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Summary

Coeliac disease and gluten-related disorders

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Paediatrics | Hepatobiliary | Small Intestine & Nutrition | Immunology | IBD | Digestive Oncology

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Three studies presented at DDW highlight critical challenges in coeliac disease trial design, including poor inter-pathologist agreement on histology, the insufficiency of gluten-free diet adherence alone to control symptoms, and early proteomic changes detectable years before clinical diagnosis.

KEY POINTS

- Expert pathologists from ten centres showed differences in histological assessment in 40% of biopsy pairs, with intraepithelial lymphocyte count and sample orientation as main confounders, raising concerns about histology as a trial endpoint.
- In a registry analysis of almost 7000 patients, poor adherence to gluten-free diet was associated with higher symptom burden and work or school absences, but adherence alone appeared insufficient to reduce symptoms.
- A study of almost 200 gluten-free diet-treated patients for a mean of 9 years found that somatisation was the strongest predictor of persistent symptoms, with an odds ratio of 14.
- In 144 US military personnel who developed coeliac disease, 72% were already seropositive 10 years before diagnosis, with DGP antibodies as the earliest detectable serological markers.
- Proteomic analysis identified 50 proteins differentially expressed at diagnosis and 68 in the preclinical stage, with 9 inflammatory proteins remaining elevated at one year on gluten-free diet, suggesting serum markers may help monitor incomplete mucosal healing.
- The speaker stated that endpoints in trials for new coeliac disease drugs need to change, given more than 20 new drugs are currently being tested in non-responsive coeliac disease.

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