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Summary

Choosing the right biologic in stricturing Crohn’s disease

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Small Intestine & Nutrition | Surgery | IBD

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The speaker reviewed biologic therapy selection for stricturing Crohn's disease, emphasizing that patient selection based on stricture characteristics is more critical than choice of specific biologic, with anti-TNF agents currently having the strongest evidence in this setting.

KEY POINTS

- The speaker stated that more than 50% of Crohn's disease patients develop fibrous stenosis complications, with up to 10% having strictures at diagnosis, 30% within ten years, and over 50% after 20 years.
- Patient selection is crucial: the speaker reported that favorable features for medical therapy include shorter strictures (under 12 cm), wider lumen, thinner wall (under 3 mm), absence of fistulas or abscess, and immunosuppressant use, while long strictures with narrow lumen and thick walls predict failure.
- Anti-TNF agents have the strongest stricture-specific evidence according to the speaker, with real-world data also supporting vedolizumab and ustekinumab after anti-TNF failure, though the speaker noted no evidence yet for risankizumab or upadacitinib in stricturing disease.
- The speaker presented data from an adalimumab trial showing 29% complete resolution on ultrasound and 22% on MRI, with 71% remaining surgery-free at a median of 57 months.
- Emerging anti-fibrotic therapies including anti-TL1A were discussed by the speaker as showing promise in early trials with improved endoscopic and MRI outcomes, representing a future direction beyond controlling inflammation alone.

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