

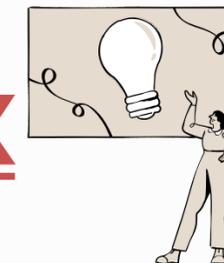
Patient Expectations: IUS in Clinical Trials

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Setting the scene: the paradox



+ IBD clinical trials
are **growing**
year-over-year.

BUT...

...patient recruitments
are **declining**

+ **67%** of IBD patients express
a **willingness** to participate
in clinical therapeutic trials.

BUT...

...only **7.6%** of IBD patients
reported participation
in (RCTs) at any time
and **0.7%** at that time



This shows challenges in **translating willingness into actual participation** in clinical trials for IBD patients



Main barriers to participate in an IBD clinical trial:



1. Invasive screening and monitoring
are major barriers ([Solitano et al., 2024](#))

- 35% of patients report **concerns** ([Rubin et al., 2021](#))
- 30.4% find the **number of colonoscopies** burdensome

2. Placebo concerns:

35–50% of participants worry about receiving placebo ([Solitano et al., 2024](#))

3. Long-standing disease:

17% cite it as a participation barrier ([Larussa et al., 2020](#))

4. Suboptimal treatment:

33% worry about receiving suboptimal treatment ([Rubin et al., 2021](#))

5. Questionnaire burden: 32.6% find questionnaire number and length burdensome ([Solitano et al., 2024](#))

Regarding colonoscopies: main complaints



1. Bowel cleansing:

frequent dissatisfaction with preparation ([Liao et al., 2025](#))

2. Pain & discomfort:

moderate–severe discomfort reported, **especially without sedation** ([Braithwaite et al., 2021](#); [Liao et al., 2025](#))

3. Embarrassment & stress:

common concerns that reduce adherence to surveillance ([Liao et al., 2025](#); [Napolitano et al., 2025](#))

4. High-volume preparation:

lowers satisfaction and adherence ([Napolitano et al., 2025](#))

5. Disease activity:

severe disease linked to lower colonoscopy satisfaction

6. Preference for alternatives:

strong preference for non-invasive options (blood/stool tests), despite limited sensitivity ([Braithwaite et al., 2021](#))

Is IUS the alternative?



Patients eligible for clinical trials often worry about:

- their **health**
- the **prognosis**
- the burden of **participation**

IUS can help address these concerns

Non-invasive. Preferred over colonoscopy:

- less pain
- less discomfort
- no bowel prep
- patients resume normal activities immediately

(Gore et al., 2025)

Safer

- No risk of perforation or invasive-procedure complications

(DiCaprio et al., 2018; Bjerrum et al., 2024)

Real-time data

- Supports timely clinical decision-making

(Dolinger & Kayal, 2023)

Clear communication is essential:

patients need to know when and why IUS will be performed

However: 69% still have **highest confidence in colonoscopy**

Take away messages



Patients need IUS to be implemented but there are still **BARRIERS we need to address:**

- Skepticism about its reliability compared to colonoscopy.
- Uncertainty about which patients should receive IUS, when, and for what purpose.
- Need to explain how real-time information from IUS benefits the patient during the trial.

But there are also **patient-focused solutions that can facilitate adoption:**

- Transparent communication about IUS validation
- Patient education (Deepak, 2020)
- Real-time data access & monitoring results
- Alternative trial designs (reduce invasive procedures as much as possible)

Thank you!



IFCCA
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