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Summary

ANTI-AVB6 INTEGRIN ANTIBODIES ASSOCIATE WITH A DISTINCT SERUM INFLAMMATORY PROFILE AT DIAGNOSIS OF ULCERATIVE COLITIS AND DEFINE A SEVERE PHENOTYPE OF THE DISEASE

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Anti-integrin αvβ6 autoantibodies demonstrate 73-79% sensitivity and 84-91% specificity for diagnosing ulcerative colitis in two independent inception cohorts and define a severe disease phenotype with extensive colitis and high endoscopic activity.

KEY POINTS

- In the discovery cohort (SIC IBD, n=473), anti-αvβ6 autoantibodies showed 73% sensitivity and 84% specificity for distinguishing UC from Crohn's disease and symptomatic controls; in the validation cohort (IBSEN III, n=570), sensitivity was 79% and specificity 91%.
- Anti-αvβ6 positivity was associated with a severe UC phenotype including more extensive colitis (p=0.008), severe Mayo endoscopic activity (p=0.005), higher hsCRP (p=0.04), and lower albumin (p=0.01), with no association to fecal calprotectin.
- Five inflammatory proteins (SYND1, IL-17A, GZMB, MMP1, CXCL13) were significantly upregulated in anti-αvβ6 positive UC patients in the discovery cohort, with IL-17A and GZMB validated in the validation cohort.
- Patients with aggressive UC course had higher anti-αvβ6 levels at diagnosis compared to those with indolent course (p=0.02 in discovery cohort); autoantibody levels decreased at 3 months in indolent but not aggressive disease (p<0.0001 for interaction).
- The assay used a 400 µg/L cut-off corresponding to the 96th percentile of healthy individuals and was based on EliA technology.

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