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Summary

CYTOKINE POLYMORPHISMS TO PREDICT THERAPEUTIC RESPONSE IN INFLAMMATORY BOWEL DISEASE

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UEG Week Berlin 2025 | Poster

IBD

October 5, 2025

A prospective cohort study of 197 IBD patients found that the IL-10 -1082 mutated genotype was associated with better response to targeted therapies at 12 months, particularly for anti-TNF agents, while the IL-6 -174 mutation was linked to earlier disease onset and higher surgical risk.

KEY POINTS

- Patients with the mutated IL-10 -1082 SNP were twice as likely to achieve biochemical remission (fecal calprotectin below 250 µg/g and CRP below 5 mg/L at 12 months) with targeted therapies in the per-protocol cohort (OR 2.14, p=0.041).
- In the anti-TNF subgroup, 84.8% of non-responders had the wild-type IL-10 -1082 genotype, and the mutated allele showed even stronger association with response (OR 3.36, p=0.034).
- The TNF-α -308 SNP genotypes also correlated significantly with anti-TNF therapy response in the per-protocol cohort (OR 2.82, p=0.040).
- Patients carrying the IL-6 -174 C allele had a younger age at IBD diagnosis (median 25 vs 30 years, p=0.049) and increased lifetime risk of bowel surgery.
- The speakers suggest this relatively inexpensive genetic screening could identify patients with difficult-to-treat IBD, though this represents their interpretation of the findings.

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