepatology, endoscopy still lags behind in terms of well conducted, prospective studies. Perhaps, there has been too much focus on retrospective case series, highlighting the personal experience of single centres or investigators. Although those might be illustrative, we should seek basic studies that cover very early prototypical developments or elucidate some general mechanisms of endoscopy. Furthermore, large,

randomised, multi centre trials are warranted for evaluation of new endoscopic techniques and tools in clinical practice. Last but not least, as also highlighted in the present issue of *United European Gastroenterology Journal*, we should constantly evaluate the efficacy of certain endoscopic procedures in a ‘real life setting’.^{8–10}

As the endoscopy section editor of *United European Gastroenterology Journal*, I therefore encourage you not only to read those papers but also to plan, conduct and publish endoscopical studies of your own. Submit papers on something that is really new and has not been appeared within the endoscopic arena. Send us prospective multicentre trials. And, most important: be honest! Don’t polish your data. Do not refrain from submitting negative results. Studies with negative results stimulate critical discussion, and are therefore extremely helpful. In gastroenterology, endoscopy has become critically important – further scientific evaluation is therefore mandatory. The stage is set. Now it is up to you to fill the gap and submit papers covering all the aspects mentioned to the *United European Gastroenterology Journal*. You are certainly welcome to do so!

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Corrigendum

Adam D Farmer, Asbjørn M Drewes, Giuseppe Chiarioni, Roberto De Giorgio, Tony O'Brien, Bart Morlion and Jan Tack. Pathophysiology and management of opioid-induced constipation: European expert consensus statement. *United European Gastroenterology Journal*, 2019, vol. 7, 1: pp. 7–20. DOI: 10.1177/2050640618818305

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