



international bowel
ULTRASOUND GROUP

IBUS HYBRID module 1

7-8TH
NOVEMBER, 2025
MILAN, ITALY

Treat to target and optimization of mesalazine therapy in mild to moderate ulcerative colitis

Gabriele Dragoni

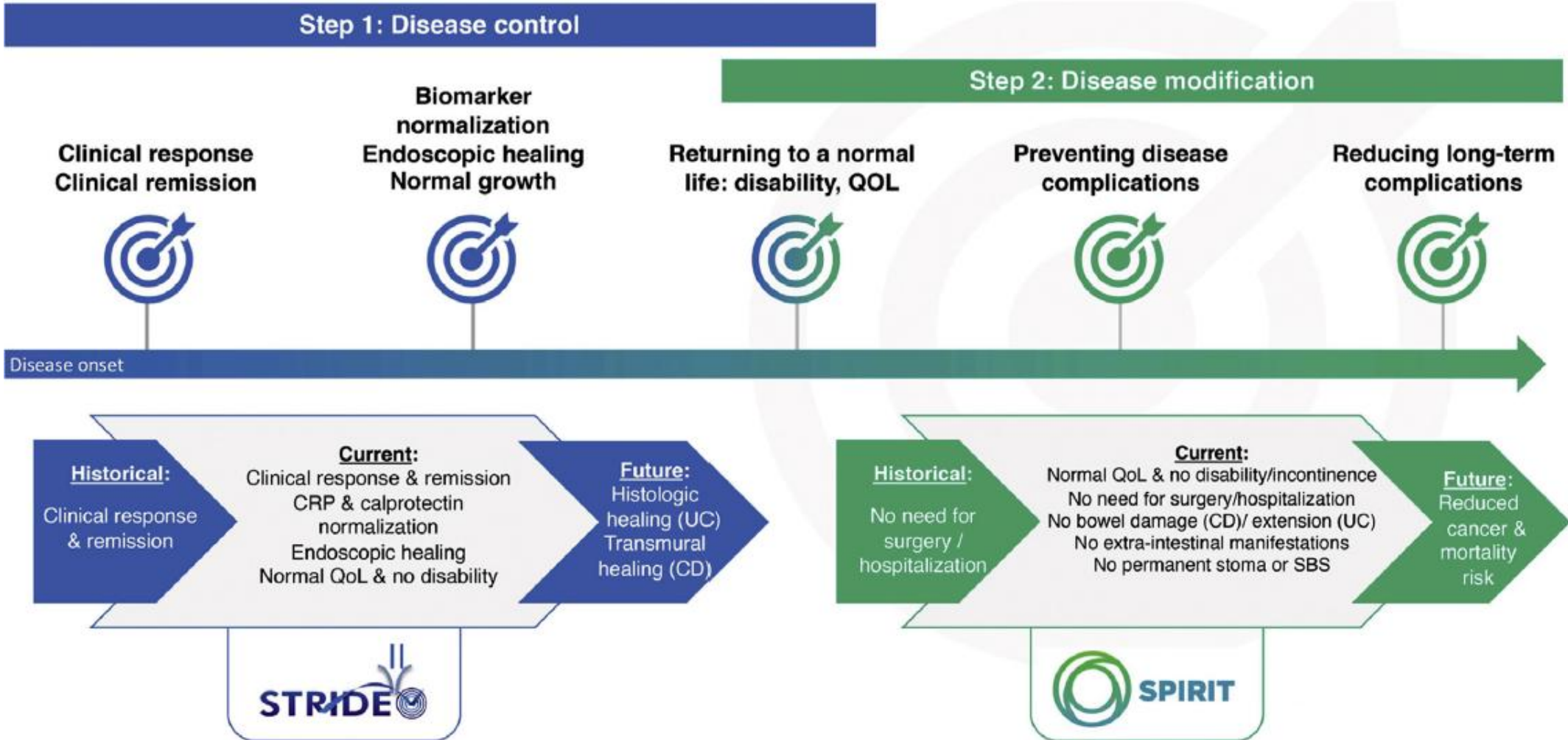
University of Florence – Careggi University Hospital, Florence (Italy)

Disclosures

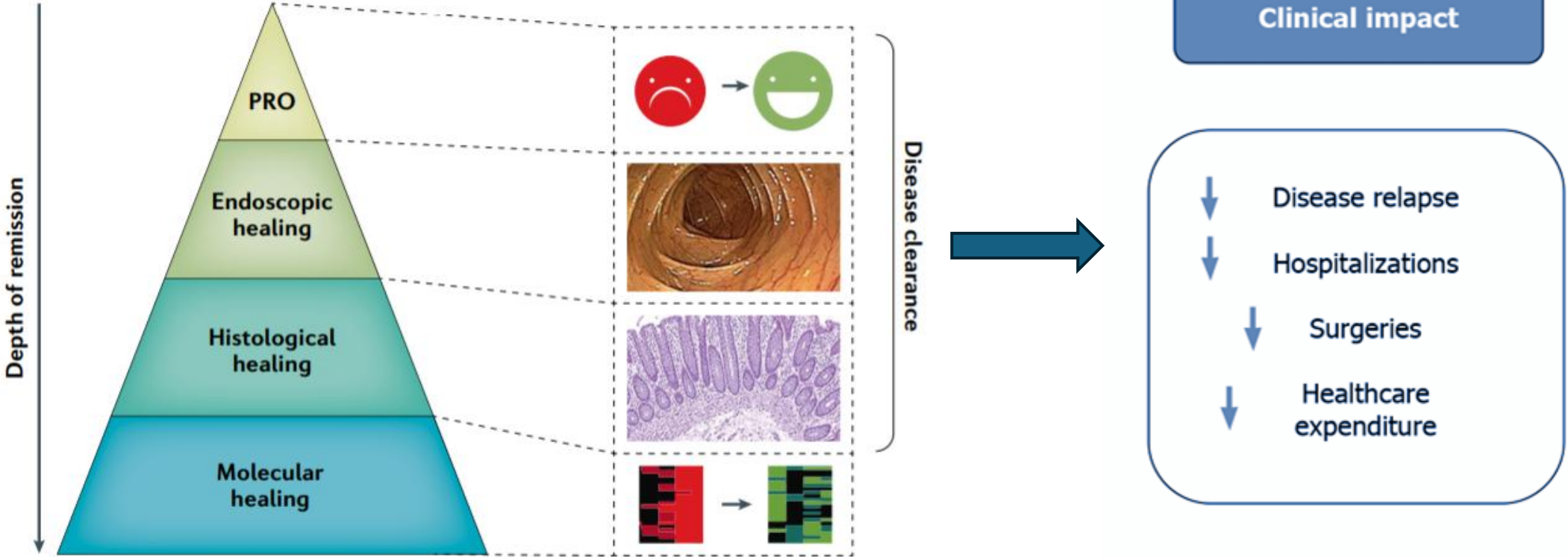
- speaker fees from Alfasigma, Eli Lilly, Ferring, Johnson & Johnson, Lionhealth, Novartis, Pfizer, and Takeda
- advisory board for AbbVie, Celltrion Healthcare, Eli Lilly, Johnson & Johnson and Pfizer



Why treat to target in UC?



The concept of DISEASE CLEARANCE: a new composite desirable outcome



Where mesalazine (5-ASA) fits



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Recommendation 1

We recommend 5-aminosalicylates at a dose of ≥ 2 g/day [d] to induce remission in patients with mildly-to-moderately active UC [strong recommendation; quality of evidence low]

Recommendation 2

We recommend topical [rectal] 5-ASA at a dose of ≥ 1 g/d for the induction of remission in active distal colitis [strong recommendation, low-quality evidence]

Recommendation 3

We suggest the use of oral 5-ASA [≥ 2 g/d] combined with topical [rectal] 5-ASA over oral 5-ASA monotherapy for induction of remission in adult patients with active UC of at least rectosigmoid extent [weak recommendation; very low-quality evidence]

Recommendation 8

We recommend the use of oral 5-ASA at a dose ≥ 2 g/day for maintenance of remission in UC patients [strong recommendation; very low quality of evidence]

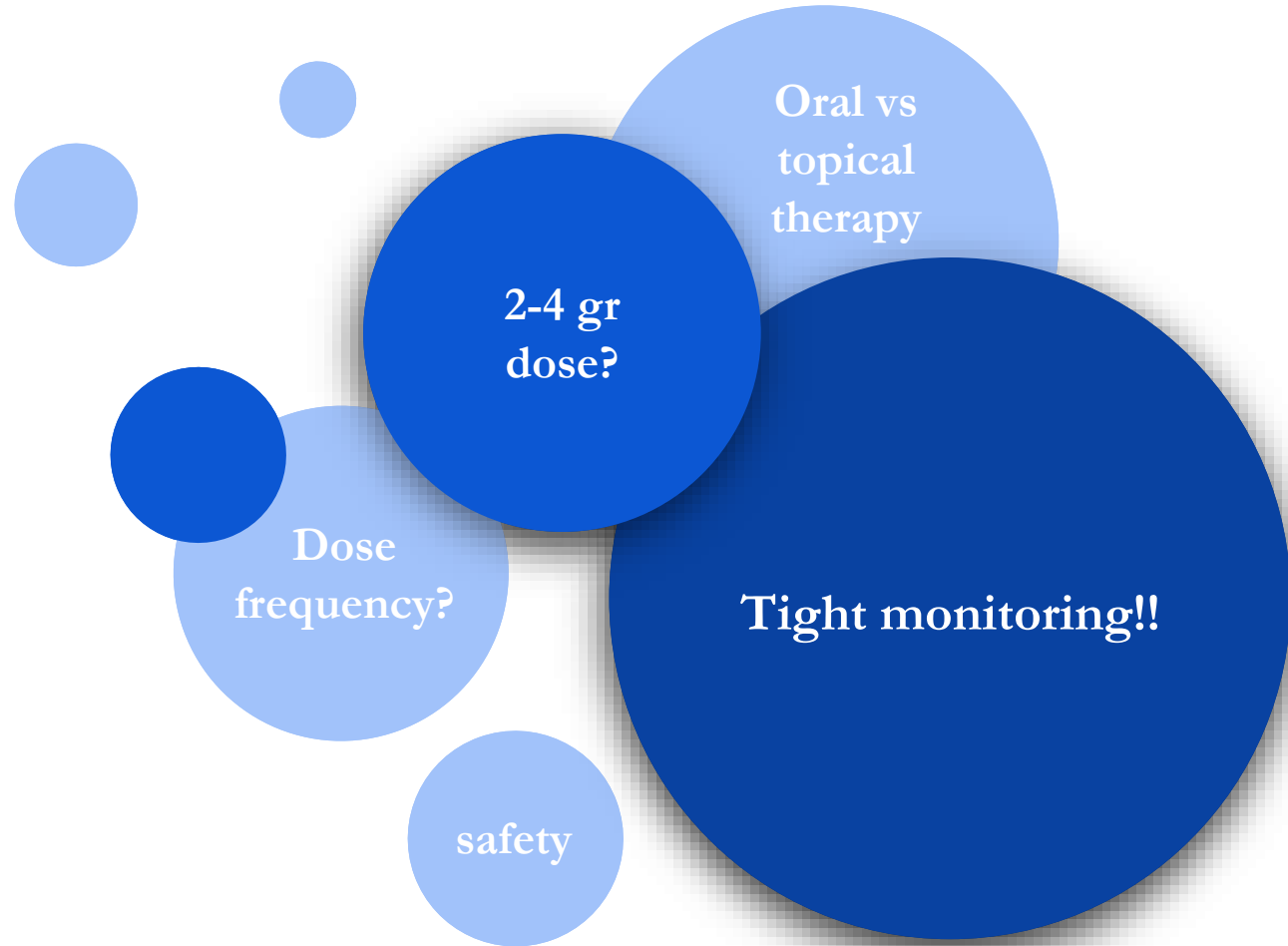
Recommendation 9

We suggest the use of topical [rectal] 5-ASA for the maintenance of remission in patients with distal UC [weak recommendation, very low-quality evidence]



Principles of optimizing 5-ASA

Optimization of treatment aims to ensure that the best outcomes for patients are achieved while avoiding the use of systemic steroids whenever possible



Is there an optimal dosage of 5ASA in induction of remission?

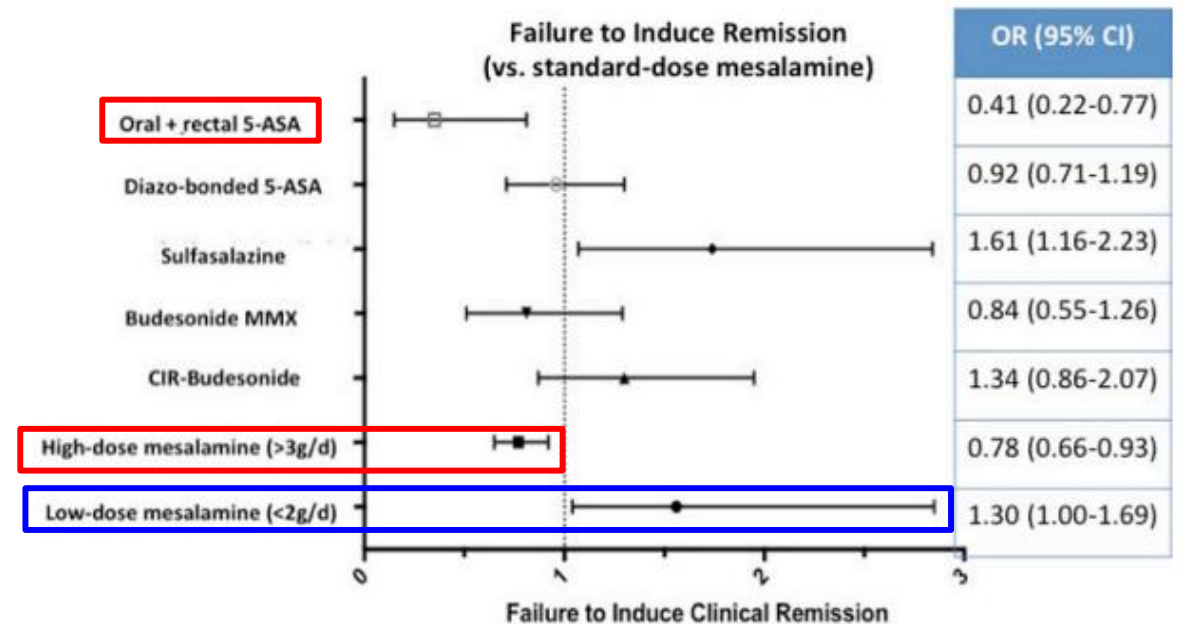
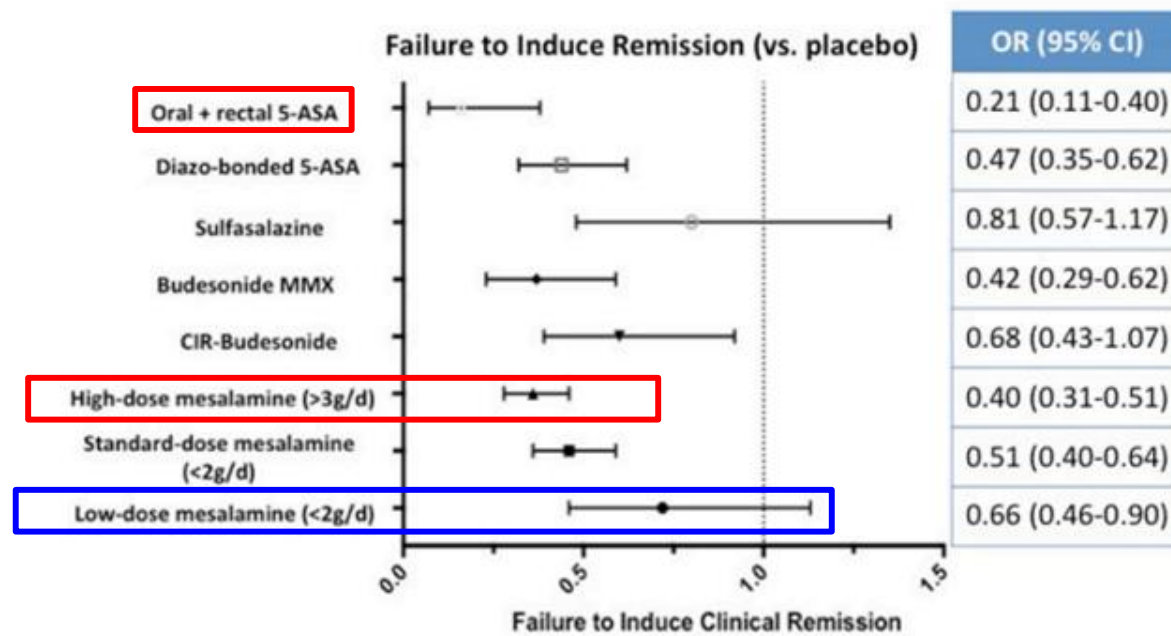
ARTICLES · Volume 3, Issue 11, P742-753, November 2018

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Comparative efficacy and tolerability of pharmacological agents for management of mild to moderate ulcerative colitis: a systematic review and network meta-analyses

[Nghia H Nguyen, MD^{a,†}](#) · [Mathurin Fumery, MD^{a,b,†}](#) · [Parambir S Dulai, MD^a](#) · [Larry J Prokop, MLS^c](#) · [Prof William J Sandborn, MD^a](#) · [Prof Mohammad Hassan Murad, MD^d](#) · et al. [Show more](#)

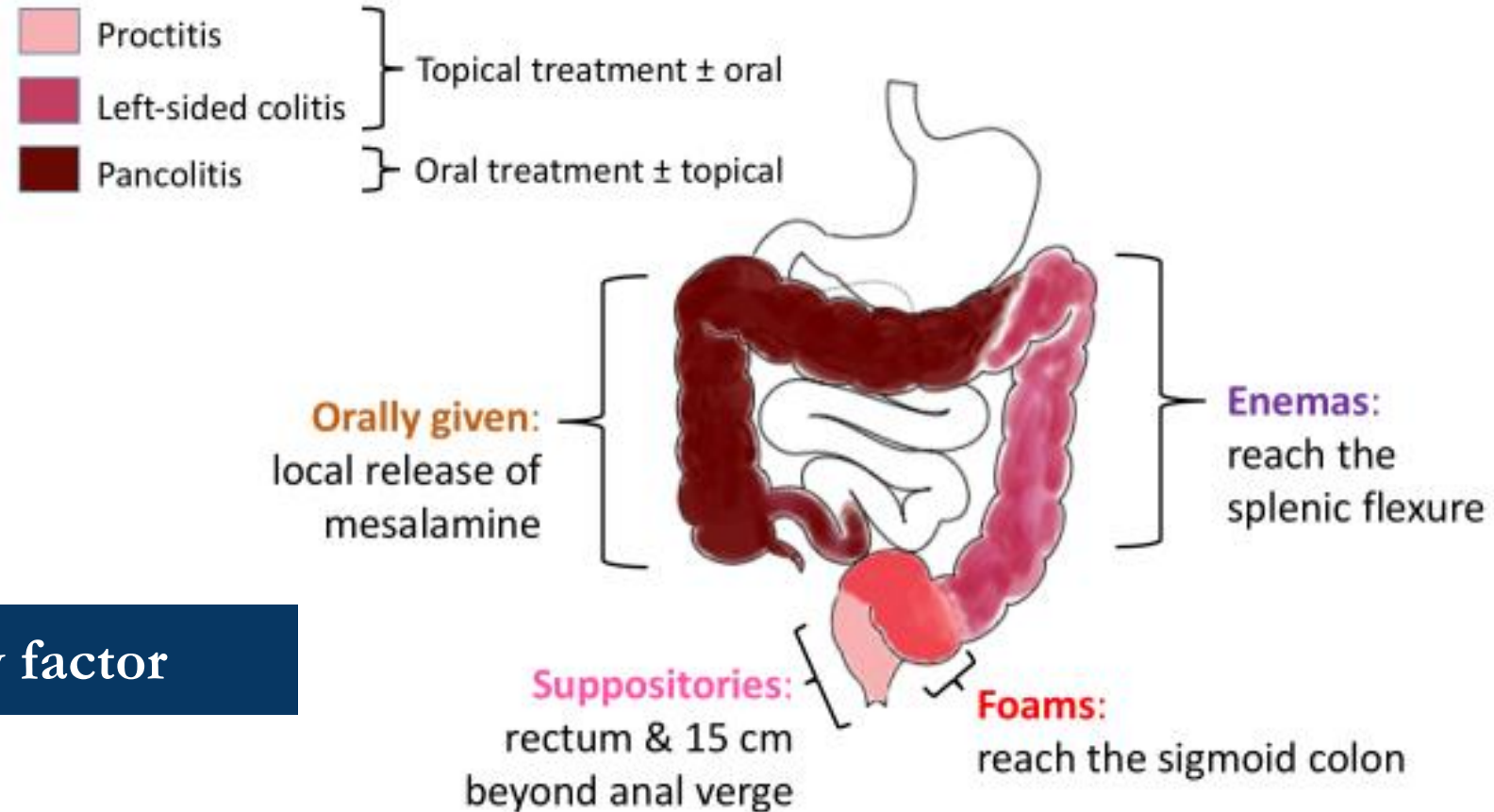
48 induction randomised trials
(**8020** participants)



In patients with **mildly to moderately active** left-sided or extensive ulcerative colitis, combined oral and topical mesalazine therapy and high-dose mesalazine are superior to standard-dose mesalazine for induction of remission

Role of topical 5-ASA?

- Possibility to administer high doses of active ingredient directly to the superficially inflamed mucosa



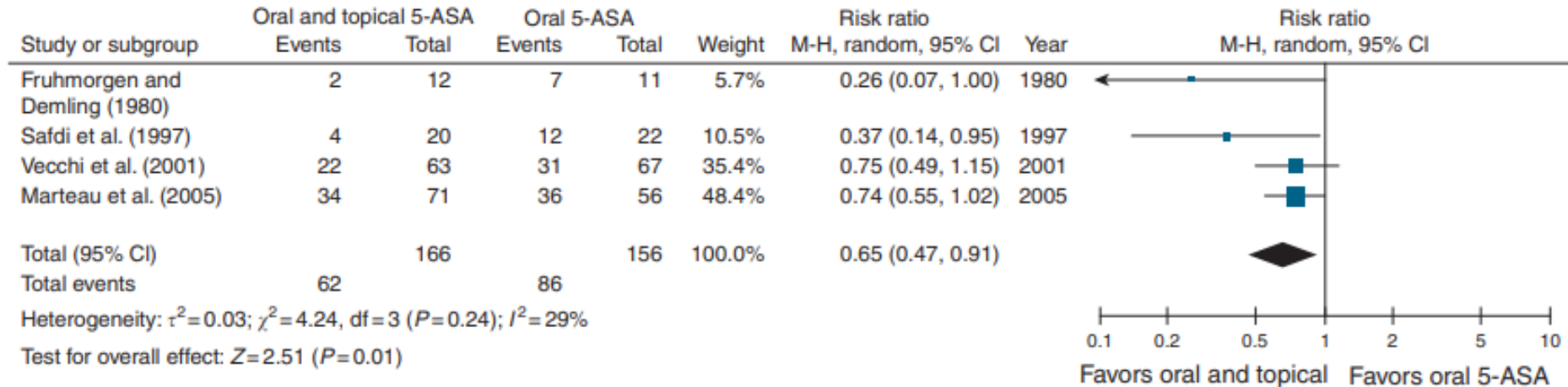
Volume is the key factor



The power of combined therapy: 1+1 = 3!

Efficacy of Oral vs. Topical, or Combined Oral and Topical 5-Aminosalicylates, in Ulcerative Colitis: Systematic Review and Meta-Analysis

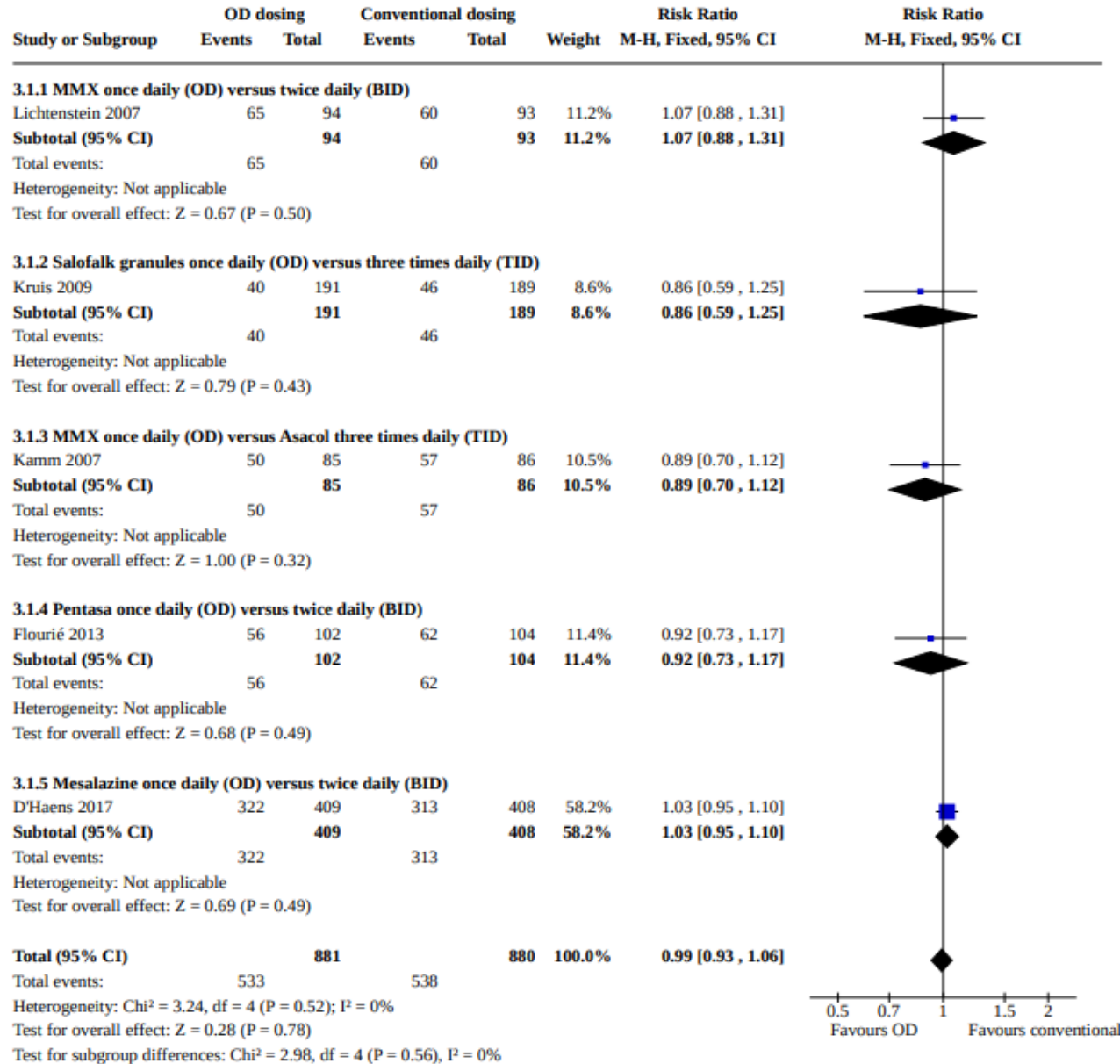
Alexander C. Ford, MBChB, MD, MRCP^{1,2}, Khurram J. Khan, MD, FRCPC³, Jean-Paul Achkar, MD⁴ and Paul Moayyedi, BSc, MBChB, PhD, MPH, FRCP, FRCPC³



Combined 5-ASA therapy appeared superior to oral 5-ASAs for induction of remission of mildly to moderately active UC. Intermittent topical 5-ASAs (3 gr/week) appeared superior to oral 5-ASAs for preventing relapse of quiescent UC.



Analysis 3.1. Comparison 3: Once daily dosing versus conventional dosing, Outcome 1: Failure to induce global/clinical remission



Once daily?

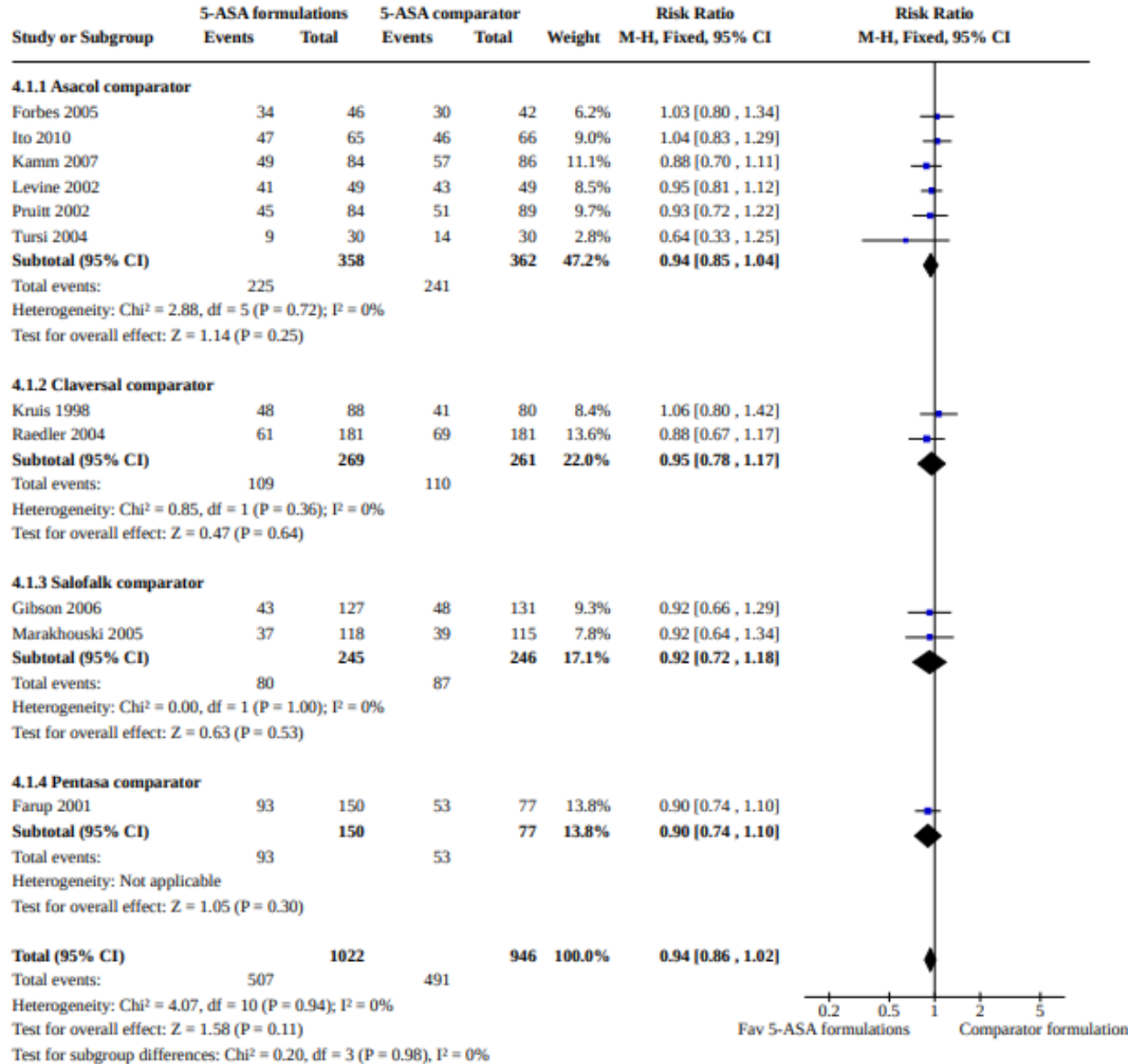


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Analysis 4.1. Comparison 4: 5-ASA versus comparator 5-ASA, Outcome 1: Failure to induce global/clinical remission



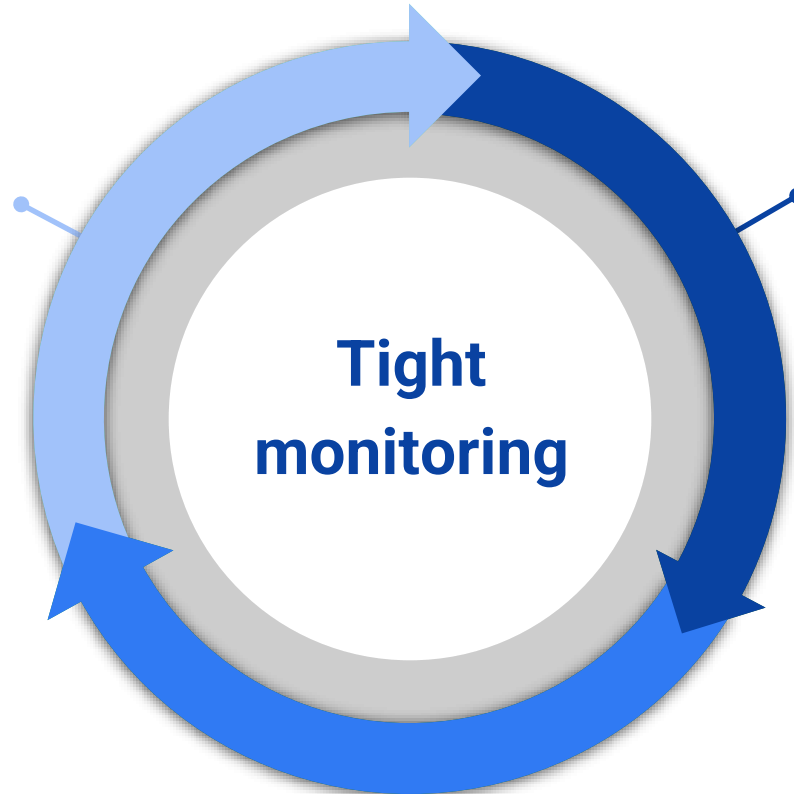
5-ASA brands



TIGHT MONITORING to reach targets in mild to moderate UC



Cyclic assessment of
treatment response.
Steroid sparing



Prevention and
early identification
of disease relapses

Setting up adequate
treatment

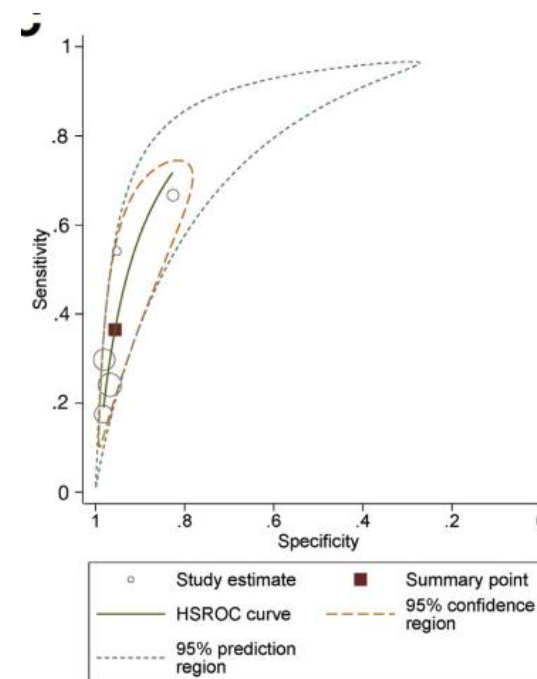


Patient-Reported Outcomes and Endoscopic Appearance of Ulcerative Colitis: A Systematic Review and Meta-analysis

- PROs correlate closely with overall well-being and should be evaluated regularly throughout the disease course.
- In UC, **PRO2 (including stool frequency and rectal bleeding)** has emerged as the standard for symptom assessment.

However, the correlation between PROs and histological and endoscopic outcomes is poor.

Combined rectal bleeding and stool frequency subscore of 0 identified patients in endoscopic remission with a pooled sensitivity value of 36% and a specificity value of 96%



Prognostic Value of Fecal Calprotectin to Inform Treat-to-Target Monitoring in Ulcerative Colitis



Adult patients with moderately to severely active UC treated with a biologic



Post hoc analysis of data from GEMINI 1/LTS and VARSITY



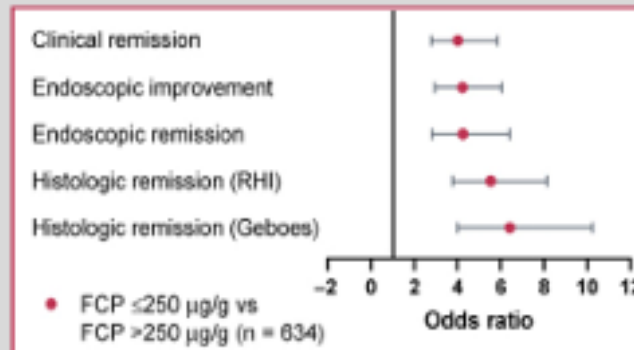
- Cross-sectional accuracy of FCP concentration for the identification of endoscopic activity and histologic inflammation
- Evaluate associations between FCP concentration and week 52 outcomes and long-term complications

Despite modest cross-sectional accuracy, FCP concentration of $\leq 250 \mu\text{g/g}$ vs $> 250 \mu\text{g/g}$ was associated with increased probability of achieving week 52 outcomes and lower risk of long-term complications

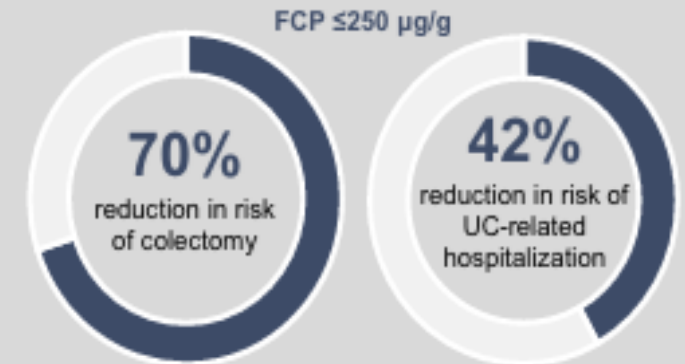
Cross-sectional accuracy

FCP $> 250 \mu\text{g/g}$	GEMINI 1	VARSITY
Moderate-to-severe endoscopic activity	66%	77%
Active endoscopic disease	63%	70%
Histologic inflammation (RHI)	–	72%
Histologic inflammation (Geboes)	–	68%

Week 52 outcomes



Long-term complications



FCP, fecal calprotectin; LTS, long-term safety; RHI, Roberts Histopathology Index; UC, ulcerative colitis.
ClinicalTrials.gov: NCT00783718, NCT00790933, NCT02497469

Clinical Gastroenterology
and Hepatology


The timing of endoscopic procedures should vary based on clinical activity and fecal calprotectin levels

- In case of clinical remission with normalization of inflammatory markers it could reasonably be performed **WITHIN 12 MONTHS**.
- In case of persistent activity, endoscopy should be performed much **SOONER**

SIGMOIDOSCOPY OR FULL COLONOSCOPY??



Efficacy of sigmoidoscopy for evaluating disease activity in patients with ulcerative colitis

Su Bum Park^{1†}, Seong-Jung Kim^{2†}, Jun Lee^{2*} , Yoo Jin Lee³, Dong Hoon Baek⁴, Geom Seog Seo⁵, Eun Soo Kim⁶, Sang-Wook Kim⁷ and So Yeong Kim⁸

ADEQUACY OF SIGMOIDOSCOPY IN COMPARISON TO COLONOSCOPY TO ASSESS DISEASE ACTIVITY DURING FOLLOW UP IN PATIENTS WITH ULCERATIVE COLITIS

[Sameet Patel](#) · [Shubham Jain](#) · [Sanjay Chandnani](#) · ... · [Seemily Kahmei](#) · [Rima Kamat](#) · [Pravin Rathi](#) ... Show more

Effectiveness of sigmoidoscopy for assessing ulcerative colitis disease activity and therapeutic response

[Wei-Chen Lin](#)^{a,*}, [Chen-Wang Chang](#)^a, [Ming-Jen Chen](#)^a, [Tzu-Chi Hsu](#)^b, [Horng-Yuan Wang](#)^a

BOWEL ULTRASOUND: is there a role?

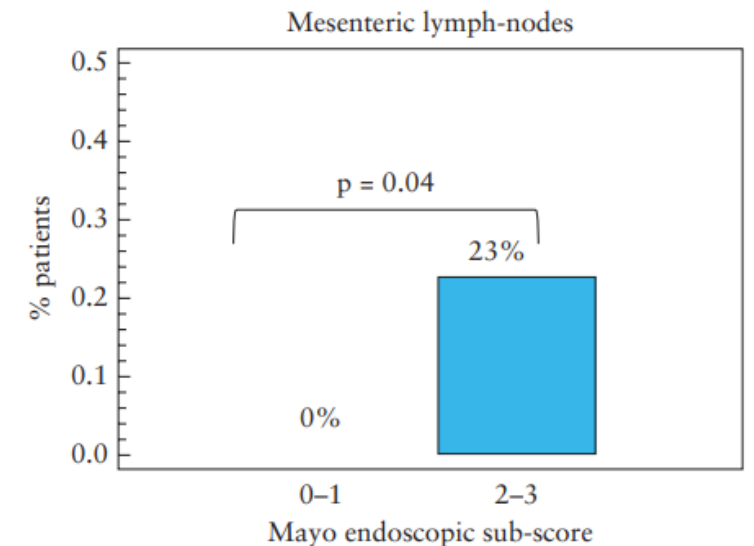
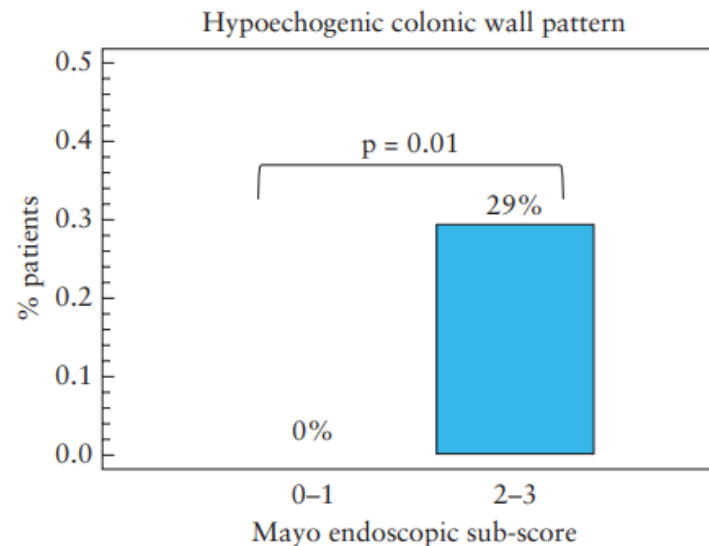
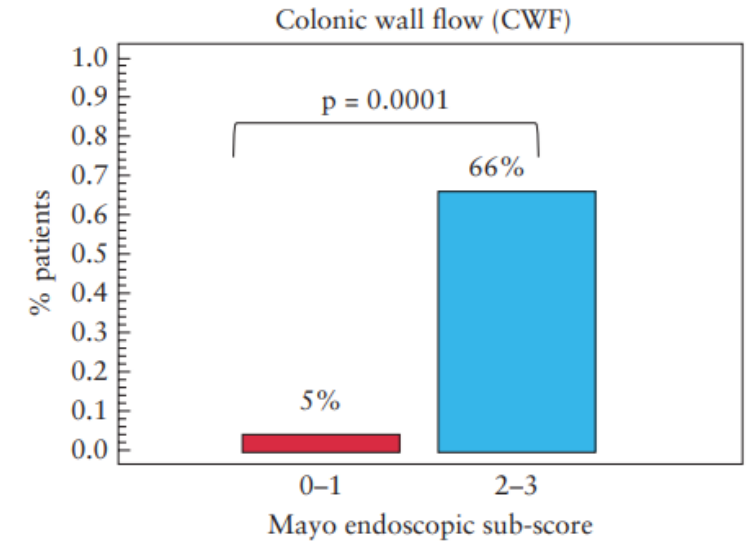
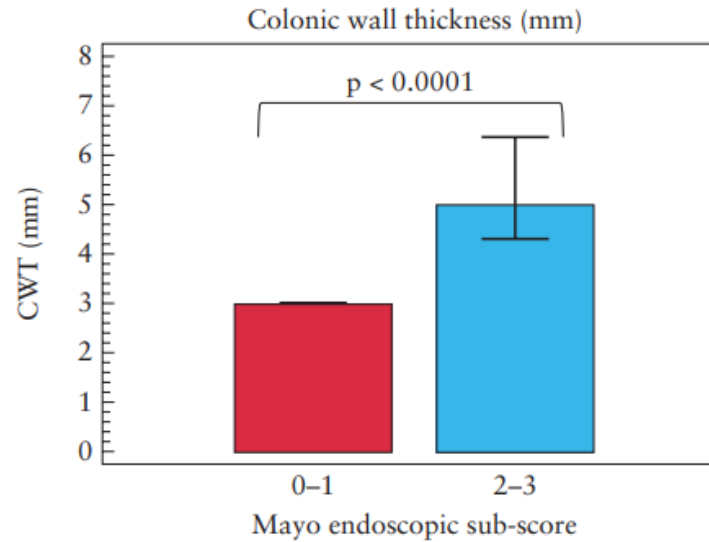
Accuracy of Humanitas Ultrasound Criteria in Assessing Disease Activity and Severity in Ulcerative Colitis: A Prospective Study

Mariangela Allocca,^{a,b} Gionata Fiorino,^{a,b} Stefanos Bonovas,^{a,b,e}
Federica Furfaro,^a Daniela Gilardi,^a Marjorie Argollo,^c
Paola Magnoni,^d Laurent Peyrin-Biroulet,^e Silvio Danese^{a,b}

n = 53

→ Colonic wall thickness, colonic wall flow, hypoechoogenic wall pattern and the presence of lymph nodes significantly correlated with endoscopic activity.

→ CWT and CWF were independent predictors for endoscopic activity

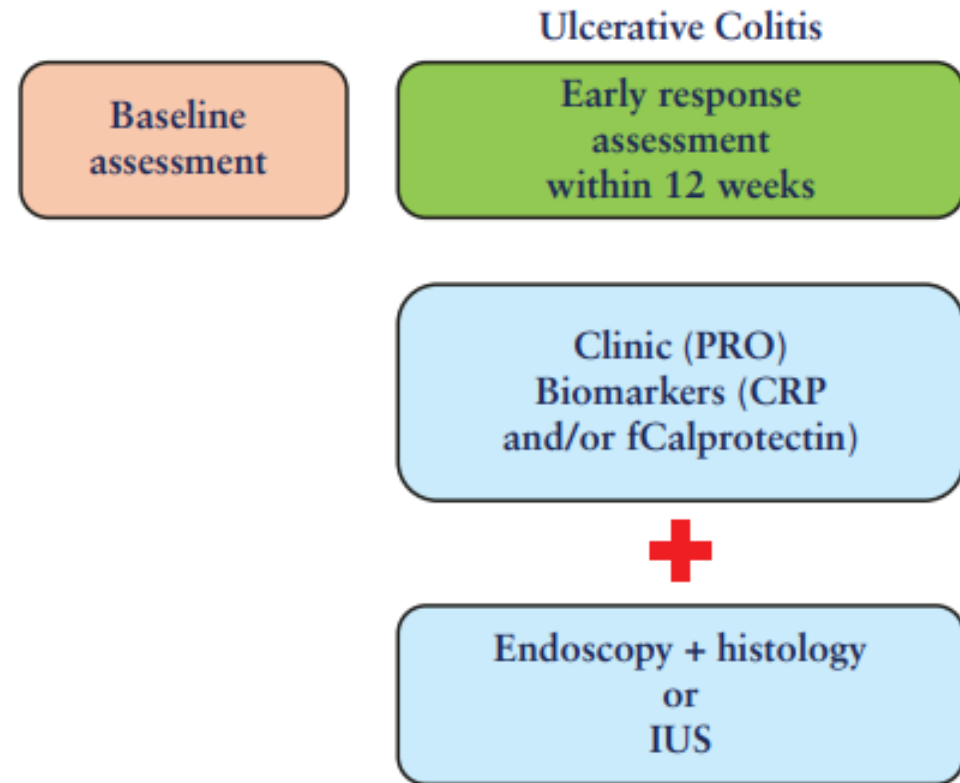


ECCO-ESGAR-ESP-IBUS Guideline on Diagnostics and Monitoring of Patients with Inflammatory Bowel Disease: Part 1

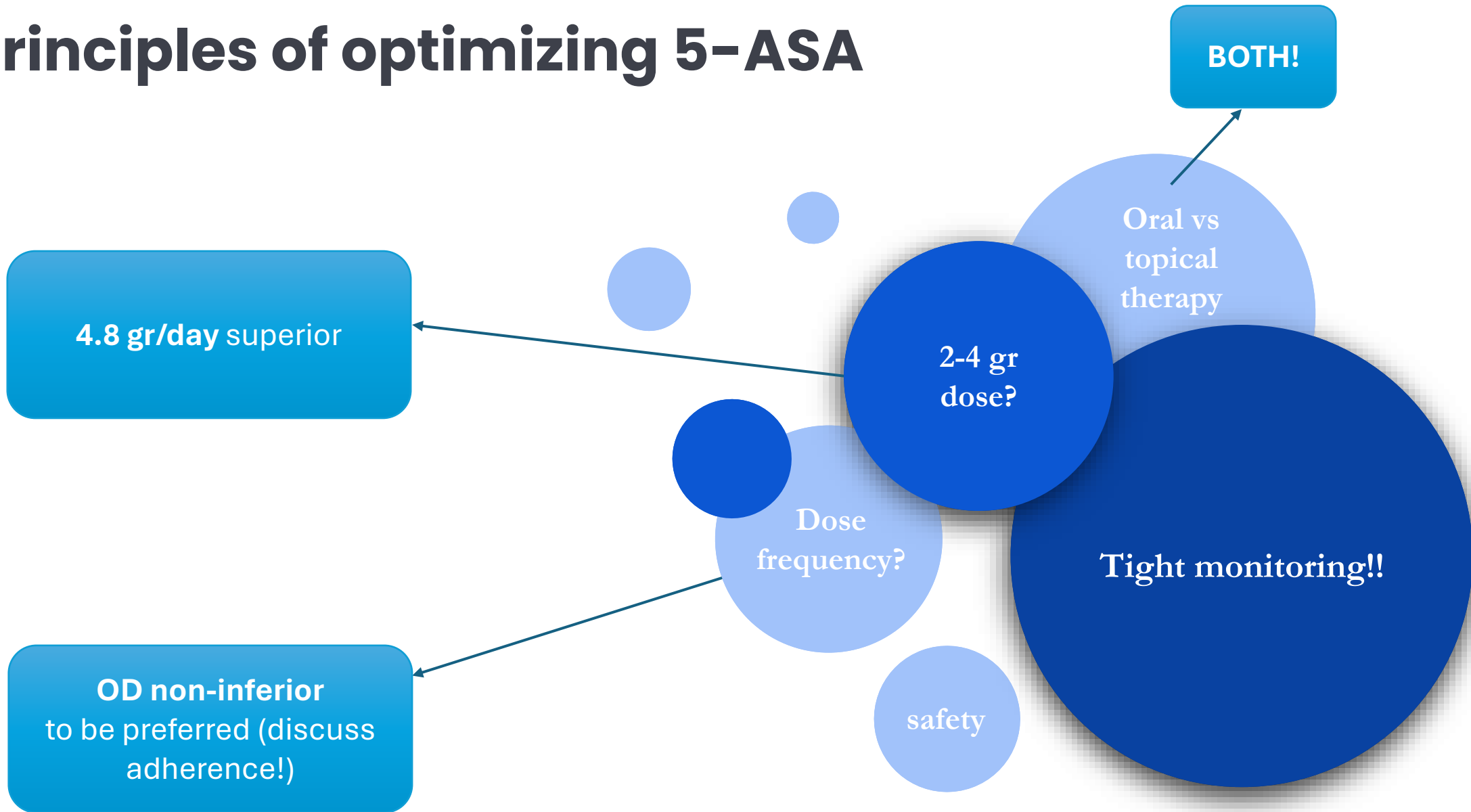


Recommendation 8 In patients with UC requiring treatment initiation or optimization, we recommend early (within 12 weeks) clinical (EL1), biochemical (EL1), and endoscopic (EL1) or ultrasonographic (EL2) response assessment. Results should be interpreted based on prior baseline assessment. (92% agreement)

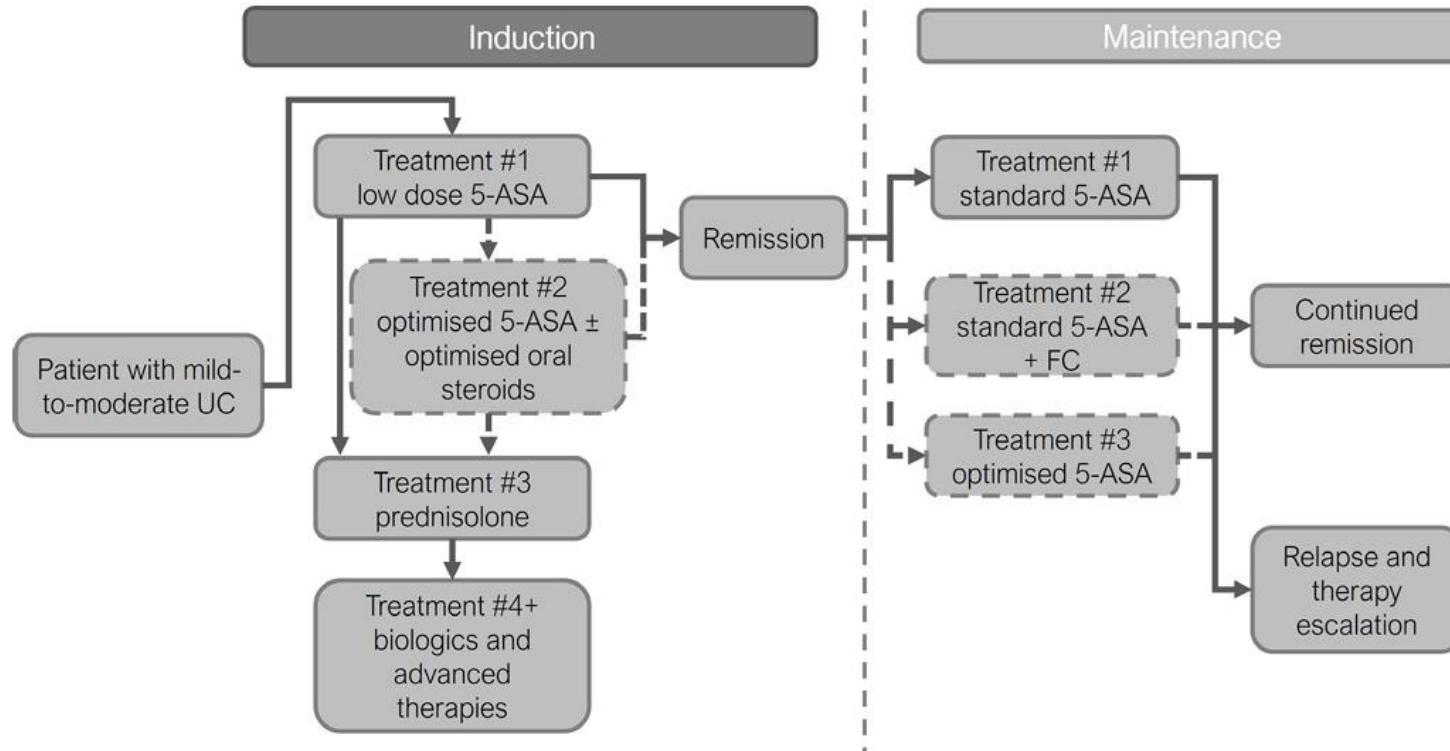
Recommendation 9 In patients with UC in stable remission, we suggest using PROs, biomarkers (such as FC and CRP), IUS, or combinations thereof to monitor for disease relapse based on risk stratification. (EL3) (94% agreement)



Principles of optimizing 5-ASA

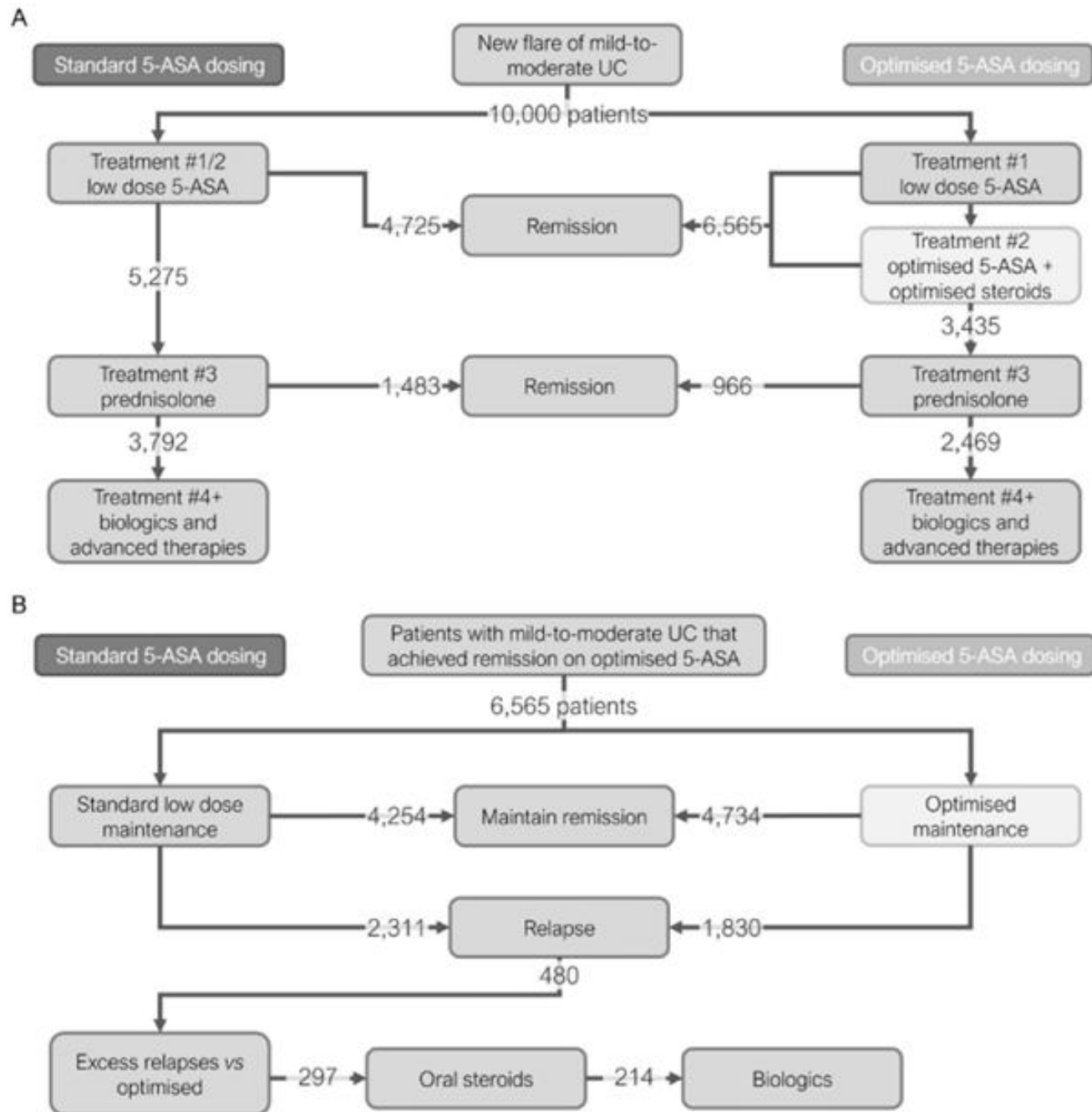


Modelling the benefits of an optimised treatment strategy for 5-ASA in mild-to-moderate ulcerative colitis



A decision tree model followed 10,000 newly diagnosed patients with mild-to-moderate UC through induction and 1 year of maintenance treatment

Optimised treatment (**maximising dose** of 5-ASA and use of **combined oral and rectal** therapy before treatment escalation) was compared with standard treatment (standard doses of 5-ASA without optimisation). Modelled data were derived from published meta-analyses.



- 47% achieved remission on standard dose 5ASA compared with 66% on optimised 5ASA (relative increase of 39%)
- 18% of patients avoided systemic steroids due to the use of optimised 5ASA regimen
- The modelling conducted in this study indicates that an optimised treatment pathway for mild- to- moderate UC has clear benefits for patients.



Take-home messages



- T2T strategy is essential (clinical + biomarker + endoscopic)
- IUS is a useful monitoring tool to be used as P.o.C. also in UC.
- Mesalazine is first-line for mild-to-moderate UC; optimize dose (OD!) and route before escalation.
- Monitor early and objectively; adherence and rectal therapy are high-yield interventions.





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Thank you