

Why Long-Term Disease Control Matters in IBD

Presented by Dr. David T. Rubin

Storyboard



Final Storyboard

This storyboard presents (as relevant):

- Indication of visuals in the video
- The transcript indicated at the top of each slide
- Timecode indicated at the top of each slide
- Accessibility language describing the video and animations indicated in a text box at the bottom of each slide; including text on screen

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[00:00-00:07]



Visual description/accessibility transcript:

Background music plays as title “Why Long-Term Disease Control Matters in IBD” appears onscreen.

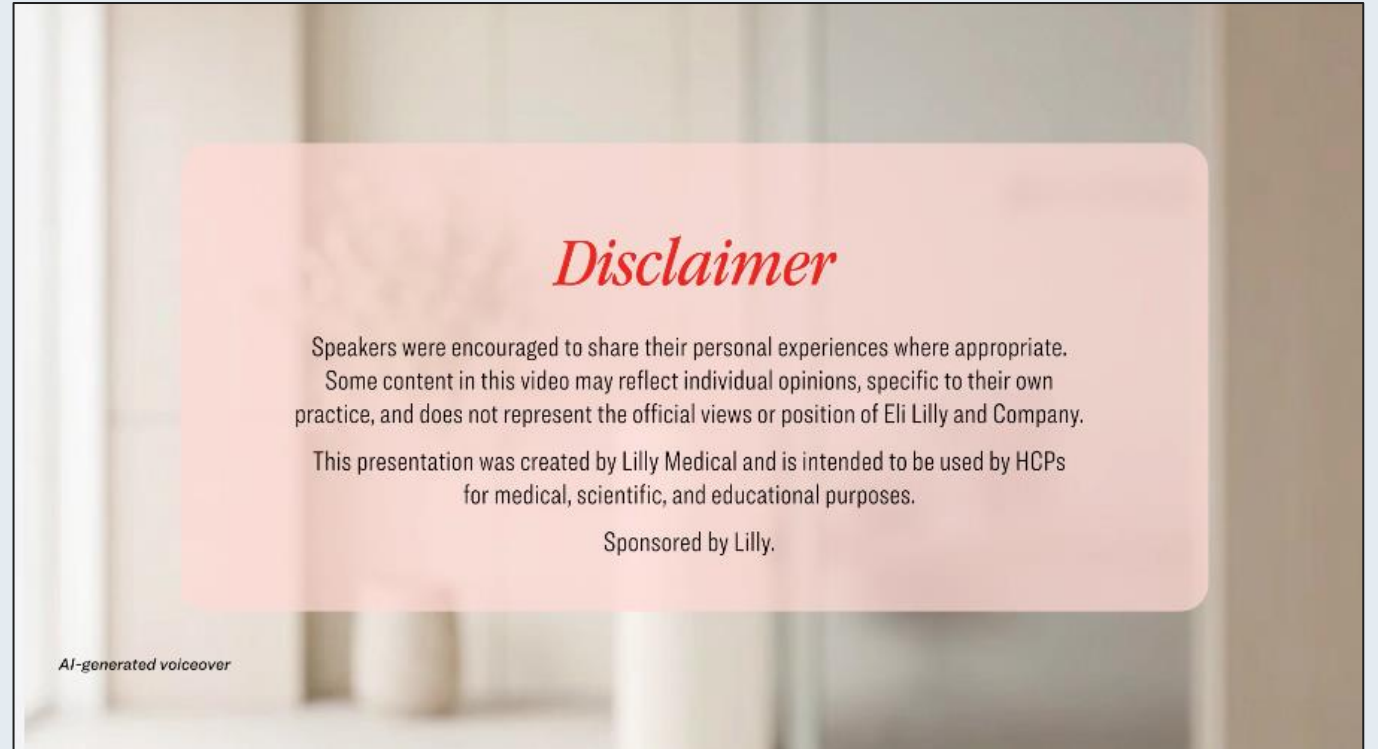
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[00:07-00:33]

AI voiceover transcript:

Speakers were encouraged to share their personal experiences where appropriate. Some content in this video may reflect individual opinions, specific to their own practice, and does not represent the official views or position of Eli Lilly and Company.

This presentation was created by Lilly Medical and is intended to be used by HCPs for medical, scientific, and educational purposes. Sponsored by Lilly Medical.



Visual description/accessibility transcript:

Background music plays as disclaimer appears, stating: Speakers were encouraged to share their personal experiences where appropriate. Some content in this video may reflect individual opinions, specific to their own practice, and does not represent the official views or position of Eli Lilly and Company. This presentation was commissioned by Lilly Medical and is intended for use by healthcare professionals (HCPs) for medical, scientific, and educational purposes. Sponsored by Lilly Medical. Background music fades.

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[00:33-00:39]

Speaker transcript:

My name is Doctor David Rubin. I'm a professor of medicine at the University of Chicago.



Dr. David T. Rubin, MD

Joseph B. Kirsner Professor of Medicine
Chief, Section of Gastroenterology, Hepatology and Nutrition
Director, Inflammatory Bowel Disease Center
University of Chicago Medicine
Chicago, IL, USA

My name is Doctor David Rubin. I'm a Professor of Medicine at the University of Chicago.

Visual description/accessibility transcript:

Doctor Rubin appears on screen speaking to the camera. Affiliations: Joseph B. Kirsner Professor of Medicine; Chief, Section of Gastroenterology, Hepatology and Nutrition; Director, Inflammatory Bowel Disease Center; University of Chicago Medicine.

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[00:39-00:44]

AI voiceover transcript:

Doctor Rubin is speaking on behalf of Lilly.



Dr. Rubin is speaking on behalf of Lilly.

Dr. Rubin is a consultant for Lilly.

Dr. Rubin is also a consultant for: AbbVie, Abivax, AltruBio, Athos Therapeutics, Bristol Myers Squibb, Celltrion, Connect BioPharma, Genentech (Roche), Iterative Health, Janssen Pharmaceuticals, Johnson & Johnson, Merck & Company, Mirador, Odyssey Therapeutics, Pfizer, Sanofi, Spyre, Takeda, Vedanta Biosciences, and Ventyx Biosciences. He has investigator-initiated research grants from Pfizer and Takeda.

Content accurate as of May 2026.

AI-generated voiceover

Visual description/accessibility transcript:

Doctor Rubin's disclosures are shown: Professor Rubin is a consultant for Lilly and is also a consultant for: AbbVie, Abivax, AltruBio, Athos Therapeutics, Bristol Myers Squibb, Celltrion, Connect BioPharma, Genentech (Roche), Iterative Health, Janssen Pharmaceuticals, Johnson & Johnson, Merck & Company, Mirador, Odyssey Therapeutics, Pfizer, Sanofi, Spyre, Takeda, Vedanta Biosciences, and Ventyx Biosciences. He has investigator-initiated research grants from Pfizer and Takeda. Content accurate as of May 2026.

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[00:44-01:05]

Speaker transcript:

We've made great progress in inflammatory bowel disease, and one of the main initiatives has been to recognize how to prevent complications of these long-term conditions.¹

For example, we know that both Crohn's disease and ulcerative colitis are progressive and associated with specific outcomes that we would like to avoid.^{2,3}

Reference(s):

Script:

1. Speaker's professional opinion.
2. Cushing K, Higgins DR. *JAMA*. 2021;325(1):69-80.
3. Krugliak Cleveland N, et al. *Gastroenterology*. 2022;162(5):1396-1408.



We've made great progress in inflammatory bowel disease,

Visual description/accessibility transcript:

Doctor Rubin speaks to the camera.

Final Storyboard

[01:05-01:17]

Speaker transcript:

The deeper level of remission we can obtain, the more stable the disease control over time, and also the more we are able to modify the disease course and change the natural history.²⁻⁴

Reference(s):

Script:

- Christensen B, et al. *Clin Gastroenterol Hepatol*. 2020;18(11):2518-2525.e1.
- Geyl S, et al. *Lancet Gastroenterol Hepatol*. 2021;6(8):659-667.
- Neurath MF, Vieth M. *Gut*. 2023;72(11):2164-2183.

Animation:

- Turner D, et al; International Organization for the Study of IBD. *Gastroenterology*. 2021;160(5):1570-1583.
- Christensen B, et al. *Clin Gastroenterol Hepatol*. 2020;18(11):2518-2525.e1.
- Geyl S, et al. *Lancet Gastroenterol Hepatol*. 2021;6(8):659-667.
- Neurath MF, Vieth M. *Gut*. 2023;72(11):2164-2183.



Visual description/accessibility transcript:

Doctor Rubin continues to speak to the camera.

On-screen figure: Graphic summarizing the components of comprehensive assessment in IBD, including: Clinical remission, biomarker normalization, and endoscopic healing (all targets in STRIDE-II); histologic healing (for consideration in ulcerative colitis); transmural healing (for consideration in Crohn's disease); and a potential future target of molecular healing.

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[01:17-01:23]

Speaker transcript:

And we anticipate, and we hope and we do see, prevention of complications.^{4,5}

Reference(s):

Script:

4. Neurath MF, Vieth M. *Gut*. 2023;72(11):2164-2183.
5. Jucan AE, et al. *Biomedicines*. 2023;11(11):3090.

Animation:

1. Turner D, et al; International Organization for the Study of IBD. *Gastroenterology*. 2021;160(5):1570-1583.
2. Christensen B, et al. *Clin Gastroenterol Hepatol*. 2020;18(11):2518-2525.e1.
3. Geyl S, et al. *Lancet Gastroenterol Hepatol*. 2021;6(8):659-667.
4. Neurath MF, Vieth M. *Gut*. 2023;72(11):2164-2183.
5. Jucan AE, et al. *Biomedicines*. 2023;11(11):3090.

And we anticipate, and we hope, and we do see,

Visual description/accessibility transcript:

Doctor Rubin continues to speak to the camera.

On-screen figure: Comprehensive assessment remains on screen. Potential implications (based on literature-described associations) are shown: Decreased risk of disease progression, lower need for corticosteroids, less frequent treatment switching or escalation, fewer hospitalizations and surgeries, and reduced IBD-associated disability.

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[01:23-01:39]

Speaker transcript:

We need to understand and acknowledge that the different perspectives on taking care of people who live with Crohn's disease and ulcerative colitis are necessary so that we can have the same explanation and expectations for their control.¹

Reference(s):

Script:

1. Speaker's professional opinion.



Visual description/accessibility transcript:

Doctor Rubin speaks to the camera.

Final Storyboard

[01:39-01:46]

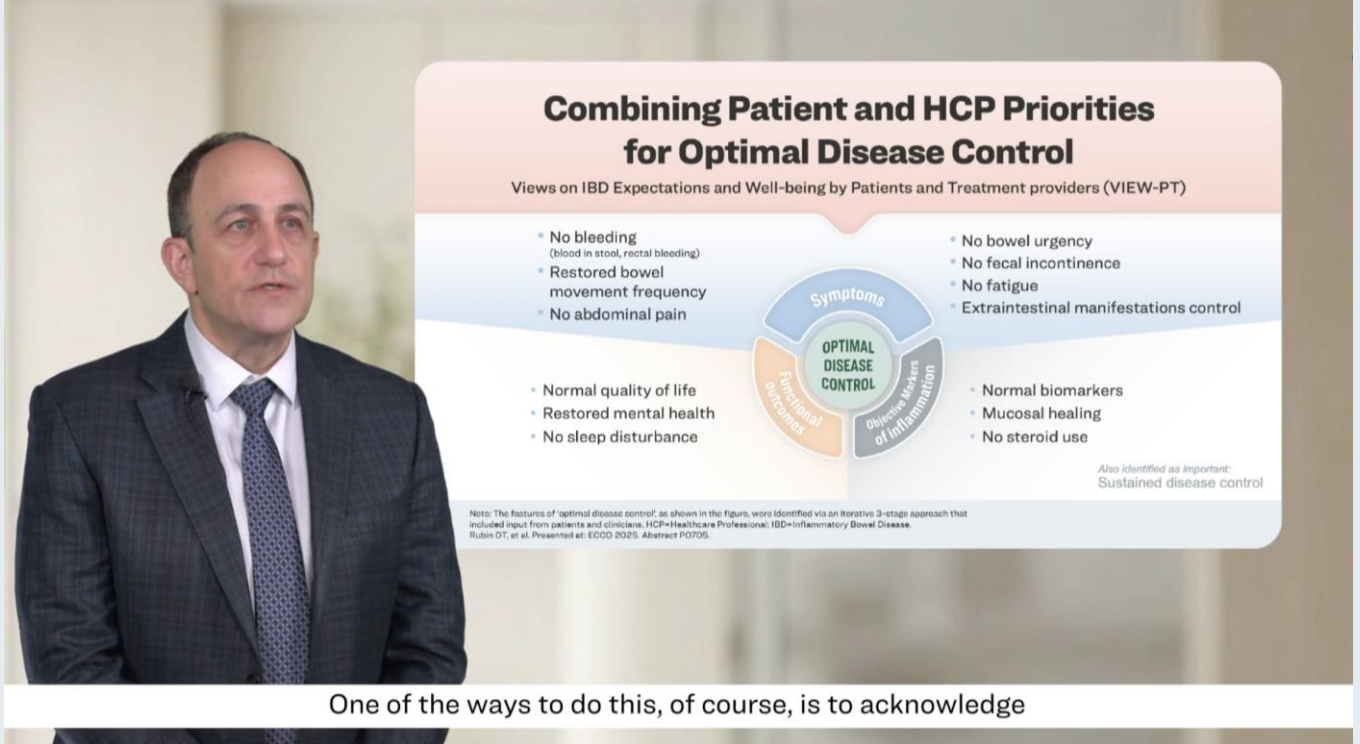
Speaker transcript:

One of the ways to do this, of course, is to acknowledge that when we're taking care of chronic inflammation, it starts with intestinal symptoms, of course...¹

Reference(s):

Script and animation:

1. Rubin DT, et al. Presented at: ECCO 2025. Abstract P0705.



**Combining Patient and HCP Priorities
for Optimal Disease Control**

Views on IBD Expectations and Well-being by Patients and Treatment providers (VIEW-PT)

- No bleeding (blood in stool, rectal bleeding)
- Restored bowel movement frequency
- No abdominal pain
- No bowel urgency
- No fecal incontinence
- No fatigue
- Extraintestinal manifestations control

OPTIMAL DISEASE CONTROL

- Normal quality of life
- Restored mental health
- No sleep disturbance
- Normal biomarkers
- Mucosal healing
- No steroid use

*Also identified as important:
Sustained disease control*

Note: The features of optimal disease control, as shown in the figure, were identified via an iterative 3-stage approach that included input from patients and clinicians. HCP=Healthcare Professional; IBD=Inflammatory Bowel Disease. Rubin DT, et al. Presented at: ECCO 2025. Abstract P0705.

One of the ways to do this, of course, is to acknowledge

Visual description/accessibility transcript:

Doctor Rubin continues to speak to the camera.

On-screen figure: Three domains of “optimal disease control” as defined in the Views on IBD expectation and Well-being by Patients and Treatment providers study: 1. Symptoms, including no bleeding, restored bowel movement frequency, no abdominal pain, no bowel urgency, no fecal incontinence, no fatigue, and extraintestinal manifestations control; 2. Objective markers of inflammation, including normal quality of life, restored mental health, and no sleep disturbance; 3. Functional outcomes, including normal biomarkers, mucosal healing, and no steroid use. Sustained disease control is also identified as important.

Final Storyboard

[01:46-02:00]

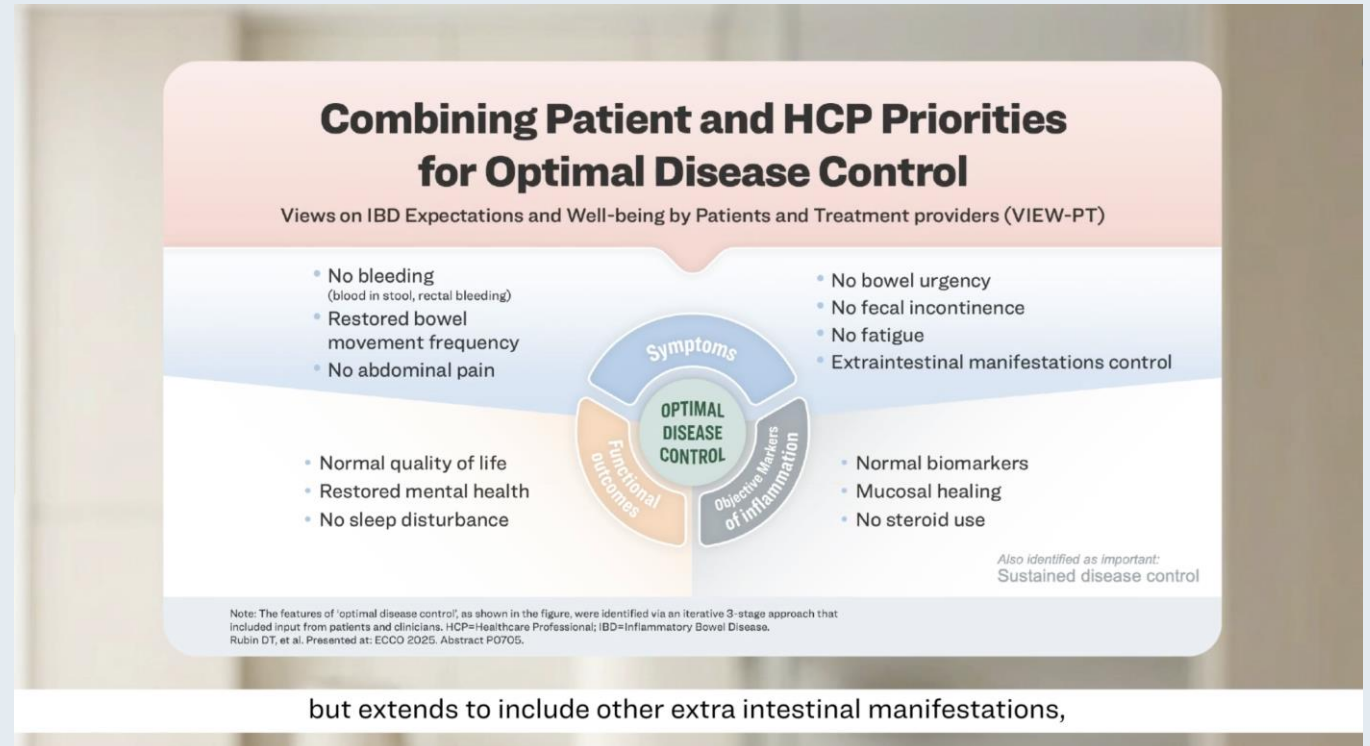
Speaker transcript:

...but extends to include other extraintestinal manifestations, mental health challenges and other features of the disease that we recognize, like fatigue, sleep disorders, and a variety of other challenges.¹

Reference(s):

Script and animation:

1. Rubin DT, et al. Presented at: ECCO 2025. Abstract P0705.



Visual description/accessibility transcript:

Doctor Rubin moves off screen whilst his voiceover continues.
On-screen figure: Optimal disease control graphic enlarges on screen.

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[02:00-02:15]

Speaker transcript:

Increasingly, our clinical trials have included important endpoints to better understand this.⁶ An example is the class of interleukin-23p19 inhibitors, as a class in both ulcerative colitis....¹⁻⁵

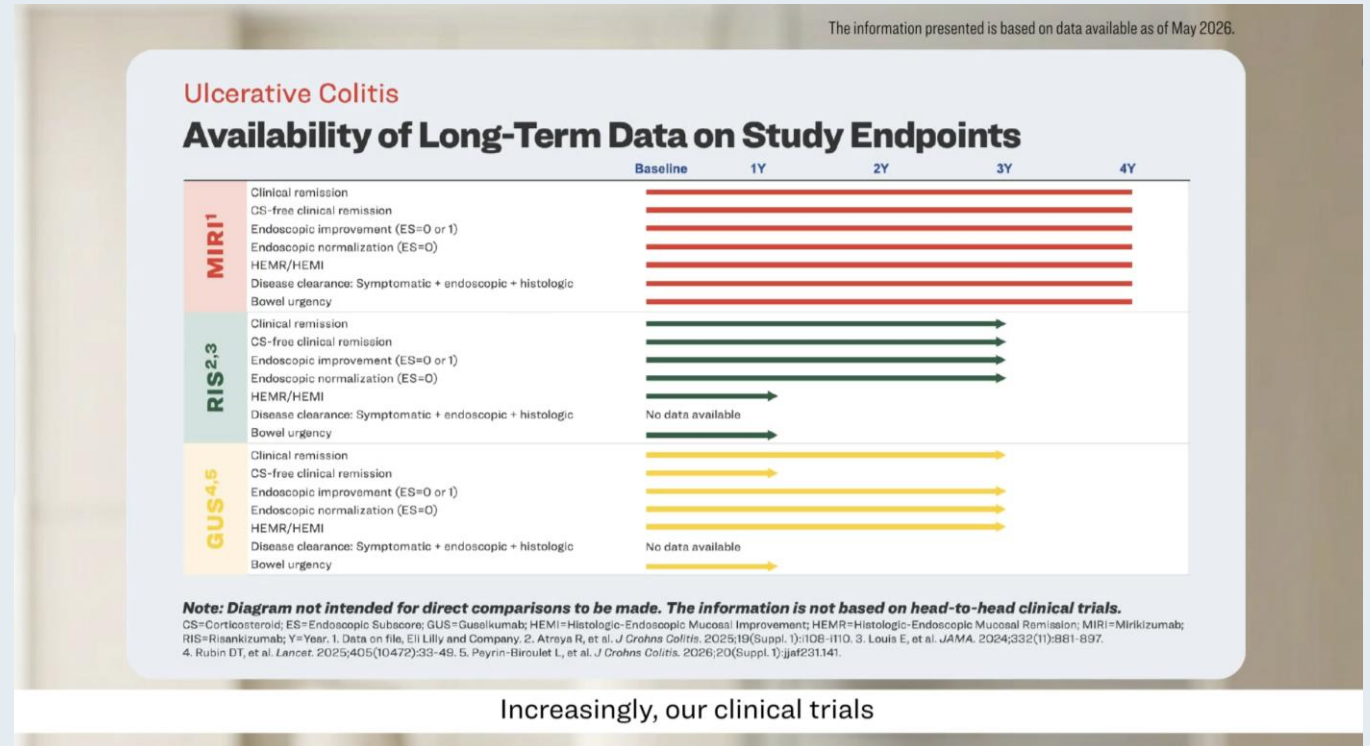
Reference(s):

Script:

1. Data on file, Eli Lilly and Company.
2. Atreya R, et al. *J Crohns Colitis*. 2025;19(Suppl. 1):i108-i110.
3. Louis E, et al. *JAMA*. 2024;332(11):881-897.
4. Rubin DT, et al. *Lancet*. 2025;405(10472):33-49.
5. Peyrin-Biroulet L, et al. *J Crohns Colitis*. 2026;20(Suppl. 1):jjaf231.141.
6. Speaker's professional opinion.

Animation:

1. Data on file, Eli Lilly and Company.
2. Atreya R, et al. *J Crohns Colitis*. 2025;19(Suppl. 1):i108-i110.
3. Louis E, et al. *JAMA*. 2024;332(11):881-897.
4. Rubin DT, et al. *Lancet*. 2025;405(10472):33-49.
5. Peyrin-Biroulet L, et al. *J Crohns Colitis*. 2026;20(Suppl. 1):jjaf231.141.



Visual description/accessibility transcript:

Doctor Rubin's voiceover continues.

On-screen figure: Graphic showing the availability of long-term ulcerative colitis data across clinical, endoscopic, histologic and bowel urgency endpoints for mirikizumab, risankizumab, and guselkumab up to 4 years. For mirikizumab, all listed endpoints extend to 4 years. For risankizumab, clinical and endoscopic endpoints extend to 3 years, HEMR/HEMI and bowel urgency extend to 1 year, and no data are reported for disease clearance. For guselkumab, clinical remission, endoscopic endpoints, and HEMR/HEMI extend to 3 years, CS-free clinical remission and bowel urgency extend to 1 year, and no data are reported for disease clearance. A note states that the diagram is not intended for direct comparisons and is not based on head-to-head clinical trials.

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[02:15-02:24]

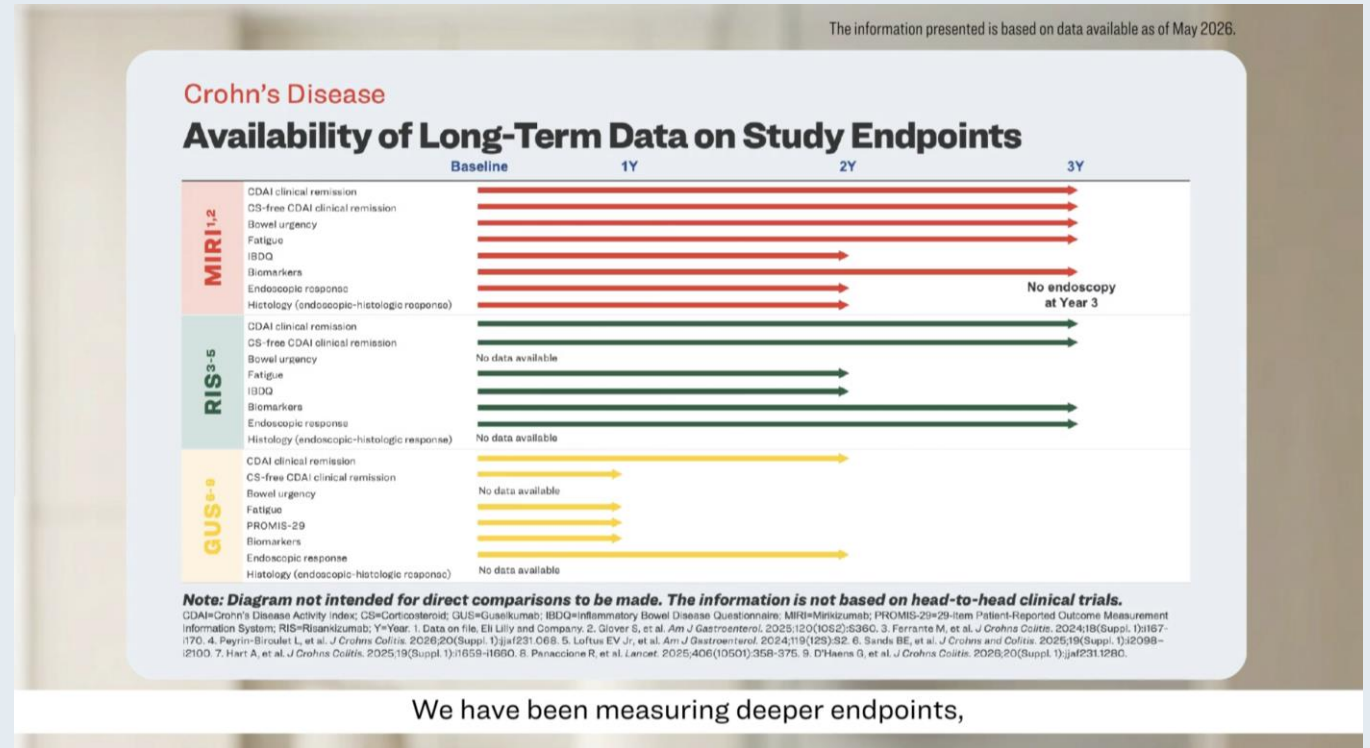
Speaker transcript:

...and Crohn's disease. We have been measuring deeper endpoints, as ways to show that deeper control leads to more durable outcomes.¹⁻¹⁰

Reference(s):

Script and animation:

1. Data on file, Eli Lilly and Company.
2. Glover S, et al. *Am J Gastroenterol*. 2025;120(10S2):S360.
3. Ferrante M, et al. *J Crohns Colitis*. 2024;18(Suppl. 1):i167-i170.
4. Peyrin-Biroulet L, et al. *J Crohns Colitis*. 2026;20(Suppl. 1):jjaf231.068.
5. Loftus EV Jr, et al. *Am J Gastroenterol*. 2024;119(12S):S2.
6. Sands BE, et al. *J Crohns Colitis*. 2025;19(Suppl. 1):i2098-i2100.
7. Hart A, et al. *J Crohns Colitis*. 2025;19(Suppl. 1):i1659-i1660.
8. Panaccione R, et al. *Lancet*. 2025;406(10501):358-375.
9. D'Haens G, et al. *J Crohns Colitis*. 2026;20(Suppl. 1):jjaf231.1280.
10. Speaker's professional opinion.



We have been measuring deeper endpoints,

Visual description/accessibility transcript:

Doctor Rubin's voiceover continues.

On-screen figure: Graphic showing the availability of long-term Crohn's disease data across clinical, symptomatic, endoscopic, and histologic endpoints for mirikizumab, risankizumab, and guselkumab up to 3 years. For mirikizumab, most listed endpoints extend to 3 years, with IBDQ, endoscopic response, and histology extending to 2 years; no endoscopy was conducted at Year 3. For risankizumab, clinical, biomarker, and endoscopic endpoints extend to 3 years, with fatigue and IBDQ extending to 2 years; no data are reported for bowel urgency or histology. For guselkumab, clinical remission and endoscopic response extend to 2 years, while CS-free CDAI clinical remission, fatigue, PROMIS-29, and biomarkers extend to 1 year; no data are reported for bowel urgency or histology. A note states that the diagram is not intended for direct comparisons and is not based on head-to-head clinical trials.

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[02:24-02:30]

Speaker transcript:

So, as you take care of patients with Crohn's disease and ulcerative colitis...



Visual description/accessibility transcript:

Doctor Rubin speaks to the camera.

Final Storyboard

[02:30-02:52]

Speaker transcript:

...you need to acknowledge first that it's more than just the intestines.¹

Second, that there is in fact chronic progression and complications that can be avoided if we treat the disease properly.¹

And then, thirdly, develop a strategy that incorporates your patients' opinions as well, so that together you can keep the disease under control and modify the long-term outcomes.¹

Reference(s):

Script and animation:

1. Speaker's professional opinion.



that incorporates your patients' opinions as well,

1. Assess beyond intestinal symptoms
2. Incorporate comprehensive disease management to prevent progression and complications
3. Consider patients' opinions to achieve sustained long-term outcomes

Visual description/accessibility transcript:

Doctor Rubin continues to speak to the camera.

On-screen summary: Three numbered take-home points appear on screen: 1. Assess beyond intestinal symptoms; 2. Incorporate comprehensive disease management to prevent progression and complications; 3. Consider patients' opinions to achieve sustained long-term outcomes.

Final Storyboard

[02:52-02:59]

References

Atreya R, et al. *J Crohns Colitis*. 2025;19(Suppl 1):i108-i110.
Christensen B, et al. *Clin Gastroenterol Hepatol*. 2020;18(11):2518-2525.e1.
Data on file, Eli Lilly and Company.
D'Haens G, et al. *J Crohns Colitis*. 2026;20(Suppl 1):jjaf231.1280.
Ferrante M, et al. *J Crohns Colitis*. 2024;18(Suppl 1):i167-i170.
Geyl S, et al. *Lancet Gastroenterol Hepatol*. 2021;6(8):659-667.
Glover S, et al. *Am J Gastroenterol*. 2025;120(10S2):S360.
Hart A, et al. *J Crohns Colitis*. 2025;19(Suppl 1):i659-i660.
Jucan AE, et al. *Biomedicines*. 2023;11(11):3090.
Loftus EV Jr, et al. *Am J Gastroenterol*. 2024;119(12S):S2.
Louis E, et al. *JAMA*. 2024;332(11):881-897.
Neurath MF, Vieth M. *Gut*. 2023;72(11):2164-2183.
Panaccione R, et al. *Lancet*. 2025;406(10501):358-375.
Peyrin-Biroulet L, et al. *J Crohns Colitis*. 2026;20(Suppl 1):jjaf231.068.
Peyrin-Biroulet L, et al. *J Crohns Colitis*. 2026;20(Suppl 1):jjaf231.141.
Rubin DT, et al. *Lancet*. 2025;405(10472):33-49.
Rubin DT, et al. Presented at: ECCO 2025. Abstract P0705.
Sands BE, et al. *J Crohns Colitis*. 2025;19(Suppl 1):i2098-i2100.
Turner D, et al; International Organization for the Study of IBD. *Gastroenterology*. 2021;160(5):1570-1583.

Screen transitions to show the reference list and music starts to play.

Final Storyboard

[02:59-03:05]

US Full Prescribing Information



Risankizumab-rzaa



Guselkumab



Mirikizumab-mrkz

Screen transitions to QR codes to the US prescribing information for risankizumab, guselkumab, and mirikizumab. Music continues to play.

Final Storyboard

[03:05-03:09]



Lilly logo appears and music fades.