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VALIDATION OF THE MODIFIED MULTIPLIER OF SES-CD (MM-SES-CD) TO PREDICT ENDOSCOPIC HEALING IN CROHN'S DISEASE: A POST HOC ANALYSIS OF THE SEAVUE TRIAL

Society: AGA**Track:** Inflammatory Bowel Diseases**Author(s) and Affiliation(s):**

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Backgrounds and aims: The post-induction modified multiplier of the SES-CD (MM-SES-CD) has been shown to have prognostic value for predicting future endoscopic healing (EH) in patients with Crohn's disease. The purpose of this analysis was to validate baseline MM-SES-CD and determine its prognostic value for predicting one-year EH.

Methods: Participants in the SEAVUE trial (n = 386) were categorized based on baseline endoscopic disease severity using MM-SES-CD cut-offs into mild (≥ 22.5 to < 31), moderate (≥ 31 to < 45) and severe (≥ 45) disease. The primary outcome was achievement of endoscopic healing (EH) based on MM-SES-CD score (< 22.5) at one year. Secondary outcomes included achieving clinical and biochemical remission based on patient reported outcomes and fecal calprotectin (FCP) (< 250 mcg/g) in patients with raised baseline levels at one-year.

Results: MM-SES-CD < 22.5 at one year was achieved in 62.0% of patients with baseline mild endoscopic disease, 48.6% with moderate disease and 33.8% with severe disease (p < 0.001). Similarly, a trend was observed for patient-reported outcome (PRO-2) clinical remission, which was achieved in 78.9% of patients with baseline mild endoscopic disease, 72.9% of those with moderate and 66.2% of those with severe disease (p=0.09). Likelihood of fecal calprotectin (FCP) remission was significantly associated with baseline endoscopic disease severity (p=0.008).

Conclusion: Baseline MM-SES-CD-based cutoffs for endoscopic disease severity demonstrate prognostic value for achieving one-year EH, PRO2 remission, and FCP remission. These findings suggest that the MM-SES-CD can be used both to measure baseline endoscopic disease severity and predict one-year outcomes in patients with moderate to severe CD.

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