gutflix
GI learning, personalised

Summary

Which biomarkers do I use in clinic, and how do they help my management? From faecal calprotectin to molecular signature

Bram Verstockt

Postgraduate Teaching Programme Barcelona 2026 | Presentation

IBD

October 17, 2026

Faecal calprotectin remains the primary biomarker workhorse for IBD monitoring, but implementation requires careful interpretation of patient-specific trajectories, integration with point-of-care intestinal ultrasound, and adaptation to local reimbursement policies to maximize adherence.

KEY POINTS

- The speaker uses faecal calprotectin as the main monitoring biomarker, with two consecutive substantially elevated values providing high specificity for luminal inflammation, though it does not distinguish IBD-specific from other inflammation.
- CRP is not sensitive or specific for IBD and the speaker uses it mainly in Crohn's patients who had baseline CRP positivity, recognizing that negative CRP does not rule out active disease.
- Home-based faecal calprotectin tests are valuable for remote monitoring and increase patient adherence, while repeated clinic-based stool collection reduces compliance.
- Calprotectin interpretation requires knowledge of the patient's baseline values and consistency in assay type across measurements; the speaker often combines grey-zone results with point-of-care intestinal ultrasound for same-day decision-making.
- An Amsterdam team identified a metabolomic and epigenetic blood marker predicting response to vedolizumab or another agent in Crohn's disease, now being tested in a European Commission-funded randomized trial comparing biomarker-driven versus standard drug selection.
- After 30 years of biomarker research in IBD, few markers beyond faecal calprotectin have reached routine clinical implementation, and the speaker's clinic stopped TPMT genotyping because thiopurines are used only at minimal dose with infliximab.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/c8f66e90-d14f-11f1-a6ef-daaa6dbee0a2

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.