

ED LOFTUS: Hi. My name is Ed Loftus. I'm a gastroenterologist who specializes in the care of patients with inflammatory bowel disease. And I wanted to talk to you today about an article that appeared in the journal *Clinical Gastroenterology and Hepatology*. And this was a multi-center trial looking at the ability of a drug called mesalamine, or 5-ASA, in driving down a marker of bowel inflammation.

And this marker is actually a protein found in white blood cells called calprotectin. And you can measure this calprotectin protein in the stools. And this gives you a proxy of how much inflammation is going on in the bowel.

And we've noticed that in IBD, there can be a disconnect between the symptoms that a patient experiences and the amount of inflammation they actually have in their intestine. And so one of the dilemmas is when we're following people, do we follow them based on their symptoms alone? Or do we use a more objective marker of inflammation?

And so in this study, they took a group of roughly a hundred patients with ulcerative colitis who symptomatically were in remission. But a group of them-- actually, a majority of them-- still had markers in the stool, this fecal calprotectin marker, showing that there was still ongoing inflammation. So what they did-- these patients were on a medium dose of mesalamine, which is a commonly used medication in ulcerative colitis, and they randomized them to either continue the same medium dose of mesalamine, or increase the dose to basically double the previous dose.

And what they found was even though these patients were doing well symptomatically, by increasing the dose of the mesalamine, they could drive down that stool marker, the fecal calprotectin, to very low levels. And that particular level is associated with a lower risk of having a flareup in the future. So again, this drives home the idea that if we follow patients based on their symptoms alone, maybe we're not optimizing their therapy. And maybe we need to use a more objective marker. And whether that marker is doing a follow-up scope, or fecal calprotectin, or some other objective marker of inflammation, we're probably going to do our patients a better job of getting their symptoms under control and keeping them in remission.

So this was an interesting concept trial, to say, OK, let's not just follow symptoms. Let's follow something more objective. Thanks.