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Summary

PROTEIN FINGERPRINT ASSAYS REFLECTING NEUTROPHIL ACTIVITY, MUCOSAL DAMAGE, AND TISSUE FIBROSIS ARE SURROGATE BIOMARKERS FOR MUCOSAL HEALING IN PEDIATRIC CROHN'S DISEASE

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UEG Week Copenhagen 2023 | Poster

IBD

October 15, 2023

Protein Fingerprint Assays measuring collagen degradation, neutrophil and macrophage activity show promise as non-invasive serum biomarkers for identifying mucosal healing in pediatric Crohn's disease.

KEY POINTS

- In a sub-study of 178 children with Crohn's disease undergoing concurrent MRE and ileocolonoscopy, multiple serum biomarkers (CPa9-HNE, VICM, C1M, C3M, C6M, PRO-C4, PRO-C22) correlated significantly with combined SES-CD and MRE scores and were lower in patients with mucosal healing versus mucosal damage.
- A multivariate regression model combining these biomarkers achieved AUC of 0.82 for distinguishing mucosal healing from mucosal damage and AUC of 0.77 for distinguishing mild disease from moderate-to-severe disease, outperforming individual biomarkers.
- Mucosal healing was defined as SES-CD score of 0 and MRE visual analogue scale of 0, while mucosal damage was defined as SES-CD or MRE VAS greater than 0.
- The biomarkers represent neutrophil activity (CPa9-HNE), macrophage activity (VICM), mucosal damage (C1M, C3M, C4M, C6M, ELP-3), and tissue fibrosis (PRO-C3, PRO-C22) and may be useful for monitoring mucosal damage and stenosis in pediatric Crohn's disease.

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