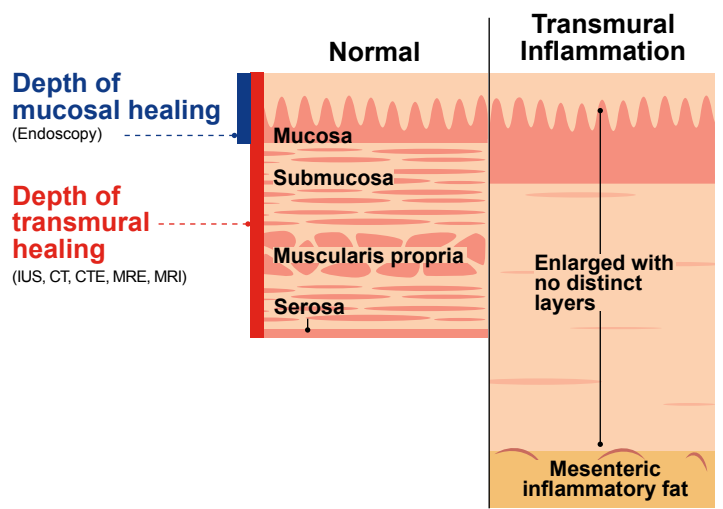


Transmural Healing and Long-Term Outcomes in Crohn's Disease (CD)

The Importance of Assessing Transmural Inflammation in CD

- Transmural inflammation can lead to lymphedema and thickening of the bowel wall and mesentery. Over time, extensive inflammation may result in hypertrophy of the muscularis mucosae, fibrosis, and strictures.¹
- Mucosal healing assessed by endoscopy is a current long term treatment target in CD.² However, endoscopy is limited to intraluminal assessment.^{2,3} Although not a formal treatment target in CD, evidence suggests that transmural healing may lead to better outcomes for patients with CD.^{2,4}
- IUS, CT, CTE, MRE and MRI can detect transmural inflammation and healing.^{2,4-6}



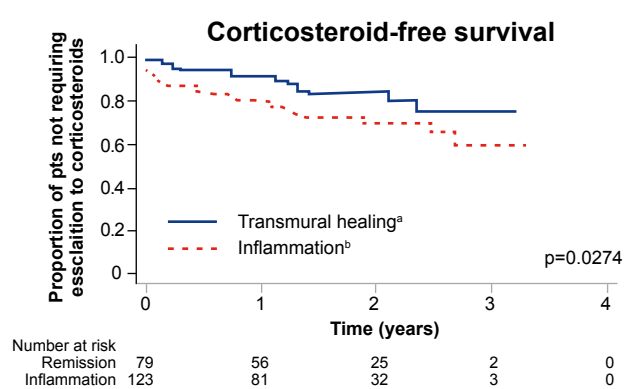
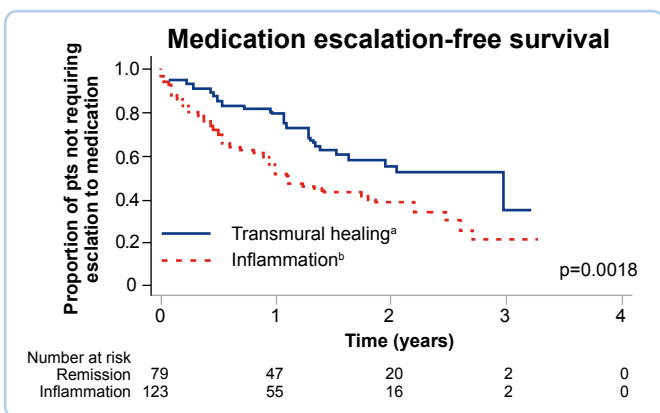
Transmural Healing May Lead to Better Outcomes in Patients With CD

In a retrospective study, transmural healing was evaluated over a 7 year period and defined as a combination of endoscopic mucosal healing and MRI healing

Patients with transmural healing were **95%** **LESS LIKELY** to experience bowel damage progression than those with endoscopic mucosal healing alone (HR=0.05 [0.00-0.40], p=0.002)²

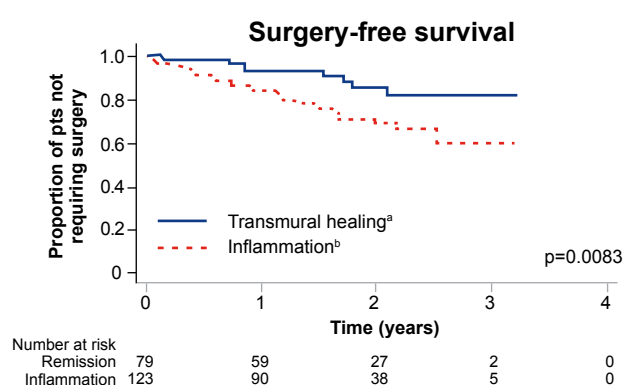
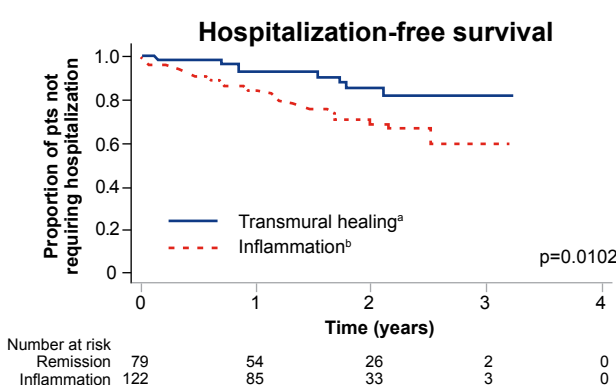
In a separate retrospective study of 202 patients over ~3 years, transmural healing and inflammation were assessed by IUS. Transmural healing was associated with better long-term outcomes in CD⁴

Presence of transmural healing was significantly associated with a longer duration of survival without medication escalation or corticosteroid use⁴



The median time to medication escalation was 3 years in patients who experienced transmural healing and 1.1 years for patients who did not⁴

Presence of transmural healing was associated with increased duration of hospitalization-free survival and surgery-free survival⁴



Transmural healing:

- Is evaluated by cross-sectional imaging^{2,4-6}
- Is associated with decreased likelihood of bowel damage progression²
- May decrease needs for medication dose escalation and steroids⁴
- May decrease healthcare resource utilization⁴

^aTransmural healing: BWT ≤3 mm without hyperemia on color Doppler, inflammatory fat, or disrupted BWS. ^bInflammation: abnormal BWT and/or hyperemia and/or abnormal BWS and/or mesenteric inflammatory fat reported as yes/no.
 BWS=Bowel Wall Stratification; BWT=Bowel Wall Thickness; CD=Crohn's Disease; CT=Computed Tomography; CTE=Computed Tomography Enterography; HR=Hazard Ratio; IUS=Intestinal Ultrasound; MRE=Magnetic Resonance Enterography; MRI=Magnetic Resonance Imaging; Pts=Patients.
 1. Wallish A, Companioni RAC. *MSD Manual*. (Accessed September 3, 2024). 2. Lafeuille P, et al. *Aliment Pharmacol Ther*. 2021;53(5):577-586. 3. American Society for Gastrointestinal Endoscopy Standards of Practice Committee. *Gastrointest Endosc*. 2015;81(5):1101-21.e213. 4. Vaughan R, et al. *Aliment Pharmacol Ther*. 2022;56(1):84-94. 5. Ohtsuka K, et al. *Intest Res*. 2016;14(2):120-126. 6. Chavannes M, et al. *Clin Gastroenterol Hepatol*. 2024;22(9):1790-1795.e1.
 VV-MED-160470 © 2025 Lilly USA, LLC. All rights reserved.

