

EARLY FECAL CALPROTECTIN LEVELS PREDICT POSTOPERATIVE RECURRENCE OF CROHN'S DISEASE: DATA FROM THE REPREVIO TRIAL

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UEG Week Copenhagen 2023

Poster

IBD

October 15, 2023

In the REPREVIO trial, fecal calprotectin measured at week 8 after ileocolonic resection predicted endoscopic Crohn's disease recurrence at week 26, with a cut-off of 45 µg/g showing 85% sensitivity.

KEY POINTS

- Week 8 fecal calprotectin levels were significantly higher in patients with week 26 endoscopic recurrence (Rutgeerts ≥ 2) compared to those without recurrence (158 µg/g versus 80.5 µg/g, $p=0.011$).
- A fecal calprotectin cut-off of 45 µg/g at week 8 post-surgery had 85% sensitivity and 40% specificity to predict significant endoscopic recurrence, with an AUC of 0.703.
- After correction for treatment allocation, the predictive power of fecal calprotectin was only significant in the placebo group ($p=0.018$), not in the vedolizumab group ($p=0.456$).
- In patients without week 26 endoscopic recurrence, fecal calprotectin decreased from baseline to week 8 (139 to 80.5 µg/g, $p<0.001$), while it remained stable or increased in those who developed recurrence.
- This analysis from the randomized REPREVIO trial included 80 Crohn's disease patients post-ileocolonic resection, all with at least one risk factor for postoperative recurrence.

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