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Summary

STRIDE-III: UPDATED EVIDENCE-BASED TREATMENT TARGETS FOR INFLAMMATORY BOWEL DISEASE FROM THE INTERNATIONAL ORGANIZATION FOR THE STUDY OF IBD

Dan Turner

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Standards & Guidelines | Paediatrics | Mechanisms & Personalised Medicine | Immunology | IBD | Endoscopy

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STRIDE-III redefines treat-to-target management in IBD by categorizing treatment targets into actionable (requiring treatment change), adjunctive (guiding optimization), and patient-centered measures, based on systematic review of 1,021 studies and achieving consensus on all 26 recommendations.

KEY POINTS

- Actionable targets supported by treat-to-target trial evidence include clinical response and remission, C-reactive protein, fecal calprotectin, and endoscopic remission; these should generally prompt treatment changes when not achieved despite adequate optimization.
- Fecal calprotectin less than 200 µg/g is the actionable biochemical target, while values less than 100 µg/g support deeper inflammatory control.
- Clinical response is an immediate target (less than 1–2 months), clinical remission a short-term target (2–3 months), biochemical remission intermediate (3–6 months), and endoscopic remission the principal long-term actionable target (7–12 months), with treatment-specific timelines.
- Adjunctive targets (bowel urgency, growth in children, histological remission in UC, and transmural remission in CD) should guide treatment optimization and monitoring without necessarily changing therapeutic class.

- Patient-centered targets comprise quality of life, disability, and fatigue; impairment should prompt assessment of inflammatory and non-inflammatory causes and management through shared decision-making.
- The framework aims to reduce both undertreatment of persistent inflammation and unnecessary treatment escalation, with pragmatic adaptations provided for resource-limited settings.

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