## DDW 2021

# View Abstract

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**CURRENT CATEGORY:** Immunology, Microbiology & Inflammatory Bowel Diseases

**CURRENT SUBCATEGORY/DESCRIPTORS:** IBD: Disease Complications

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TITLE: PATIENTS WITH PENETRATING AND/OR STRICTURING CROHN'S DISEASE HAVE A HIGHER REPORTED PREVALENCE OF ACTIVE INTESTINAL AND EXTRA-INTESTINAL SYMPTOMS, SURGERIES AND NEED FOR BIOLOGICS: ANALYSIS OF THE STUDY OF A PROSPECTIVE ADULT RESEARCH COHORT WITH IBD

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### **ABSTRACT BODY:**

Abstract Body: Crohn's disease (CD) is a chronic, transmural and progressive autoimmune disease where inflammation can progress to complications of either stricturing (fibrosis and luminal narrowing) or penetrating disease (development of a sinus or fistulous tract). Real-world evidence on patients with penetrating/stricturing phenotype of CD is limited.

The study aimed to describe the characteristics of patients with CD across inflammatory, penetrating and/or stricturing phenotypes enrolled in the Study of a Prospective Adult Research Cohort with IBD (SPARC-IBD) from the IBD-Plexus®, a US-based multicenter registry program.

This cross-sectional study utilized data collected at the time of enrollment from 11/2016 - 06/2020 including demographics, symptoms, comorbidities, and treatments. Four mutually exclusive cohorts were created based on physicians' responses to phenotype questions: inflammatory CD without complication (CD-I), CD with complications including penetrating phenotype (CD-P), stricturing phenotype (CD-S), and penetrating and stricturing phenotypes (CD-PS). Mean and standard deviation (SD) were reported for continuous variables, and frequency and percentages were reported for categorical variables. Chi-square and ANOVA tests were used for assessing statistical difference across cohorts.

The study cohort included 1557 CD patients with mean age of 41 years (SD=14): 166 CD-P, 457 CD-S, 260 CD-PS, and 674 CD-I (Table 1). The majority were females (56%), white (82%), with a mean duration of CD of 16 years (SD=11). Compared to CD-I, complicated phenotypes reported significantly more 'mostly or all liquid stools' (20% vs. 10%), 6+ daily stools in prior week (11-14% vs. 5%), and nocturnal stooling and fecal incontinence in prior month (21-31% vs. 17%), p <0.001 for all comparisons (Table 1). CD-PS had highest reported prevalence for IBD-related arthropathy, oral aphthous ulcers, and thrombotic complications relative to other groups (p < 0.001, Table 1). Complicated phenotypes reported to receive more surgical interventions than CD-I: 47-68% with ≥1 small bowel resection (vs. 7%), 35-45% with ≥1 colonic resection (vs. 7%), and 7-14% with complete colectomy (vs. 4%), p < 0.001 for all comparisons (Table 2). The entire cohort reported to have high use of corticosteroid (>70%) and thiopurine (>50%); significantly greater proportions of complicated phenotypes had been exposed to biologics including adalimumab, infliximab, vedolizumab, and ustekinumab, than CD-I (Table 2).

Patients with stricturing and/or penetrating complications of CD reported more active luminal and extraintestinal manifestations, underwent more surgeries, and were more likely to have been treated with biologics than those with inflammatory CD. This highlights the importance of prevention, early recognition and management of disease progression and complications in patients with CD.

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2	18 (8.6)	47 (10.3)	80 (19.2)	8(02)	_
3 or more	1108	34 (2.4)	25 (9.8)	4.05.61	
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ta .	900	40 (8.8)	26 (13.1)	12 (1.8)	_
2	7 (4.2)	95-03-9	14 (5.4)	2.00.04	
3 or more	0,035	10.0	7(27)	E- E-0	_
Complete colectomy, e-(%)	24 (14.5)	32-07.04	29 (11.2)	26 (3:30	< 8.00
Continuateroids, n (%)	125 (94.1)	250 (81.85	207 (79.6)	444 (53.5)	× 1.00
Thiopurines, n-754	92 (55.4)	290 (64.8)	172 (96.2)	294 (42.1)	< 8.00°
Methorseeds, n [5]	38 (21.1)	522 (35.7)	87 (SS.5)	125 (18.5)	* E.00
Addinguists, n [5]	M QUB	275 (60.2)	153 (58.8)	291 (43.2)	< 8.00
inflicinab. # (%)	185-8536	264 (57.1)	172 (96.2)	258 (37.6)	+ 1.001
Vedelizanab, e-(%)	24 (14.5)	161 (22.1)	61 (23.5)	115 (17.1)	0.314
Ustakimumah, n (%)	25 (15.1)				

## **DISCLOSURE**

The following authors have completed their 2021 DDW disclosure: Yanni Fan: No Answer. | Ling Zhang: No Answer. | Rhonda Bohn: No Answer. | Negar Omid: No Answer. | Jennifer Thompson: No Answer. | Kimberly Brodovicz: No Answer. | Parakkal Deepak: Disclosure completed

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