# BEYOND ENDOSCOPY: EVALUATING NON-INVASIVE TOOLS FOR MONITORING POSTOPERATIVE CROHN'S DISEASE RECURRENCE

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**In 895 postoperative Crohn's disease patients, combining faecal calprotectin above 200 µg/g with positive intestinal ultrasound at 18-24 months predicted late endoscopic recurrence with 90% positive predictive value, and radiological remission at this timepoint was protective against surgical recurrence (OR 0.356, p=0.003).**

## KEY POINTS

- Faecal calprotectin demonstrated modest discriminatory ability for endoscopic recurrence (Rutgeerts score ≥i2 or SES-CD ≥3) with AUC 0.676 at 18-24 months, using optimal cutoffs substantially lower than standard thresholds: 47.5 µg/g at 3 and 6-12 months, and 80.0 µg/g at 18-24 months.
- At 18-24 months, intestinal ultrasound showed superior agreement with endoscopy (κ=0.531, sensitivity 83.8%, specificity 72.7%) compared to MRI (κ=0.324), with moderate agreement at 6-12 months (κ=0.426, 63.2% concordance).
- A rule-in strategy using faecal calprotectin ≥200 µg/g combined with positive intestinal ultrasound or MRI achieved positive predictive values of 90% and 92% respectively for identifying late endoscopic recurrence.
- Patients achieving both endoscopic and radiological remission at 18-24 months represented a particularly low-risk subgroup for surgical recurrence (p=0.014) over median 78-month follow-up.
- The study was a multicenter retrospective cohort from 13 Italian centres (1978-2023) including only patients without endoscopic recurrence at 6-12 months; prospective validation is needed.

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