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Summary

ULTRASOUND REMISSION AFTER BIOLOGIC INDUCTION PREDICTS LONG-TERM ENDOSCOPIC REMISSION IN CROHN'S DISEASE

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UEG Week Copenhagen 2023 | Poster

IBD

October 16, 2023

In this prospective study of 93 Crohn's disease patients starting biologic therapy, ultrasound remission at week 12 strongly predicted endoscopic remission at week 54.

KEY POINTS

- Patients with ultrasound remission (BUSS < 3.52) at week 12 were significantly more likely to achieve endoscopic remission at week 54 (odds ratio 9.93, $p < 0.001$), with a negative predictive value of 87%.
- A BUSS decrease of at least 1.2 points at week 12 had a 94% negative predictive value for detecting endoscopic remission at week 54.
- Among 93 patients on biologics (infliximab, adalimumab, vedolizumab, or ustekinumab), 24% achieved endoscopic remission and 31% achieved ultrasound remission at week 54.
- The IBUS-SAS cutoff of 22.8 mm showed similar accuracy to BUSS (AUC 0.906 vs 0.918, $p = 0.46$) for detecting endoscopic remission, while BUSS was superior to bowel wall thickness alone.
- The authors conclude that early ultrasound remission may serve as a treatment target in clinical practice and trials, warranting further treat-to-target studies using intestinal ultrasound.

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