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Summary

PSC-IBD crosstalk: From mechanisms to meaningful clinical practice (Dr. Falk Pharma) (Complete Session)

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UEG Week Barcelona 2026 | Presentation

October 20, 2026

PSC occurs in 2% of IBD patients with up to 14% having subclinical disease on imaging, and the speaker presented phase 3 trial data showing norcholic acid, an engineered bile acid, significantly reduced colitis events and stabilized liver fibrosis compared to placebo in PSC patients.

KEY POINTS

- The speaker reported that in a phase 3 trial, norcholic acid reduced colitis events to 14% versus 30% in placebo and significantly delayed time to first colitis event in PSC patients.
- Norcholic acid demonstrated similar rates of histological stabilization or improvement of liver fibrosis in PSC patients with and without IBD, with much lower fibrosis progression than placebo, as stated by the speaker.
- The speaker stated that 8.1% of IBD patients in a Norwegian cohort had undiagnosed PSC on MR screening, with 6.9% having subclinical disease despite normal liver function tests.
- Colorectal cancer risk is increased 4-10 fold and cholangiocarcinoma risk up to 160-fold in PSC-IBD versus IBD alone or general population, according to the speaker.
- The speaker described that colectomy with ileostomy may lower liver disease progression risk by more than 50%, though this does not mean colectomy is offered to all PSC patients.
- The speaker recommended annual colonoscopy for PSC-IBD surveillance, annual MRI with CA 19-9 for cholangiocarcinoma surveillance, and elastography every 2-3 years for fibrosis assessment.

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