



SESSION 4

OPTIMIZING MANAGEMENT OF IBD: MUCOSAL HEALING

Optimizing Management of IBD: Mucosal Healing

Vipul Jairath, MD

Symptom-based assessment of disease activity in inflammatory bowel disease is a subjective and unreliable indicator of endoscopic disease activity, which, when used alone, can result in under- or overtreatment. Accordingly, ileocolonoscopy is considered the gold standard to assess disease severity and response to treatment. An increasing body of evidence from observational studies and clinical trial secondary endpoints indicates an association between mucosal healing and better outcomes, including sustained clinical remission; steroid-free remission; and reduced rates of hospitalization, surgery, and colorectal neoplasia.

In ulcerative colitis, mucosal healing may reasonably be considered the ultimate goal, as the disease is limited to the mucosa. However, emerging data suggest that histologic healing could confer additional benefit. Nevertheless, randomized trials have not yet demonstrated a causal relationship between either of these treatment targets and improved outcomes, or superiority to resolution of clinical symptoms alone. In Crohn's disease, which is a transmural disease, mucosal healing may be considered a minimum therapeutic goal.

An expert consensus process from the International Organization for the Study of Inflammatory Bowel Diseases recommended mucosal healing as the treatment goal in clinical practice, selecting absence of ulceration for Crohn's disease and a Mayo endoscopic subscore of ≤ 1 for ulcerative colitis as healing targets. The treat-to-target approach appears to be increasingly accepted, with the target being mucosal healing. However, to achieve these goals, standardized definitions of mucosal healing assessed with validated instruments are needed; these assessments must also be reproducible and feasible to use in routine clinical practice. Currently, the simple endoscopic score for Crohn's disease and the Mayo endoscopic score for ulcerative colitis are the most widely employed. Further work is needed to define the critical thresholds of mucosal healing and to encourage routine use in clinical care.

Suggested Reading

Colombel JF, Rutgeerts P, Reinisch W, et al. Early mucosal healing with infliximab is associated with improved long-term clinical outcomes in ulcerative colitis. *Gastroenterology*. 2011;141(4):1194–201.

Peyrin-Biroulet L, Sandborn W, Sands BE, et al. Selecting therapeutic targets in inflammatory bowel disease (STRIDE): determining therapeutic goals for treat-to-target. *Am J Gastroenterol*. 2015;110(9):1324–38.