Figure 1: Time to disease outcomes in CD stratified by time to biologics treatment strategy

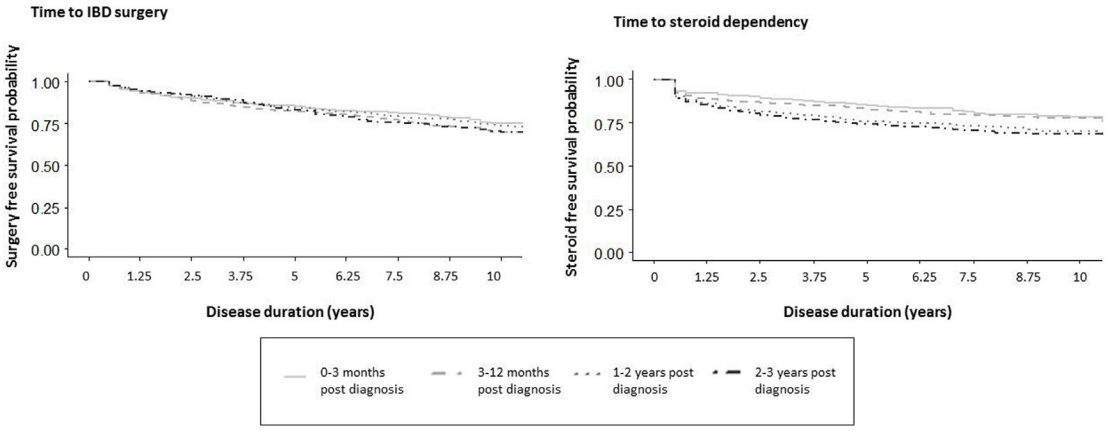
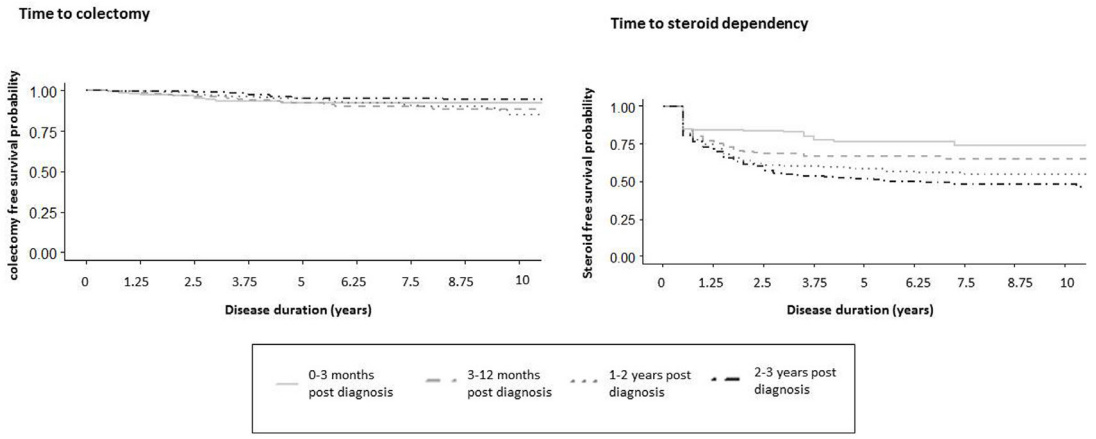


Figure 2: Time to disease outcomes in UC stratified by time to biologics treatment strategy



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OP13

Postoperative Crohn's disease recurrence: unanswered questions and future directions in diagnosis, pathophysiology, prevention and treatment. Conclusions from the 8th ECCO Scientific workshop.

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Background: Despite the increased availability of biological therapies, postoperative recurrence (POR) after an ileocolonic resection with ileocolonic anastomosis frequently occurs in patients with Crohn's disease.
Methods: Over the last two years, a mixed panel of 24 gastroenterologists and colorectal surgeons collaborated within the 8th Scientific Workshop of ECCO. The available evidence on diagnosis, pathophysiology and risk factors, prevention and treatment of POR was reviewed and unanswered research questions were listed.
Results: In recent years, surgeons have been utilising innovative surgical techniques to reduce POR. Whilst the side-to-side anastomosis has become more common, the benefits of newer procedures such as Kono-S anastomosis or over-the-valve strictureplasty remain unproven. Consistency in describing and reporting POR is crucial both in routine practice and in clinical research. Ileocolonoscopy six to twelve months after ileocolonic anastomosis remains the gold standard to diagnose POR. However, an effort to adapt the Rutgeerts score to surgical techniques different from end-to-end anastomosis is required. Significance of isolated ulcers of the anastomotic line, specifically in case of stapled anastomoses,

is still debated. In the coming years, intestinal ultrasound combined to faecal calprotectin may ultimately decrease the reliance on ileocolonoscopy. Research on the microbiome and genetic background of patients with POR is promising although not applicable in daily clinical practice yet. Smoking is the only risk factor clearly identified in POR, whereas previous ileocolonic resection or penetrating disease have not been validated in prospective studies. Stronger emphasis on smoking cessation for all patients should include specific active measures to make it successful. The prevailing gap in accurate predictors of POR disempowers clinicians from stratifying between systematic prophylaxis and endoscopy-driven approach. Immediate prophylaxis therapy may lead to overtreatment.Ongoing randomized controlled trials comparing (i) systematic prophylaxis and endoscopy-guided introduction of biological therapy (NCT05169593), and (ii) therapy escalation to status quo in patients with moderate endoscopic POR (NCT05072782) should be informative.
Conclusion: Despite important progress in the field of POR in the last 30 years, POR management remains a challenge. The IBD community should strive to optimise diagnostic procedures of POR including ileocolonoscopy and non-invasive techniques, define patients at high risk of POR using microbiome and/or genetic profiling and clarify the optimal medical treatment strategy after surgery.

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OP14

Prevention of postoperative recurrence of Crohn's disease with vedolizumab: First results of the prospective placebo-controlled randomised trial REPREVIO

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Background: Crohn's disease (CD) is a chronic, immune-mediated inflammatory condition of the intestine, for which the majority of patients still needs to undergo surgical resection. Following the most common intervention ileocolonic resection, the vast majority of patients suffers from recurrence of CD in the neoterminal ileum. Endoscopic lesions usually precede symptoms in the first months after resection and predict the severity of the further disease course. No treatments have been approved for recurrence-prevention of CD. REPREVIO is a prospective placebo-controlled randomized trial investigating the preventive effect of vedolizumab, an anti-integrin antibody, on recurrence of CD.
Methods: Following ileocolonic resection, patients were treated with vedolizumab (300 mg IV at week 0,8,16 and 24) or PLC (1:1) at 12 sites in the Netherlands, France, Italy and Spain. Treatment was initiated within 4 weeks following ileocolonic resection with anastomosis. Six months following surgery, patients underwent ileocolonoscopy for assessment of recurrent lesions. Video recordings were centrally scored using the modified Rutgeerts' score by 2 readers with adjudication in case of disagreement. The primary endpoint was endoscopic recurrence (ER) of CD (non-parametric); secondary endpoints were the proportion of patients with ER >i2a and clinical recurrence. Adverse events were recorded.
Results: 95 pts were screened and 80 randomized. All patients have reached month 6 and the videos are being analysed. We will receive the results of all statistical analysis in December, 2022.
Conclusion: The efficacy of vedolizumab postoperative recurrence-prevention treatment was studied in the REPREVIO study.

Scientific Session 5: Endoscopy as precision medicine approach to IBD - in collaboration with ESGE

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OP15

Efficacy of ustekinumab for Ulcerative Colitis through 4 years: Final clinical and endoscopy outcomes from the UNIFI long-term extension

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Background: Ustekinumab (UST) is an interleukin12/23p40 antagonist approved for treatment of moderate to severe Ulcerative Colitis (UC). Here we report final clinical outcomes based on the Mayo score, including the endoscopy subscore, from the UNIFI long-term extension (LTE) study through 4 years of UST treatment.
Methods: Overall, 523 intravenous UST induction responders were randomised to subcutaneous maintenance therapy: 175 placebo (PBO); 172 UST 90 mg every 12 weeks (q12w); 176 UST 90 mg q8w. A total of 284 UST patients (pts) completed week (wk)44 and continued treatment in the LTE; pts receiving PBO were discontinued after study unblinding. Starting at wk56, randomised pts with UC worsening could receive a dose adjustment: PBO to UST q8w, UST q12w to UST q8w, and UST q8w to UST q8w (sham adjustment). Outcomes based on the Mayo score (including endoscopy