

# Evolving Treatment Targets in Patients With Crohn's Disease

## STRIDE-II Consensus<sup>1</sup>

The current treat-to-target approach in Crohn's Disease (CD) management includes:

Endoscopic healing<sup>a</sup>



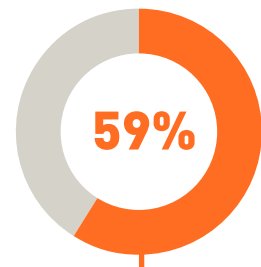
Clinical remission<sup>b</sup>

<sup>a</sup>SES-CD <3 points or absence of ulcerations (eg, SES-CD ulceration subscores = 0)

<sup>b</sup>PRO-2 (abdominal pain ≤1 and stool frequency ≤3) or HBI <5

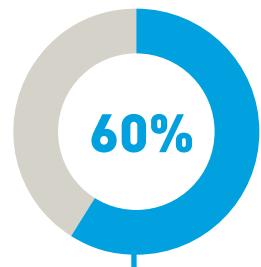
Patients with CD attaining endoscopic healing, clinical remission and an absence of steroids for ≥8 weeks have an **~80% chance of avoiding disease progression<sup>c</sup>** over the following 3 years (N=122)<sup>2</sup>

<sup>c</sup>New internal fistulas or abscesses, strictures, perianal fistulas or abscesses, or hospitalization or surgery for CD



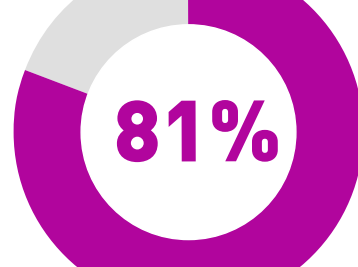
**Endoscopic remission**

(aHR: 0.41; 95% CI: 0.24-0.60)



**Clinical remission**

(aHR: 0.40; 95% CI: 0.26-0.57)



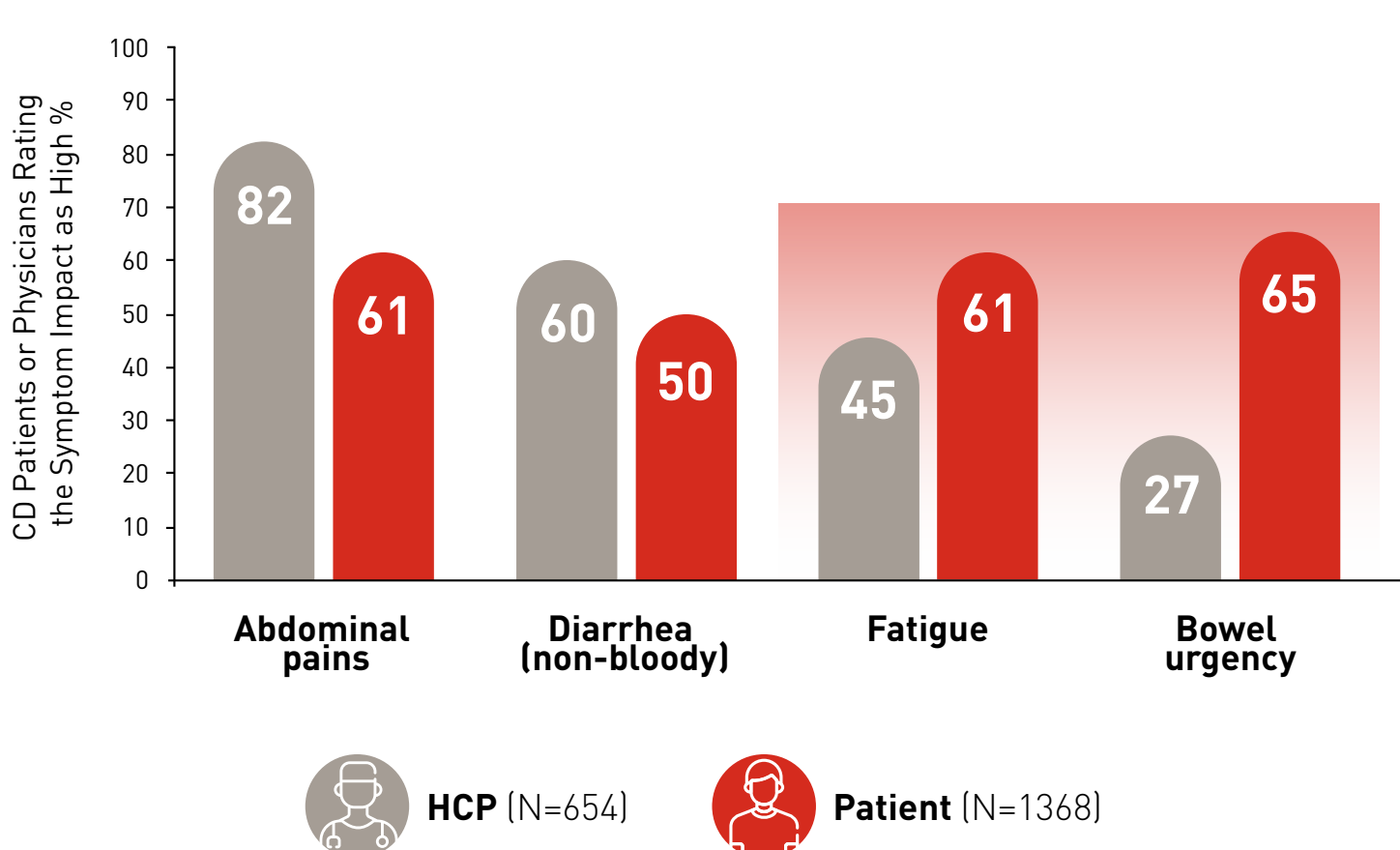
**Endoscopic remission + clinical remission + no steroids for ≥8 weeks**

(aHR: 0.19; 95% CI: 0.08-0.31)

Note: Percentages denote likelihood of avoiding disease progression, based on aHR data

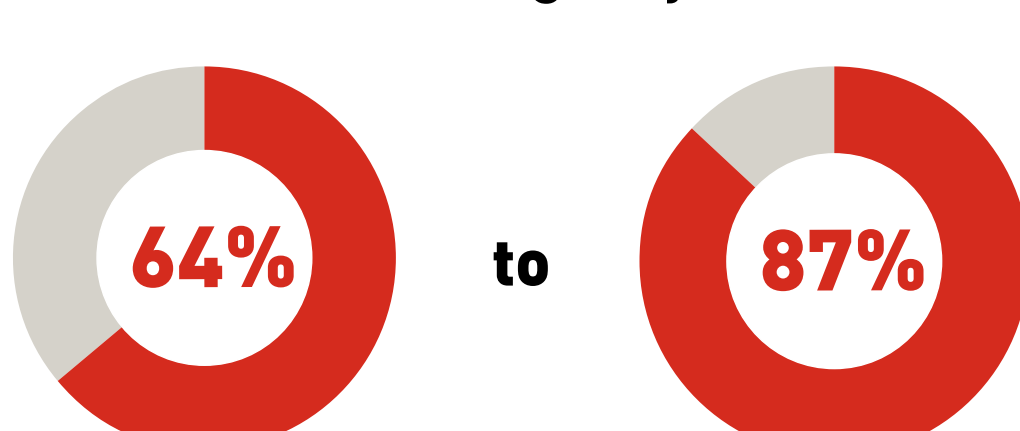
Patients and HCPs may have **differing views on the impact of symptoms in CD<sup>3</sup>**

Patient-reported and Physician-reported Symptoms With the Greatest Impacts on Quality of Life

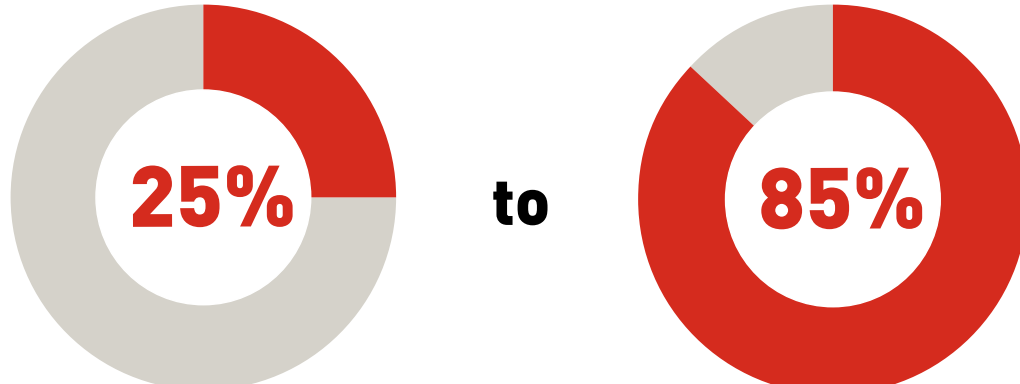


Prevalence of **symptoms of bowel urgency and fatigue in patients with CD**

### Bowel Urgency<sup>4-10</sup>

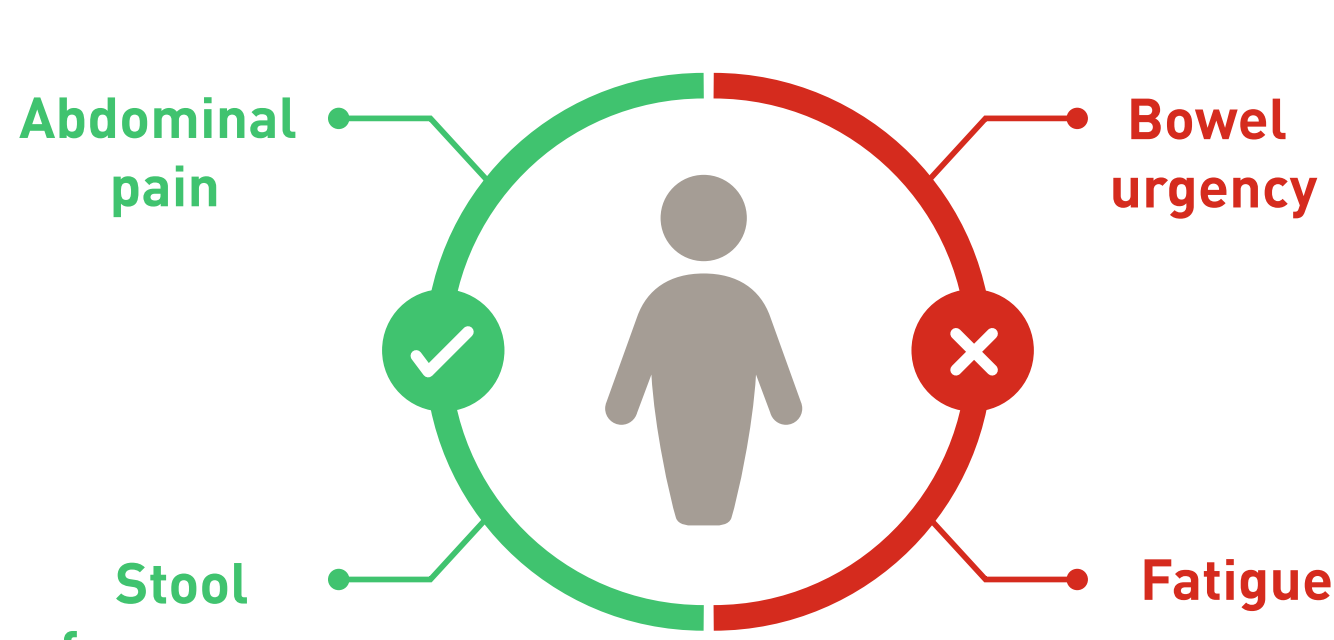


### Fatigue<sup>10-17</sup>



Despite the prevalence of **bowel urgency** and **fatigue**, patients perceive that HCPs are not interested in managing these symptoms<sup>18</sup>

Bowel urgency and fatigue are absent from STRIDE-II<sup>1</sup>



**"We need to remember that both urgency and fatigue matter to patients because they are key components of quality of life"**

Professor Simon Travis, DPhil, FRCP

aHR=Adjusted Hazard Ratio; CD=Crohn's Disease; CI=Confidence Interval; HBI=Harvey Bradshaw Index; HCP=Healthcare Professional; PRO-2=Patient-Reported Outcome 2-item; SES-CD=Simple Endoscopic Score in CD; STRIDE=Selecting Therapeutic Targets in Inflammatory Bowel Disease.

1. Turner D, et al. *Gastroenterology*. 2021;160(5):1570-1583. 2. Ungaro RC, et al. *Gastroenterology*. 2020;159(1):139-147. 3. Rubin DT, et al. *Inflamm Bowel Dis*. 2021;27(12):1942-1953. 4. Teich N, et al. *Crohn's Colitis* 360. 2021;3(3):otab050. 5. Perler BK, et al. *BMC Gastroenterol*. 2019;19(1):47. 6. Petryszyn PW, et al. *Adv Clin Exp Med*. 2018;27(6):813-818. 7. Nóbrega\_VG, et al. *Arq Gastroenterol*. 2018;55(3):290-295. 8. Dulai PS, et al. *Aliment Pharmacol Ther*. 2020;51(11):1047-1066. 9. Farrell D, et al. *J Crohn's Colitis*. 2016;10(3):315-322. 10. Bogale K, et al. *Sci Rep*. 2022;12(1):10577. 11. D'Silva A, et al. *Clin Gastroenterol Hepatol*. 2022;20(5):995-1009.e7. 12. Chavarria C, et al. *J Crohn's Colitis*. 2019;13(8):996-1002. 13. Frigstad SO, et al. *World J Gastroenterol*. 2018;24(29):3293-3301. 14. Hashash JG, et al. *J Clin Gastroenterol*. 2018;52(5):423-430. 15. Jelsness-Jørgensen LP, et al. *World J Gastroenterol*. 2012;18(5):445-452. 16. Villoria A, et al. *PLoS One*. 2017;12(7):e0181435. 17. Williet N, et al. *J Crohn's Colitis*. 2017;11(2):165-174. 18. Keefer L, et al. *Gastroenterology*. 2022;162(5):1439-1451.

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