****

**Sphincterotomy for biliary sphincter of Oddi disorder and idiopathic acute recurrent pancreatitis: the RESPOnD longitudinal cohort**

Coté G, Elmunzer B, Nitchie H*, et al*. Sphincterotomy for biliary sphincter of Oddi disorder and idiopathic acute recurrent pancreatitis: the RESPOnD longitudinal cohort. *Gut*2025; 74: 58-66. doi: 10.1136/gutjnl-2024-332686

Sphincter of Oddi disorders (SOD) represent a challenging and controversial area of gastroenterology. SOD is considered in patients with persistent or recurrent biliary-type pain after undergoing cholecystectomy, and in patients with idiopathic acute pancreatitis. Endoscopic intervention (i.e., ERCP) with sphincterotomy has been proposed as a therapeutic option to ameliorate symptoms or recurrent pancreatitis, but it remains unclear which patient group, if any, will benefit. Coté *et al.,* reporton the 12-month outcomes of the prospective, multi-centre, USA-based ‘RESPOnD’ study that assessed the impact of sphincterotomy on patients with suspected SOD. They enrolled 213 patients with biliary or pancreatic SOD between 2018-2022 with the primary outcome being the Patient Global Impression of Change (PGIC). PGIC is a patient-reported, single item, 7-point Likert scale that provides a subjective assessment of change (e.g., better or worse). Clinical success was deemed as ‘much improved’ or ‘very much improved’ at 12 months. In total, 122 patients (57.4%; 95% CI 50-64%) met the imputed target for success, and among those with complete follow-up (n=161), the response was similar (61.5%; CI 54-69%). A serious adverse event occurred within 30-days of the index ERCP in 31.9% (68/213). Non-iatrogenic acute pancreatitis occurred in 17.4% (37/213) at a median of six months, which was more common in patients with a prior history (30.4%; p<0.0001). Finally, Coté *et al.,* could not identify any variables predictive of success including duct size, biochemistry or baseline patient characteristics. Importantly, in an open-label study assessing patient-reported outcomes, a placebo effect remains a strong possibility, and one would have hoped for patient and public involvement in such a subjective determination of success. Ultimately, while this study tells us there may be a therapeutic benefit of sphincterotomy in a carefully selected cohort of patients with SOD, we are no closer to determining who this cohort may be and sphincterotomy does not reduce the short-term risk of subsequent pancreatitis.