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Summary

Beyond remission: Defining and reaching resolution in IBD

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IBD

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The presentation distinguishes between treatment endpoints that predict better outcomes and treatment targets that should trigger therapy optimization in inflammatory bowel disease, emphasizing early treatment, careful monitoring, and patient-centered care beyond mucosal healing.

KEY POINTS

- The speaker differentiated endpoints (achievements that predict better outcomes, such as histological or transmural healing) from targets (goals that should prompt treatment modification if not achieved), noting that not all endpoints are achievable or modifiable in all patients.
- The verdict trial randomized ulcerative colitis patients to three treatment targets using vedolizumab escalation—clinical remission alone, clinical plus endoscopic remission, or clinical plus endoscopic plus histological remission—with results on whether treating to target changed two-year outcomes to be presented on Monday.
- The react two trial showed that escalating adalimumab based on endoscopic ulceration reduced complex complications in Crohn's disease patients with baseline active disease.
- The speaker stated that treating early, as in the profile trial where anti-TNF therapy within days of diagnosis led to more steroid-free and surgery-free remission and less disease progression over five years, is key to achieving better patient-reported outcomes.
- Bowel urgency significantly impacts outcomes including risk of corticosteroids, colectomy, and hospitalization, and the speaker emphasized assessing all aspects of disease impact on patients' lives, not only mucosal or transmural healing.
- For partial responders who achieve 50 to 80 percent improvement, the speaker recommended considering optimization through dose increase, frequency adjustment, adding an immunomodulator, or combined advanced therapy rather than switching drug classes.

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