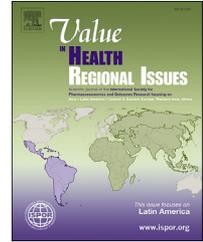




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## Letters to the Editor

### Response to Letter to the Editor

We want to extend our gratitude to the authors of the “Letter to the Editor: Inflammatory Bowel Disease in Latin America: A Systematic Review” for their knowledgeable comments and interest in our study. As described in our article, we conducted a comprehensive systematic review to estimate the burden of inflammatory bowel disease (IBD) in Latin America on the basis of published and unpublished studies from January 2000 to September 2015. We retrieved 3455 references, finally including 25 studies, which were mainly registries. Despite the clear heterogeneity and scarcity of high-quality epidemiological studies on IBD, we could picture the increasing trend in the diagnosis of this pathology in Latin America during the study period.

It is our understanding, as our colleagues mention in their letter, that there are new records available in the literature that have been published after our search date. These results show an increase in the reporting of IBD in our region, which gives us an opportunity to improve and complement our analysis. Although these studies were not included in our work because they did not meet the search date requirements (January 2000 to September 2015), we can see that the results coincide with ours, being within the ranges that we present in our original article.

Therefore, we believe that it is crucial to complement our search with more recent studies to have all the up-to-date information available. Although the “Letter to the Editor” highlighted very important data relevant to our work, it is important to

identify these studies in a systematic manner. It is worth mentioning that the results of any included study must be complemented with an evaluation of data quality to improve the robustness of our statements. Nevertheless, this is a good starting point to consider for the early update of our study.

We agree with the comments in the letter. It is encouraging that at least 4 registry studies on populations with IBD in Latin America have been published in 3 years, which makes us believe that interest in the reporting of this disease is increasing. Moreover, we strongly believe that this information could assist Latin American decision makers to design strategies to deliver high-quality, patient-centered care for the population with IBD.

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