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Summary

EARLY SERUM METABOLOMIC SHIFTS DURING INFLIXIMAB TREATMENT PREDICT 12-MONTH ENDOSCOPIC OUTCOMES IN INFLAMMATORY BOWEL DISEASE

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UEG Week Barcelona 2026 | Presentation

Surgery | IBD

October 20, 2026

In 34 patients with moderately-to-severely active IBD starting infliximab, early changes in serum metabolites after induction predicted 12-month endoscopic remission, while baseline metabolite levels did not.

KEY POINTS

- A lower post-induction to baseline ratio of trimethylamine-N-oxide (TMAO) predicted endoscopic remission at 12 months (AUC 0.802, p=0.006), and a higher creatine ratio was also associated with remission (AUC 0.733, p=0.034).
- Ten of 34 patients (29%) achieved endoscopic remission (Mayo endoscopic score = 0, SES-CD < 3) at 12 months, and 16 (47%) achieved endoscopic response.
- Baseline metabolite levels and traditional inflammatory biomarkers (C-reactive protein, faecal calprotectin) were not associated with 12-month outcomes.
- After infliximab induction, serum metabolites shifted toward a lipid-related profile with increased ketone bodies and citrate, suggesting a change from glycolytic to lipid metabolism.
- Crohn's disease and ulcerative colitis showed different treatment-related metabolic trajectories, with alanine and isopropanol ratios differing significantly between the two diseases.
- The study was a pilot exploratory analysis of 21 UC and 13 CD patients; external validation is ongoing.

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