

Evolving Treatment Targets in Patients With Crohn's Disease

STRIDE-II Consensus¹

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

Endoscopic healing^a



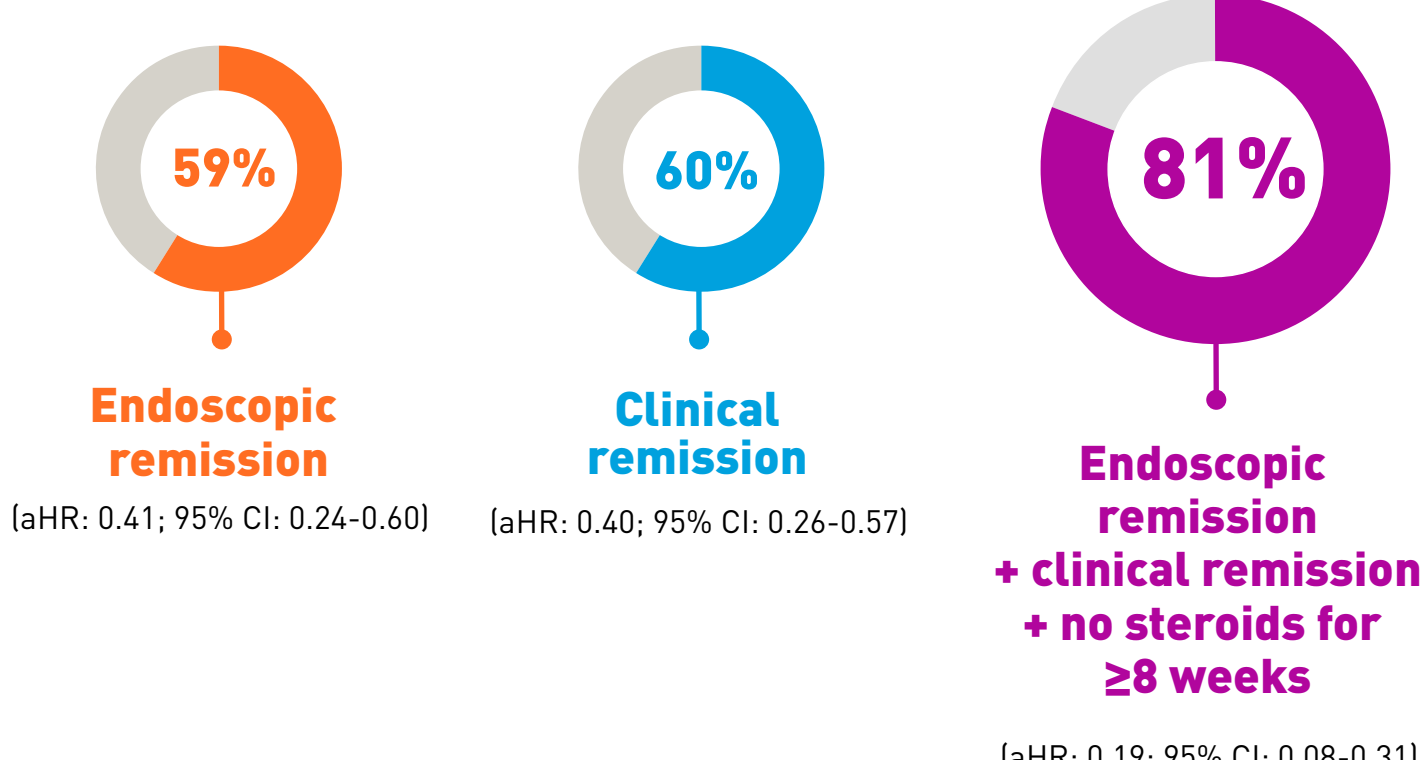
Clinical remission^b

^aSES-CD <3 points or absence of ulcerations (eg, SES-CD ulceration subscores = 0)

^bPRO-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^c** over the following 3 years (N=122)²

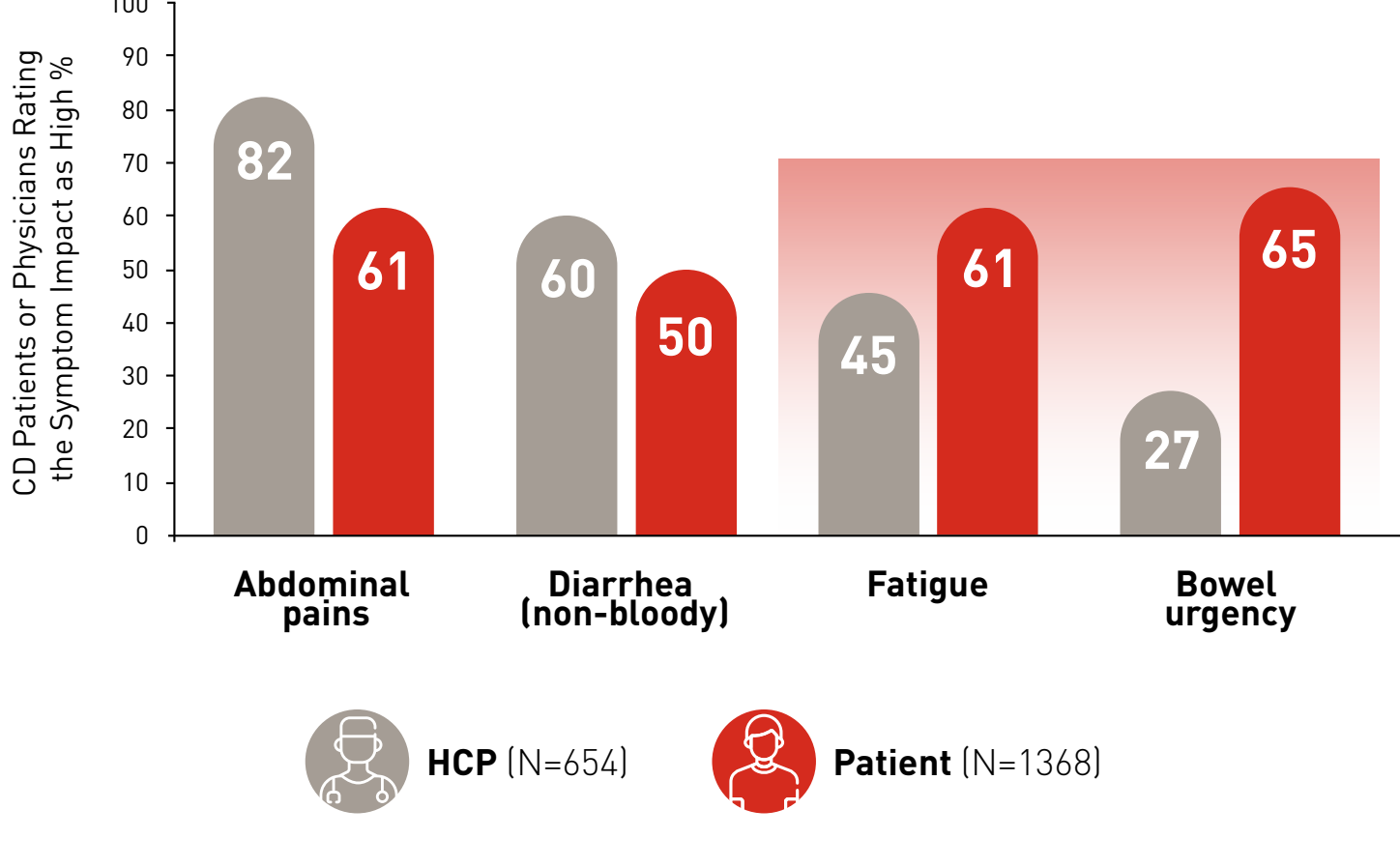
^cNew internal fistulas or abscesses, strictures, perianal fistulas or abscesses, or hospitalization or surgery for CD



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

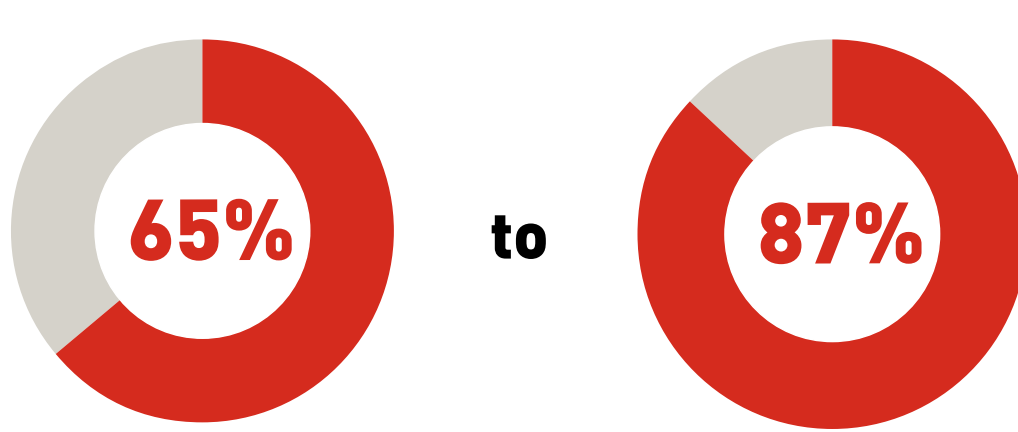
Patients and HCPs may have differing views on the impact of symptoms in CD³

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

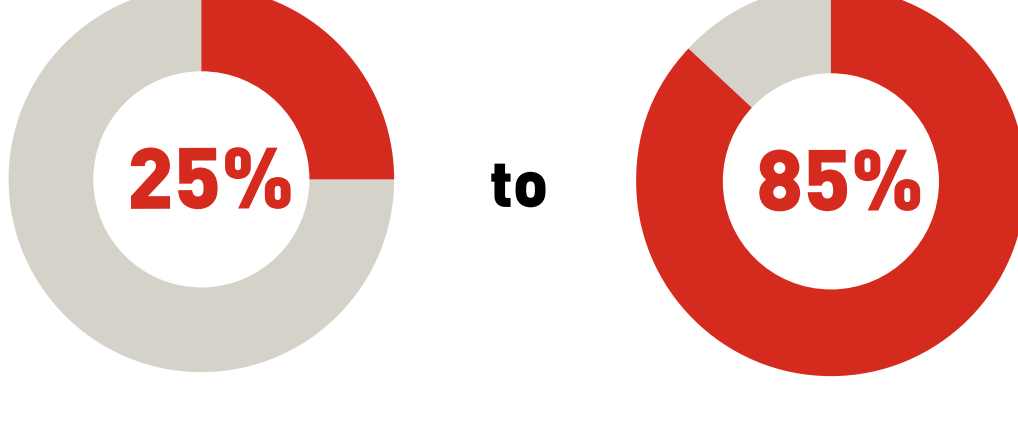


Prevalence of symptoms of bowel urgency and fatigue in patients with CD

Bowel Urgency⁴⁻¹⁰

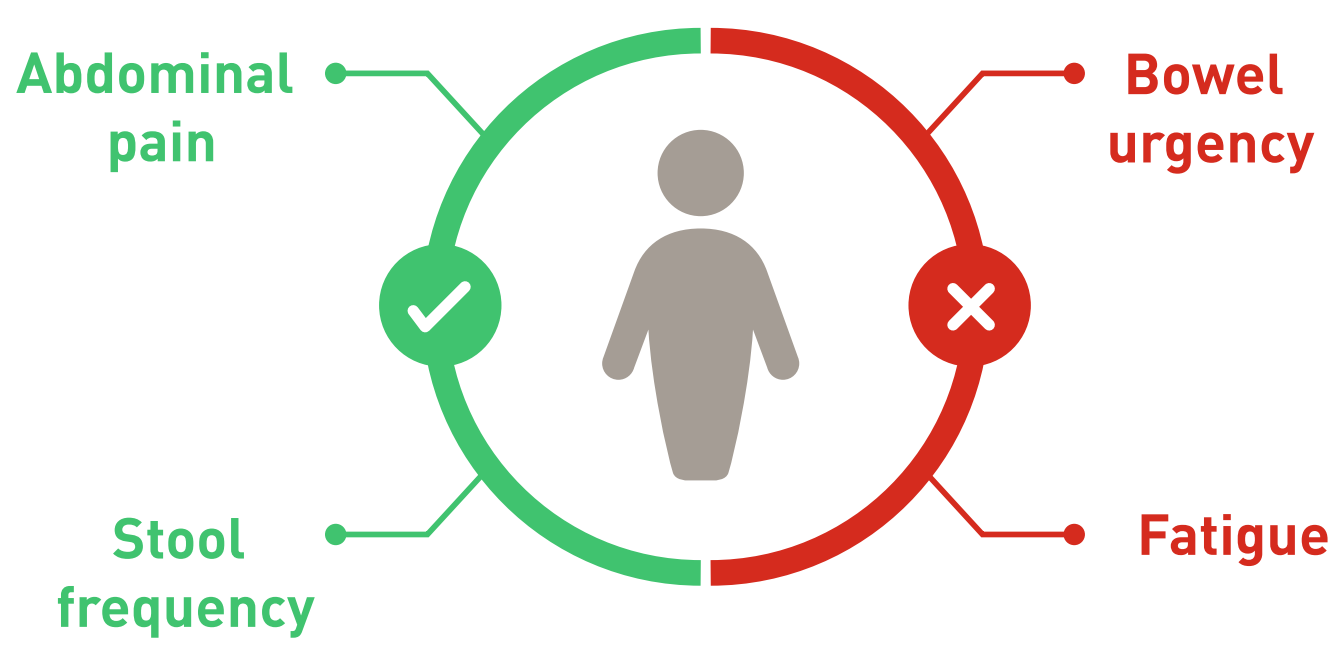


Fatigue¹⁰⁻¹⁷



Despite the prevalence of **bowel urgency** and **fatigue**, patients perceive that HCPs are not interested in managing these symptoms¹⁸

Bowel urgency and fatigue are absent from STRIDE-II¹



"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. *Arg 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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