

C7M, A MARKER OF TYPE VII COLLAGEN DEGRADATION, IS REFLECTIVE OF EPITHELIAL REMODELING AND IS STRONGLY ASSOCIATED WITH INTESTINAL MUCOSAL DAMAGE IN CROHN'S DISEASE

Julie Rasmussen

UEG Week Berlin 2025

Poster

IBD

October 6, 2025

C7M, a biomarker of type VII collagen degradation, was elevated in fibrostenotic Crohn's disease patients compared to luminal disease patients and showed a transient spike after surgical resection that normalized within one month.

KEY POINTS

- In a prospective cohort of 62 fibrostenotic and 49 luminal Crohn's disease patients, baseline serum C7M levels were significantly higher in fibrostenotic patients (median 9.79 ng/mL) than luminal patients (median 6.03 ng/mL) with $p < 0.01$ and AUC 0.69.
- C7M levels rose sharply on post-operative day 1 in resected patients ($p < 0.0001$, AUC 0.81) and returned to baseline by one month post-surgery, resembling levels in luminal disease patients ($p < 0.0001$, AUC 0.80).
- C7M showed mild-moderate correlations with inflammatory markers including CRP ($\rho = 0.62$, $p < 0.0001$), albumin ($\rho = -0.52$, $p < 0.0001$), hemoglobin ($\rho = -0.28$, $p = 0.0024$), and fecal calprotectin ($\rho = 0.25$, $p = 0.019$).
- The authors suggest C7M may be relevant for assessing mucosal integrity and inflammatory burden in Crohn's disease, particularly in fibrostenotic phenotypes.

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