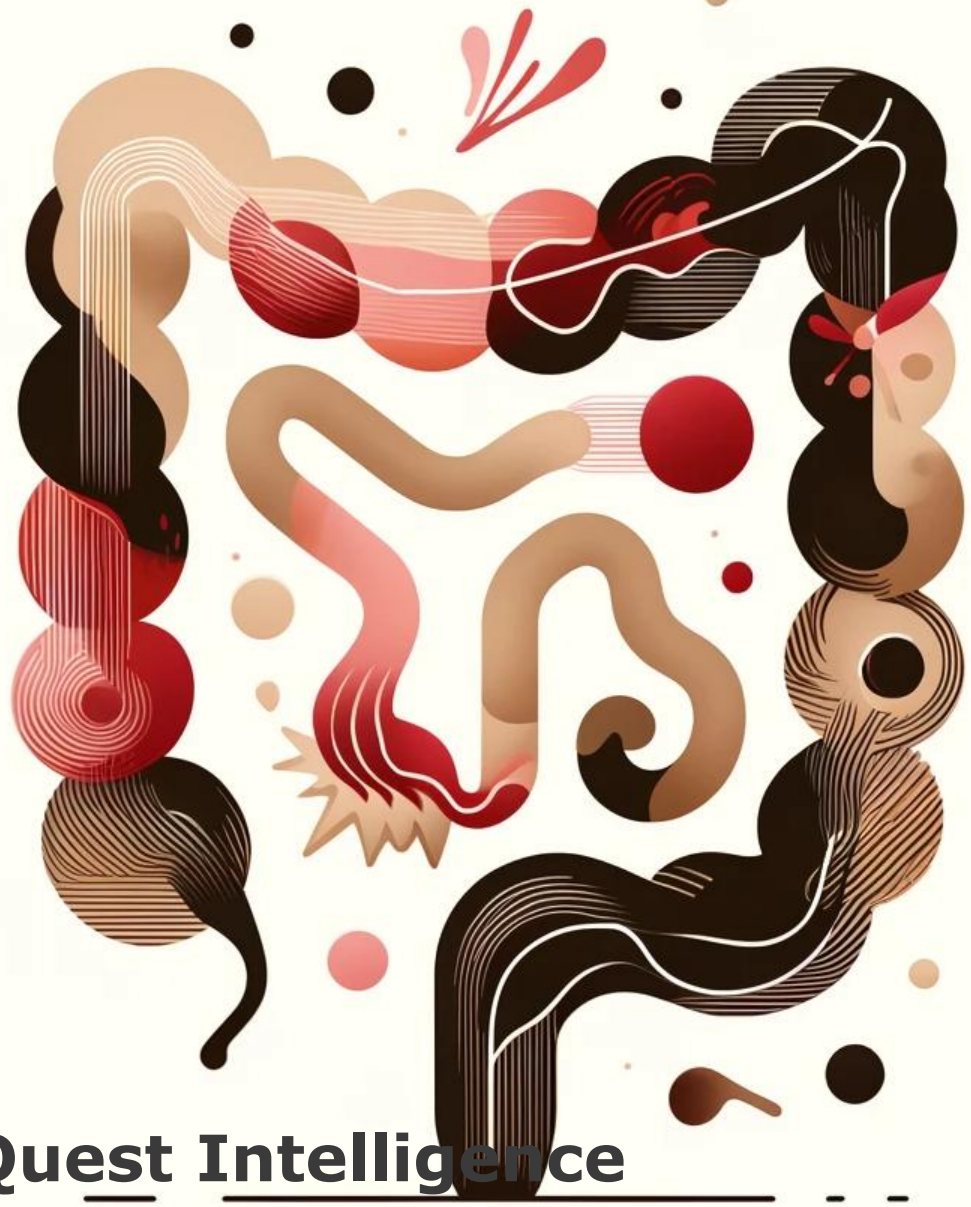
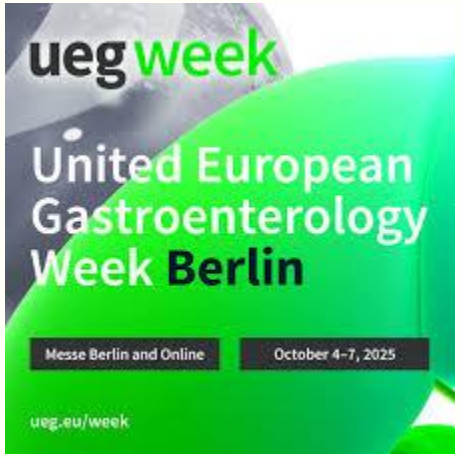
UEG Week 2025 Clinical and AI / ML Preview

Download planner





LucidQuest Intelligence

Accelerate your success

UEG Week 2025 Preview – Table of Contents

UEG Week 2025 – General Overview

- **Global participation:** Gastroenterologists, hepatologists, surgeons, and industry leaders are expected to convene, advancing digestive disease science and care worldwide
- **Multidisciplinary agenda:** Sessions are set to span IBD, hepatology, endoscopy, oncology, microbiome science, motility, and health equity
- **Innovation spotlight:** Emerging therapies in IL-23/anti-integrin, JAK/S1P, antifibrotics, microbiome therapeutics, and endoscopic devices are anticipated to reshape management
- **Patient-centered outcomes:** Real-world evidence, PROs, and treatment burden analyses are projected to inform guideline endpoints and shared decisions
- **Digital and personalized care:** AI endoscopy, decision support, therapeutic drug monitoring, and biomarker-driven strategies are expected to support precision, efficiency, and access
- **Collaborative networks:** Registries, federated real-world datasets, and multi-country trials are anticipated to strengthen evidence and harmonize standards of GI care

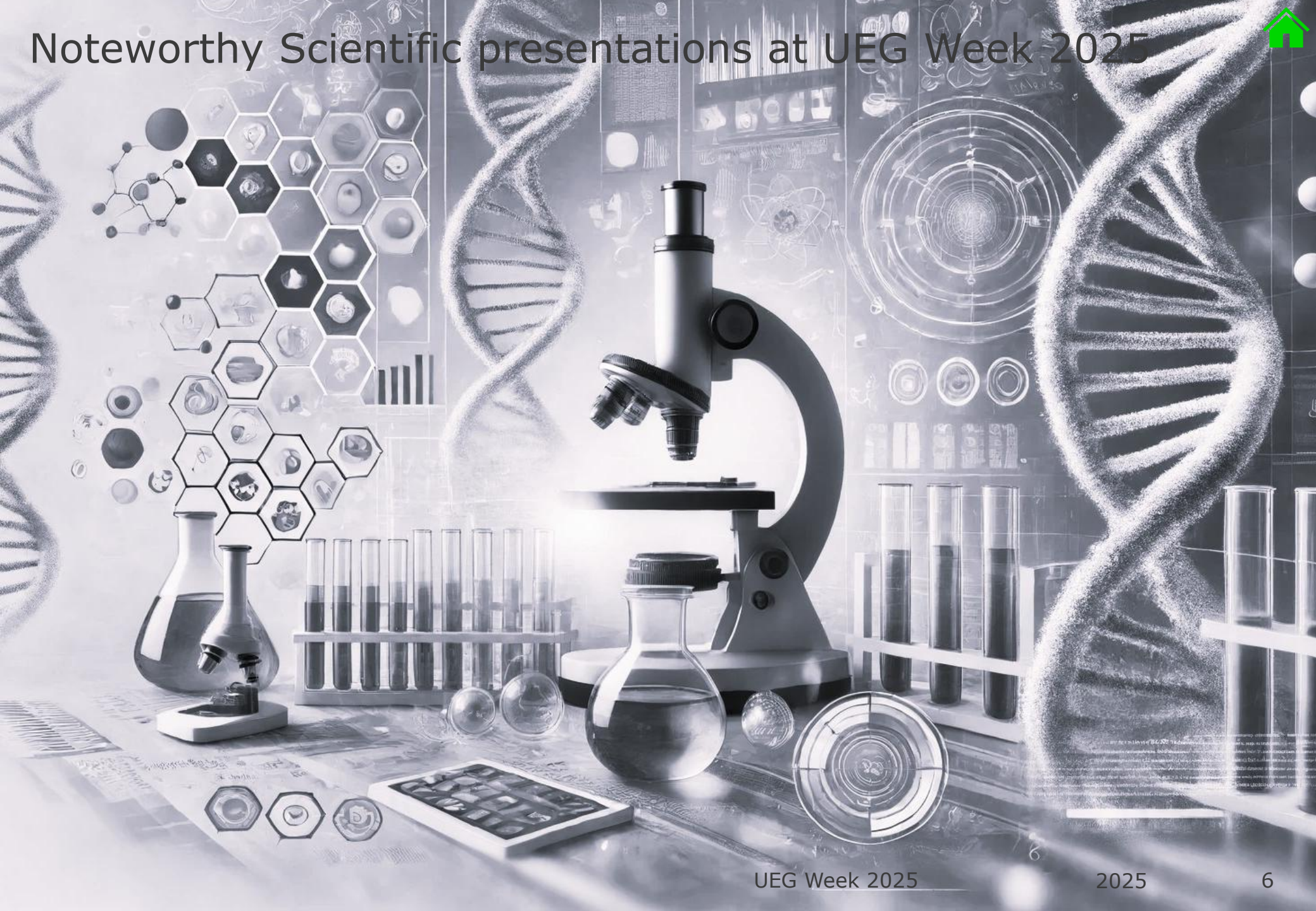
UEG Week 2025– Conference Themes (1/2)

- **Redefining IBD targets:** Focus is expected to move beyond clinical remission toward endoscopic and histologic healing, corticosteroid-free durability, and mucosal biomarkers
- **Sequencing and combinations:** Comparative effectiveness is projected to refine biologic, JAK/S1P, and oral small-molecule positioning across UC and Crohn's phenotypes
- **Endoscopy quality & safety:** Programs are set to standardize ADR, resection margins, complication benchmarks, and credentialing via learning-curve analytics
- **AI imaging & automation:** Studies are expected to report ADR uplift, per-polyp sensitivity, false-positive mitigation, and cross-vendor generalization
- **Hepatology therapeutics:** MASLD/MASH trials are anticipated to align noninvasive surrogates (ELF, MRE, cT1) with histologic outcomes and decompensation risk

UEG Week 2025– Conference Themes (2/2)

- **Pancreatic interception:** Cohorts are projected to combine ctDNA, exosomal KRAS, and radiomics for earlier detection and surveillance
- **Microbiome engineering:** Evidence is expected to evaluate defined consortia, live biotherapeutics, and postbiotics using metagenomics-metabolomics response signatures
- **Portal hypertension strategies:** HVPG-guided therapy, beta-blocker titration, and statins are set to be assessed against decompensation endpoints
- **GI oncology prevention:** Programs are anticipated to advance risk-adapted colonoscopy intervals, serrated-pathway detection, and organ-sparing endoscopic therapy
- **Neurogastroenterology & motility:** Trials are expected to refine IBS phenotyping, autonomic biomarkers, and neuromodulation responder selection

Noteworthy Scientific presentations at UEG Week 2025



Key Topics From Notable Presentations (1/10)

- **Ulcerative Colitis:** Discussions are set to discuss UC management, which is converging on mechanism-matched precision IL-23 and S1P for durable control, JAKs for rapid/global symptom relief, VDZ route-optimization, FMT adjuncts, and biomarker-anchored selection (PAI-1/FCP, transcriptomics) to drive deep, sustained remission

  - Mechanism-driven biologics: IL-23 agents (mirikizumab, guselkumab) show strong induction/maintenance, transcriptomic normalization, dosing advantage in high-burden disease; TL1A (tulisokibart) aligns clinical, endoscopic, histologic, and FCP "deep-remission" endpoints

  - Oral immunomodulators: S1P (etrasimod) delivers durable efficacy across sexes and early post-5-ASA; JAKs (upadacitinib>tofacitinib/ustekinumab in 2nd line; filgotinib real-world gains); tofacitinib response tracks with low baseline mucosal PAI-1/IL-1β/IL-6; TYK2 (zasocitinib) long-term OLE underway

  - Care optimization & adjuncts: Vedolizumab IV→SC switching maintains remission with high persistence; Chinese real-world VDZ confirms high remission; FMT meta-analysis improves clinical/endoscopic remission; combined symptom+FCP remission validated as a practical surrogate

Key Topics From Notable Presentations (2/10)

- **Crohn's Disease:** Sessions will highlight CD management is coalescing around IL-23–anchored durability, tailored dose intensity, and deeper targets (including transmural healing), with JAK options for refractory disease and reassuring systemic safety

  - IL-23 durability & optimization: Risankizumab shows real-world SFCR ~61% with biomarker gains; Week-48 endoscopic healing predicts 2-year control; mirikizumab sustains PRO/QoL to 104 weeks; guselkumab 200 mg q4w benefits high-burden disease and small-bowel lesions

  - Oral immunomodulators in refractory CD: Upadacitinib achieves meaningful real-world remission with manageable AEs; filgotinib suppresses Th17 cytokines in colonic (not ileal) tissue, suggesting region-specific responsiveness

  - Targets beyond mucosa & safety: Intestinal-ultrasound transmural healing predicts fewer relapses independent of endoscopic healing; meta-analysis shows no MACCE increase with biologics/small molecules

Key Topics From Notable Presentations (3/10)

- **Celiac Disease:** Experts will discuss how CD care is moving beyond GFD toward biomarker-guided, barrier-repair and TG2-targeted strategies, while recognizing heterogeneous gluten tolerance and emphasizing validated PROs, symptom-free-day targets, and rigorous gluten-challenge designs in future trials

  - Disease-modifying & barrier restoration: IMU-856 (oral SIRT6 modulator) is set to protect mucosa under gluten challenge, enhancing enterocyte mass, citrulline, and GLP-1—supporting barrier-repair strategies alongside GFD

  - TG2 inhibition & enzymatic approaches: ZED1227 is poised to show mechanistic Treg up-regulation and a 50 mg QD histologic signal, yet pivotal endpoints may remain challenging without gluten exposure; TAK-062 is expected to underperform with symptom/histology worsening

  - Patient heterogeneity & endpoints: A sizable "gluten-tolerant" subgroup (~42%) is anticipated; persistent symptoms will track with sex, age, and education gaps. CDSD v2.1 validation, SFD thresholds, and LLM-aided education are set to refine trial design and care.

Key Topics From Notable Presentations (4/10)

- **Esophagus – Motility, Achalasia & GERD:** The conference will highlight how Management is trending toward mechanism-guided, minimally invasive solutions to optimize procedure length/safety, personalize GERD therapy beyond acid reduction, and surveil high-risk cohorts with objective testing

  - GERD therapeutics—endoscopic, device, acid control: TIF improved LES/motility and acid exposure to 12 months; Stretta cut HRQL 30.7→13.2 and PPI 35.6→0 mg; RefluxStop HRQL 41→1 with 92% off PPIs; vonoprazan achieved ~50–60% rapid relief; linaprazan-HCl doubled bioavailability

  - Achalasia—short POEM optimization: Short myotomy matched efficacy (84.3% vs 88%) yet cut time (80 vs 127.5 min) and minor events (capnoperitoneum 16% vs 65.6%), supporting shorter, safer procedures

  - Motility/structural insights: IEM dysphagia lacked explanatory reflux/motility metrics; electrosurgical incision outperformed bougie in Schatzki's rings (8.82 vs 4.93 months symptom-free); post-bariatric GERD was higher after SG (59% vs 8% RYGB) despite asymptomatic dysmotility.

Key Topics From Notable Presentations (5/10)

- **Esophagus – Eosinophilic Esophagitis (EoE):** Conference is expected to spotlight how EoE care is evolving toward durable type-2 blockade and optimized topical steroids, augmented by diet and novel injectables, with relapse prediction and GERD co-management guiding long-term, fibrosis-aware strategies

  - Durable disease control: Dupilumab sustained robust histologic/endoscopic responses to Week 100; BOT showed 89% induction of remission with equivalent maintenance (1 mg od vs 0.5 mg bid) and acceptable safety (mainly candidiasis; no AI signals)

  - Personalized therapy & practice: DSS ≥ 3 predicted relapse; GERD and BOT monotherapy increased erosive risk, supporting BOT + PPI Dairy-free diet achieved 50% histologic response with adherence-linked symptom/QoL gains; Chile survey highlights standardization gaps

  - Structural and pipeline advances: BOT improved fibrostenotic strictures beyond histology; EP-104GI injectable FP produced dose-dependent histologic and symptom benefits without systemic toxicity

Key Topics From Notable Presentations (6/10)

- **Helicobacter pylori:** Programs will pivot to standardized, region-adapted bismuth-based regimens with adequate duration, evidence-backed dosing, and adherence supports—retiring short clarithromycin triples to consistently achieve ≥90% eradication**.**
  - First-line performance & duration: Single-capsule bismuth quadruple is expected to deliver ~90–93% cure; 14-day courses should outperform 7-day triple regimens across settings
  - Rescue & sequencing: Retreatment will favor single-capsule bismuth (>90% in 2nd line); levofloxacin-sequential is projected to beat triple regimens; optimized dual + rebamipide should exceed 90%.Regional practice gaps: Effectiveness will vary widely by region; UK reliance on 7-day clarithromycin triple is anticipated to underperform, underscoring needs for resistance-guided protocols
  - Adherence, safety & dosing: Single-capsule therapy should improve compliance with mild AEs; synbiotics may reduce side effects; bismuth ~480 mg/day will suffice when paired with adequate T/M/A doses

Key Topics From Notable Presentations (7/10)

- **IBD (Early Drug Discovery / First-in-Human):** Early pipelines center on barrier repair and TL1A modulation with gut-restricted delivery and long-interval dosing, while microbiome strategies enhance quality of life, pending disease-modifying proof, will be discussed

  - Gut-restricted small molecules: ISM5411 was safe, gut-restricted with minimal systemic signals; ISM012-042 reduced inflammation/fibrosis and synergized with anti-TNF in chronic colitis models

  - TL1A blockade, extended dosing: SPY002 showed dose-proportional PK, ~3× half-life extension, and sustained soluble TL1A suppression at 100 mg SC, supporting projected Q3–6-month dosing

  - Microbiome adjuncts: Synbiotic add-on to 5-ASA improved GI symptoms and psychological well-being without microbiota shifts or safety concerns; flare rates matched placebo

Key Topics From Notable Presentations (8/10)

- **IBD (Comparative Biologics / Safety & Special Populations):** Sessions will highlight the outcomes hinge on context: step-up can meet treat-to-target, UST intensification helps selected patients, and UST/VDZ exhibit reassuring safety in elderly and pregnancy

  - Strategy in resource-limited settings: Step-up therapy achieved 3-month remission ~80% (UC) and 70% (CD); mucosal healing ~31–36%; severe baseline disease predicted poorer targets

  - Ustekinumab optimization: q4W intensification benefitted ~50% with refractory IBD; fecal calprotectin fell, and CD endoscopic remission reached 62% among responders; no serious safety signals.PK-guided dosing: After IV re-induction, q4W maintained higher troughs (6.0 vs 2.1 µg/mL) correlating with biomarker, not clinical/endoscopic, remission—supporting clearance-based individualization

  - Special populations: Elderly CD-ustekinumab and vedolizumab showed comparable efficacy/safety; pregnancy—both agents had similar maternal–fetal outcomes across key endpoints

Key Topics From Notable Presentations (9/10)

- **IBD (Endoscopy & Surgery):** Spotlight will be on advanced endoscopic and surgical strategies that appear safe and organ-sparing, while biologic prophylaxis and pouchitis therapies deliver meaningful durability, supporting individualized, surveillance-driven postoperative care
  - Hemorrhoid surgery in IBD: Low complications overall; none in Crohn's. In UC, 14% early/mid-term complications and one flare; continence largely preserved—emphasizes careful preoperative assessment
  - Chronic pouchitis after IPAA: Advanced therapies achieved 57–61% clinical remission by 12 months; infliximab trended highest response. Endoscopic remission 32%; pouch failure uncommon
  - Postoperative Crohn's recurrence prophylaxis: Ustekinumab and vedolizumab showed similar effectiveness; severe POR ~26% at 6–12 months, ~10% by 24 months; 2-year persistence 67–72%, no safety discontinuations
  - ESD for IBD dysplasia: En-bloc 97%, R0 83%; colectomy avoided in ~92%. Complications 28% but resolved; local recurrence 4.7%, metachronous lesions 26%; IBD relapse 7% person-year

Key Topics From Notable Presentations (10/10)

- **Colon, Polyps, CRC Screening & Therapeutics:** Colon care is trending toward safer, organ-sparing endoscopy with smarter triage, optimized resection/closure tools, refined stenting, enhanced sedation, and data-driven screening to cut complications while preserving curative options
  - Screening & diagnostics: Prior-round FIT refines CRC/ACN risk; Kudo V flags SMIC; Lynch needs ≤12-month intervals; single-use scopes match ADR/EMR but lag in image quality
  - Resection & defect management: STC cuts PPB/recurrence; CS-EMR lowers delayed bleeding; Speedboat™/AirSeal® speed distal ESD; anal-canal ESD feasible but tougher at dentate line; EID deep en-bloc for T1 rectal cancer; outpatient EFTR and kFTR preserve rectum; endoscopic closure expedites recovery after delayed perforation
  - Therapeutics & acute care: Proximal-release and palliative SEMS succeed with acceptable patency; OTSC prevents diverticular rebleeding; ERAT provides cost-effective appendicitis alternative; propofol-only sedation improves recovery; MSI-H mCRC benefits from nivolumab+ipilimumab (ORR ~67%)

Focus of Key Industry-Sponsored Sessions at UEG Week 2025 (1/5)

- **AbbVie :**
  - Focus Areas: IL-23 inhibitors & JAKs in IBD
  - Sessions are expected to emphasize early tight control, rapid inflammation suppression, positioning vs. other biologics, and durability/safety considerations in UC and Crohn's
- **Reckitt:**
  - Focus Areas: Functional GI symptom control
  - Content is projected to cover xyloglucan + pea protein combinations, barrier protection, symptom relief endpoints, and integration into IBS/functional-diarrhea care pathways
- **Novo Nordisk:**
  - Focus Areas: Metabolic-hepatic interface
  - Talks are anticipated to examine semaglutide's pleiotropic effects from adiposity reduction to hepatic outcomes, including MASH risk modification and cardiometabolic comorbidity impacts

Focus of Key Industry-Sponsored Sessions at UEG Week 2025 (2/5)

- **Takeda:**
  - Focus Areas: Gut healing & UC/CD optimization
  - Programming is set to leverage VARSITY lessons, mucosal healing targets, and comprehensive Crohn's strategies spanning induction, maintenance, and treat-to-target workflows
- **Eli Lilly:**
  - Focus Areas: Mirikizumab clinical utility
  - Sessions are expected to detail long-term remission data in UC and Crohn's, steroid-free outcomes, histologic healing correlations, and real-world adoption considerations
- **Sanofi/ Regeneron:**
  - Focus Areas: EoE transition of care
  - Content is projected to address bridging pediatric-adult care, real-world success metrics, response durability, and practical algorithms to redefine EoE treatment goals

Focus of Key Industry-Sponsored Sessions at UEG Week 2025 (3/5)

- **Johnson & Johnson:**
  - Focus Areas: IL-23 class leadership across UC/CD
  - Talks are anticipated to map the "IL-23 universe," compare mechanism nuances, optimize sequencing, and extend evidence for complex phenotypes and extraintestinal manifestations
- **MSD:**
  - Focus Areas: TL1A pathway emergence
  - Sessions are set to profile TL1A biology, patient enrichment biomarkers, early efficacy signals, and potential positioning alongside or after IL-23/JAK strategies
- **Sanofi:**
  - Focus Areas: Next-gen mechanisms in IBD
  - Programming is expected to survey novel pathways beyond established biologics, combination concepts, and translational biomarkers informing future therapeutic architecture

Focus of Key Industry-Sponsored Sessions at UEG Week 2025 (4/5)

- **Pfizer:**
  - Focus Areas: S1P modulation in UC
  - Content is projected to evaluate oral S1P therapy selection, onset versus tolerability, monitoring, and real-world persistence versus other advanced systemic options
- **Catalyst Medical Education:**
  - Focus Areas: MASH disease-specific therapeutics
  - Sessions are anticipated to synthesize agent classes, staging-based treatment selection, noninvasive monitoring (ELF/MRE/cT1), and clinic implementation best practices
- **Abivax:**
  - Focus Areas: Novel MoAs in UC
  - Talks are expected to outline ABX-driven mechanisms, remission durability, steroid-sparing potential, and differentiation versus IL-23 and JAK frameworks

Focus of Key Industry-Sponsored Sessions at UEG Week 2025 (5/5)

- **Celltrion:**
  - Focus Areas: IV vs SC maintenance strategies
  - Content is projected to compare pharmacokinetics, immunogenicity, TDM-guided dosing, adherence, and system-level implications for maintenance care optimization
- **Roche:**
  - Focus Areas: TL1A—from discovery to clinical trajectory
  - Sessions are set to connect foundational biology to early clinical development, patient selection, biomarkers, and prospective roles in sequencing and combinations
- **Gilead:**
  - Focus Areas: Streamlined PBC management
  - Programming is anticipated to present practical algorithms, risk stratification, second-line options, and simplified monitoring to improve liver outcomes

Notable Presentations And Late-breaking Sessions At UEG Week 2025

Notable Presentations at UEG Week 2025
Esophagus – Eosinophilic Esophagitis (EoE) (1/5)

Date	Title	Author	Summary
04 Oct 2025	EFFICACY AND SAFETY OF LONG-TERM TREATMENT WITH BUDESONIDE ORODISPERSIBLE TABLETS IN PATIENTS WITH EOE: REAL-LIFE DATA FROM A SINGLE-CENTRE EXPERIENCE	Gaia Pellegatta	• **Introduction:** Swallowed topical steroids, notably budesonide orodispersible tablets (BOT), are key in EoE treatment, though long-term real-world data remain limited. • **Methodology:** A single-centre retrospective study evaluated 104 patients on BOT induction (2 mg) and ≥1-year maintenance (1 mg), assessing histological, clinical, and endoscopic outcomes, alongside BOT-related adverse events. • **Results:** Induction histological remission was 89.2%. At one year, 23.8% relapsed, with DSS ≥ 3 strongly predicting recurrence. GERD and BOT monotherapy increased risk for erosive esophagitis. Adverse events, mainly candidiasis, occurred in 33.7% (T1) and 20.4% (T2). • **Conclusions:** BOT is effective long-term, but GERD and BOT monotherapy elevate risks, supporting tailored BOT–PPI combination strategies.
04 Oct 2025	DUPILUMAB IMPROVES HISTOPATHOLOGIC ASPECTS OF EOE: POOLED ANALYSIS FROM TWO PHASE 3 STUDIES (EOE KIDS AND LIBERTY EOE TREET)	Margaret H. Collins	• **Introduction:** EoE is a chronic type 2 inflammatory disease. Peak eosinophil count (PEC) alone inadequately reflects disease activity, whereas the EoEHSS provides a broader histopathologic assessment. Dupilumab, targeting IL-4/IL-13, is approved for EoE. • **Methodology:** This pooled post hoc analysis combined EoE KIDS and LIBERTY EoE TREET Phase 3 trials. Patients received dupilumab or placebo for 16–24 weeks, with maintenance to Week 52. PEC and EoEHSS scores were evaluated. • **Results:** Dupilumab markedly outperformed placebo: ≤6 eos/hpf (61% vs 5%), <15 eos/hpf (79% vs 7%), ≤1 eos/hpf (26% vs 1%) at W16/24 (all p<0.0001). At W52, dupilumab maintained histologic benefits, with improved EoEHSS grade (–62.7%) and stage (–60.3%) scores. Placebo-switchers also showed significant improvements. • **Conclusions:** Dupilumab delivered robust, durable histopathologic improvements across children and adults with EoE, consistent with disease-modifying potential. Safety remained aligned with prior reports.

Notable Presentations at UEG Week 2025
Esophagus – Eosinophilic Esophagitis (EoE) (2/5)

Date	Title	Author	Summary
04 Oct 2025	EFFICACY OF A DAIRY FREE DIET (DFD) IN ADULT PATIENTS WITH EOSINOPHILIC ESOPHAGITIS: A PILOT REAL-LIFE PROSPECTIVE MULTICENTER STUDY	Beatrice MARINONI	• **Introduction:** EoE is a chronic immune-mediated esophageal disorder. While dietary therapy is established, data on dairy-free diet (DFD) efficacy in adults are scarce. • **Methodology:** A multicenter prospective real-life study enrolled 21 adult EoE patients across 5 Italian centers. DFD was prescribed as first-line, add-on to PPI, or second-line therapy. Clinical (EEsAI, I-SEE, QoL), endoscopic, histologic outcomes, and adherence (VAS) were evaluated at baseline and 12 weeks. • **Results:** After 12 weeks, 50% achieved histological response, 90% of whom also achieved clinical remission. Responders showed significant reductions in EEsAI and I-SEE (p=0.01). QoL improved broadly, independent of histological response. Higher adherence correlated with combined clinical and histological response (p=0.02). • **Conclusions:** DFD is a feasible, effective option for adult EoE, improving both symptoms and quality of life, warranting consideration in tailored therapy strategies.
04 Oct 2025	CURRENT STATUS OF DIAGNOSIS AND TREATMENT OF EOSINOPHILIC ESOPHAGITIS IN CHILE: RESULTS OF A NATIONWIDE SURVEY	Javier Chahuán Abde	• **Introduction:** EoE is increasingly recognized in Latin America, but Chile lacks standardized guidelines, potentially leading to heterogeneous management. • **Methodology:** A 55-item survey on diagnosis, treatment, and follow-up was distributed to gastroenterologists via the Chilean Society of Gastroenterology, the national congress, and peer networks. Sixty-nine responses were analyzed. • **Results:** Most respondents adhered to biopsy standards (≥6 samples, 81.8%) and used PPIs as first-line therapy (75.4%), with esomeprazole most common. Topical corticosteroids were used less frequently (24.6%). Two-food elimination diets were the most frequent dietary strategy. Follow-up intervals were typically 3–6 months. • **Conclusions:** While many practices align with international standards, gaps remain—particularly biopsies during emergency endoscopy and the absence of national guidelines—highlighting the need for education and standardization

Notable Presentations at UEG Week 2025
Esophagus – Eosinophilic Esophagitis (EoE) (3/5)

Date	Title	Author	Summary
07 Oct 2025	EFFICACY OF BUDESONIDE ORODISPERSIBLE TABLET SPLIT VERSUS SINGLE DOSE FOR MAINTENANCE OF REMISSION IN EOSINOPHILIC ESOPHAGITIS: TOTAL DAILY DOSE MAY MATTER MORE THAN THE ADMINISTRATION FREQUENCY	Pierfrancesco Visaggi	• **Introduction:** BOT is the only approved topical steroid for EoE in Europe. While 0.5mg bid is the standard maintenance dose, the efficacy of 1mg od remains uncertain. • **Methodology:** A prospective two-centre study included 56 patients in histologic remission after BOT 1mg bid induction. Patients continued with BOT 0.5mg bid or 1mg od for ~20 weeks. Clinical, endoscopic, histologic, and composite severity (I-SEE, PiEAQ, EoEHSS) outcomes were assessed. • **Results:** Remission persisted in 86% (1mg od) vs 93% (0.5mg bid; p=0.7). EREFS, PEC, and I-SEE were comparable. Slight differences in EoEHSS grade and PiEAQ scores did not reach significance • **Conclusions:** BOT 1mg od and 0.5mg bid demonstrated equivalent short-term efficacy, indicating total daily dose—not dosing frequency—drives maintenance success.
07 Oct 2025	SAFETY ASSESSMENT OF ORODISPERSABLE BUDESONIDE ON THE HYPOTHALAMIC-PITUITARY-ADRENAL AXIS AND ON MARKERS OF RESORPTION AND BONE FORMATION IN PATIENTS WITH EOSINOPHILIC ESOPHAGITIS	Jesús Sánchez César	• **Introduction:** EoE requires topical corticosteroids such as budesonide orodispersible tablets (BOT), yet long-term systemic safety—particularly adrenal insufficiency (AI) and bone effects—remains a concern. • **Methodology:** A prospective study in 20 PPI-refractory, steroid-naïve adults assessed BOT 1mg bid for 14 weeks. Physical exams, bone resorption markers, and ACTH (Synacthen®) stimulation tests were performed pre- and post-treatment. • **Results:** No significant differences in basal or stimulated cortisol were observed; only 3 borderline results were deemed normal variants. However, serum osteocalcin decreased significantly (p=0.006), though other bone markers remained stable. • **Conclusions:** BOT appears safe regarding AI in adults, without need for tapering. The observed osteocalcin decline suggests minor systemic absorption, warranting longer-term study.

Notable Presentations at UEG Week 2025
Esophagus – Eosinophilic Esophagitis (EoE) (4/5)

Date	Title	Author	Summary
07 Oct 2025	LONG-TERM DUPILUMAB MAINTAINS HISTOLOGIC AND ENDOSCOPIC IMPROVEMENTS IN CHILDREN WITH EOSINOPHILIC ESOPHAGITIS: 100-WEEK RESULTS FROM THE OPEN-LABEL EXTENSION OF THE EOE KIDS STUDY	Margaret H. Collins	• **Introduction:** EoE is a chronic, type 2 inflammatory disease. Dupilumab, blocking IL-4/IL-13, previously showed strong efficacy in EoE KIDS Parts A/B. Long-term outcomes beyond 52 weeks are less defined. • **Methodology:** Part C OLE enrolled children completing Week 52, receiving weight-tiered dupilumab until FDA approval. Efficacy was assessed to Week 100 using PEC, EoEHSS, and EREFS. Safety outcomes included adverse events (AEs). • **Results:** At Week 100, ≤6 eos/hpf was achieved in 70.7% and <15 eos/hpf in 92.7%. Histologic and endoscopic improvements matched or exceeded Part B. Most AEs were mild/moderate (86.9%); 4.9% reported serious AEs, none drug-related. • **Conclusions:** Dupilumab maintained durable histologic and endoscopic efficacy with an acceptable safety profile through 100 weeks in pediatric EoE.
07 Oct 2025	DUPILUMAB IS EFFECTIVE IN MAINTAINING LONG-TERM SYMPTOMATIC IMPROVEMENT IN CHILDREN WITH EOSINOPHILIC ESOPHAGITIS (EOE), AS REPORTED BY THEIR CAREGIVERS: 100-WEEK RESULTS FROM THE OPEN-LABEL EXTENSION OF THE EOE KIDS STUDY	Salvatore Oliva	• **Introduction:** EoE impairs quality of life with varied symptoms in children. Dupilumab has shown short-term symptomatic benefit; long-term data are needed. • **Methodology:** This post-hoc analysis of the EoE KIDS Part C OLE assessed caregiver-reported PEESSv2.0 symptom scores in children aged 1–11 years. All patients received weight-tiered dupilumab through Week 100. • **Results:** Mean PEESSv2.0 total score improved by –23.8 at Week 52, with further reduction at Week 100 (–31.5). Frequency and severity scores declined consistently, with domain improvements in GERD, dysphagia, pain, and nausea. Safety was consistent with known dupilumab profile • **Conclusions:** Long-term dupilumab sustained and enhanced symptom improvements through Week 100, supporting its durable clinical benefit in pediatric EoE.

Notable Presentations at UEG Week 2025
Esophagus – Eosinophilic Esophagitis (EoE) (5/5)

Date	Title	Author	Summary
07 Oct 2025	RESULTS FROM RESOLVE, AN ONGOING PHASE 1B/2A STUDY OF EP-104GI (LONG-ACTING FLUTICASONE PROPIONATE INJECTABLE SUSPENSION) FOR EOSINOPHILIC ESOPHAGITIS: DOSE ESCALATION COHORTS 3 THROUGH 6	Waqqas Afif	• **Introduction:** EoE management remains limited by incomplete efficacy and steroid-related side effects. EP-104GI, a novel long-acting FP suspension, enables controlled local release via esophageal injection. • **Methodology:** RESOLVE (Phase 1b/2a) is an open-label, dose-escalation study in adults with active EoE. Escalating doses (20–64 mg) were delivered across multiple esophageal sites, with follow-up to 24–52 weeks. Outcomes included safety, pharmacokinetics, PEC, EoEHSS, and Straumann Dysphagia Index (SDI). • **Results:** Cohort 6 (64 mg) achieved 59–91% PEC reduction, 62% biopsy-site remission, and 66% EoEHSS improvement at Week 12. SDI decreased up to 6 points. Plasma FP levels remained low; no adrenal suppression, candidiasis, or systemic toxicity occurred. • **Conclusions:** EP-104GI demonstrated feasibility, safety, and dose-dependent histologic and symptomatic benefit, supporting further development as a novel first-in-class injectable therapy for EoE.
07 Oct 2025	EFFICACY OF BUDESONIDE ORODISPERSIBLE TABLETS ON ESOPAGHEAL STENOSIS IN PATIENTS WITH EOSINOPHILIC ESOPHAGITIS: A SINGLE CENTRE EXPERIENCE	William Fusco	• **Introduction:** EoE is a chronic inflammatory disease that can progress to fibrostenotic complications. Endoscopic dilation is standard for strictures, but the role of BOT in modifying stenosis has not been studied. • **Methodology:** A retrospective study of 93 EoE patients treated with BOT 1 mg bid assessed demographics, stenosis prevalence/location, and outcomes post-induction. Endoscopic outcomes were categorized as remission, improvement, or stability. Histology and concomitant PPI use were also evaluated. • **Results:** Among 22 patients with strictures, 36% achieved complete remission, 32% improved, and 9% remained stable. All stenotic patients achieved histologic remission. PPI co-treatment offered no additional benefit. • **Conclusions:** BOT induction significantly modifies esophageal stenosis, supporting its role beyond histologic control. Findings highlight an anti-inflammatory effect on stenotic disease, independent of PPIs.

Notable Presentations at UEG Week 2025
Celiac Disease (1/5)

Date	Title	Author	Summary
04 Oct 2025	A SYSTEMATIC REVIEW AND META-ANALYSIS ON GLUTEN TOLERANCE IN PATIENTS WITH COELIAC DISEASE: WHEN OCCASIONAL GLUTEN CONSUMPTION DOES NOT RESULT IN DUODENAL ATROPHY	Nicoletta Nandi	• **Introduction:** Celiac disease (CD) requires lifelong gluten-free diet (GFD), but adherence is variable and some patients ingest gluten without histologic activity, suggesting tolerance. • **Methodology:** Systematic review and random-effects meta-analysis of studies (Medline, PubMed, Web of Science, Cochrane, EMBASE; through March 2025) assessed duodenal histology in non-adherent CD patients. Primary endpoint: absence of atrophy (Marsh 0–2). • **Results:** Thirteen studies (457 patients) were included. Pooled prevalence of "gluten tolerant" patients was 42% (95% CI 29–55%). Follow-up ranged 12 months–20 years. Sub-analyses by adherence method showed no significant differences. • **Conclusions:** A subset of CD patients shows histologic tolerance to gluten exposure. These findings suggest future potential for personalized, low-gluten or on-demand dietary approaches.
06 Oct 2025	IMU-856, AN ORALLY AVAILABLE EPIGENETIC MODULATOR OF BARRIER REGENERATION, SHOWED POSITIVE EFFECTS ON GUT HORMONE LEVELS IN CELIAC DISEASE PATIENTS IN A PHASE 1 CLINICAL STUDY	Amelie Schreieck	• **Introduction:** Celiac disease and IBD share impaired intestinal barrier function, for which no targeted therapy exists. IMU-856, a selective oral SIRT6 modulator, aims to restore epithelial integrity. • **Methodology:** In a Phase 1/1b double-blind, randomized, placebo-controlled trial, healthy volunteers and celiac patients received once-daily IMU-856 at ascending doses for 14 days. CD patients underwent treatment during GFD and a 15-day gluten challenge. Safety, PK, histology, and biomarker endpoints were assessed. • **Results:** IMU-856 was safe, well tolerated, and enabled once-daily dosing. It protected against gluten-induced mucosal injury, improved enterocyte mass and nutrient absorption (citrulline), and dose-dependently increased GLP-1. • **Conclusions:** IMU-856 safely enhanced barrier function, gut hormone profiles, and histology under gluten challenge, suggesting disease-modifying potential for CD and broader GI disorders with barrier dysfunction.

Notable Presentations at UEG Week 2025
Celiac Disease (2/5)

Date	Title	Author	Summary
06 Oct 2025	EFFICACY OF LARGE LANGUAGE MODELS IN PROVIDING EVIDENCE-BASED PATIENT EDUCATION FOR COELIAC DISEASE: A COMPARATIVE ANALYSIS	Luisa Bertin	• **Introduction:** Effective celiac disease (CeD) management requires accurate education, yet misinformation and poor health literacy complicate adherence. LLMs may address this gap. • **Methodology:** A cross-sectional study compared ChatGPT 4.0, Claude 3.7, and Gemini 2.0 across 20 CeD patient questions in four domains. Five experts assessed scientific accuracy, clarity, and misinformation; readability metrics (Flesch, Flesch-Kincaid, SMOG) were analyzed. • **Results:** Accuracy and clarity were high across models (mean ~4.2–4.4/5). Gemini outperformed in readability (Flesch 51.2 vs ~35; grade level 9.8 vs 12.6–14.2) and had fewer misinformation cases (4 vs 26–31; $p<0.0001$). • **Conclusions:** LLMs show promise for CeD education. Gemini provided superior readability and reliability, but optimization is needed before clinical integration.
06 Oct 2025	PSYCHOMETRIC VALIDATION OF THE CELIAC DISEASE SYMPTOM DIARY V2.1 USING DATA FROM A PHASE 2 STUDY IN PATIENTS WITH MODERATE TO SEVERE CELIAC DISEASE	Mariel Arvizu	• **Introduction:** The Celiac Disease Symptom Diary v2.1 (CDSD) assesses five key CeD symptoms via 24-hour recall, but its psychometric validity needed confirmation. • **Methodology:** Data from a Phase 2 trial of zamaglutenase (N=153) were analyzed. Reliability (ICCs), validity (GSRS correlations, PGIS groups), responsiveness (PGIS/PGIC anchors), and meaningful within-patient change thresholds were evaluated. • **Results:** Reliability was adequate (ICC 0.66–0.72 for severity; 0.49–0.52 for %SFD). Validity was supported by strong GSRS correlations (0.51–0.75). Responsiveness exceeded 0.37, with CDSD scores correctly ordered across PGIS/PGIC groups. CDF curves confirmed MWPC thresholds. • **Conclusions:** CDSD v2.1 is reliable, valid, and responsive, supporting its use for CeD clinical endpoints

Notable Presentations at UEG Week 2025
Celiac Disease (3/5)

Date	Title	Author	Summary
06 Oct 2025	RISK FACTORS FOR ONGOING SYMPTOMS IN PATIENTS WITH COELIAC DISEASE AFTER AT LEAST ONE YEAR OF A GLUTEN FREE DIET: RESULTS FROM THE GERMAN CELIAC REGISTRY (GECER)	Sibylle Koletzko	• **Introduction:** Despite adherence to a gluten-free diet (GFD), many CeD patients report persistent symptoms. Understanding associated factors is crucial to optimize care. • **Methodology:** Baseline data from 2,164 registry participants (2019–2021) were analyzed. Symptoms pre-diagnosis and after ≥1 year on GFD were evaluated by multivariate logistic regression, with demographic, clinical, and education-related covariates. • **Results:** Although 93% reported improvement, persistent symptoms were frequent. Risk factors included female gender (OR up to 1.79), presence of the same symptom pre-diagnosis (OR 2.2–3.5), insufficient education post-diagnosis (OR 1.25–1.38), and older age at diagnosis (per decade OR 1.07–1.16). Time since diagnosis was not predictive. • **Conclusions:** Persistent symptoms highlight unmet needs in CeD. Early diagnosis, structured patient education, and potential mass childhood screening could improve long-term outcomes.
06 Oct 2025	MEANINGFUL SYMPTOM CHANGE IN CELIAC DISEASE: QUALITATIVE FINDINGS FROM AN EXIT INTERVIEW STUDY FOLLOWING A PHASE 2 CLINICAL TRIAL	Mariel Arvizu	• **Introduction:** CeD patients often experience persistent symptoms despite a GFD. Understanding patient perspectives on meaningful change is critical for clinical trial endpoint design. • **Methodology:** Semi-structured 60-min interviews were conducted with 29 US patients (79% female, mean age ~51) exiting a Phase 2 CeD trial (NCT05353985). Transcripts were coded via ATLAS.ti for themes on expectations, experiences, and PRO thresholds. • **Results:** Abdominal pain (93%), bloating (90%), and diarrhea (83%) were most frequent. Diarrhea was the most bothersome symptom (41%). All patients valued "symptom-free days"; 71% considered +1–2 SFDs/week meaningful. On PGIS, a ≥2-point decrease was most often deemed meaningful; for PGIC, "much improved" was the preferred threshold. • **Conclusions:** CeD patients define meaningful benefit as modest gains in symptom-free days and 1–2 category shifts on global impression scales. These findings inform future trial endpoint selection.

Notable Presentations at UEG Week 2025
Celiac Disease (4/5)

Date	Title	Author	Summary
07 Oct 2025	REGULATORY IMMUNE CELLS MODULATE THE INTESTINAL IMMUNE RESPONSE TO GLUTEN CHALLENGE IN CELIAC DISEASE – EFFECT OF THE TG2 INHIBITOR ZED1227: RESULTS FROM THE CEC-3 CLINICAL TRIAL	Aline Pesi	• **Introduction:** CeD is driven by gluten peptide presentation via HLA-DQ2/8. Zed1227, a TG2 inhibitor, prevents gliadin deamidation and mucosal injury. Regulatory T cell (Treg) mechanisms remain underexplored. • **Methodology:** RNAseq of duodenal biopsies from CEC-3 (100 mg/day Zed1227 vs placebo) assessed Treg-related genes, pathways, and predisposition markers. Analyses included responders vs non-responders by villous height/crypt depth (V/C) ratio. • **Results:** Zed1227 upregulated 93% of top regulatory genes, including TGF-β (Smad7, MERTK), lipid metabolism, and autophagy/apoptosis markers. iTreg genes correlated with maintained V/C ratios. Protective pre-challenge genes (RNF167, FOXN3, CLAUDIN15) predicted tolerance, whereas IRF9 and HLA/TAP1 predicted sensitivity. • **Conclusions:** Zed1227 promotes Treg-mediated anti-inflammatory programming, with gene signatures shaping variable gluten sensitivity. Findings highlight Treg modulation as a therapeutic pathway in CeD and related autoimmune disorders.
07 Oct 2025	EFFICACY AND SAFETY OF THE GLUTENASE TAK-062 IN PATIENTS WITH CELIAC DISEASE ON A GLUTEN-FREE DIET: A PHASE 2, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED STUDY	Luca Elli	• **Introduction:** CeD treatment relies on GFD; TAK-062, a computationally designed glutenase, aims to degrade dietary gluten. • **Methodology:** In a 24-week, randomized, placebo-controlled trial (N=153), adults with persistent CeD symptoms on GFD received TAK-062 (600 mg TID) or placebo alongside simulated inadvertent gluten exposure (500 mg gluten, 3×/week). Primary endpoint: change in weekly CDSD scores (Week 12); secondary: villous height:crypt depth ratio (Vh:Cd, Week 24). • **Results:** TAK-062 failed to improve symptoms (Δ CDSD ~−0.1, NS). Vh:Cd significantly worsened with TAK-062 (−0.34; $p<0.001$), while placebo remained stable. Safety was acceptable, though diarrhea was more frequent with TAK-062 (17% vs 3%). • **Conclusions:** TAK-062 did not provide clinical or histologic benefit and was associated with mucosal deterioration, warranting further investigation into mechanism and trial design.

Notable Presentations at UEG Week 2025
Celiac Disease (5/5)

Date	Title	Author	Summary
07 Oct 2025	CLINICAL, HISTOLOGIC AND SAFETY OUTCOMES OF ZED1227 TREATMENT IN SYMPTOMATIC CELIAC DISEASE PATIENTS: RESULTS FROM THE PHASE 2B CEC-004/CEL RANDOMIZED CLINICAL TRIAL	Detlef Schuppan	• **Introduction:** TG2 inhibition with oral ZED1227 prevents gluten peptide deamidation. Despite GFD, many CeD patients have persistent symptoms and villous atrophy. • **Methodology:** This randomized, double-blind, placebo-controlled study (N=397) tested ZED1227 (10 mg TID, 25 mg TID, 50 mg QD) vs placebo for 12 weeks in symptomatic CeD patients (VH:CrD ≤2.5). Primary endpoint: combined histologic and symptom improvement. Secondary endpoints: VH:CrD change, CDSD score, safety. • **Results:** Primary endpoint was unmet. VH:CrD improved significantly only for 50 mg QD vs placebo (Δ+0.26 vs +0.12; $p<0.05$). Symptom scores improved in all arms, including placebo, with no between-group differences. Safety was favorable, no drug-related SAEs. • **Conclusions:** Although primary endpoints were not met, 50 mg QD ZED1227 showed histologic benefit consistent with earlier data. Placebo improvements highlight trial design challenges without gluten exposure. Safety remained favorable.

Notable Presentations at UEG Week 2025
Ulcerative Colitis (1/14)

Date	Title	Author	Summary
04 Oct 2025	MUCOSAL CYTOKINE PROFILES AS PREDICTORS OF THERAPEUTIC EFFICACY OF TOFACITINIB IN ULCERATIVE COLITIS: FINDINGS FROM A PROSPECTIVE STUDY	Tamás Resál	• **Introduction:** TOFA, an oral JAK inhibitor, is effective in UC, but predictive markers of response are lacking. • **Methodology:** This prospective study enrolled 49 UC patients initiating TOFA. Clinical indices, colonoscopy, qRT-PCR (STAT1/3, JAK1–3, TYK2), and mucosal cytokines (multiplex ELISA) were assessed at baseline and 12 weeks. • **Results:** Response occurred in 63%. Remission: clinical 69%, endoscopic 33%. Responders showed reduced STAT1, JAK2, and mucosal IL-6, IL-1β, IFN-γ, IL-17A, PAI-1. Lower baseline IL-1β, IL-6, IL-4, and PAI-1 predicted response, with PAI-1 showing strongest correlation with pMayo (r=0.55) and eMayo (r=0.52). • **Conclusions:** TOFA was effective in ~60% of UC patients. Baseline mucosal PAI-1 and cytokine levels may serve as predictive biomarkers of therapeutic response.
04 Oct 2025	THERAPEUTIC EFFICACY OF FECAL MICROBIOTA TRANSPLANTATION IN ULCERATIVE COLITIS: A SYSTEMATIC REVIEW AND META-ANALYSIS	Jianfeng Yang	• **Introduction:** UC is an inflammatory bowel disease linked to gut microbiota imbalance. FMT seeks to restore microbial diversity and may provide therapeutic benefit. • **Methodology:** A systematic review and meta-analysis of RCTs up to April 2024 was performed (PubMed, Embase, Scopus). Random-effects models generated pooled odds ratios (OR) for clinical and endoscopic remission, and adverse events. • **Results:** Nineteen RCTs (932 patients) were included. FMT significantly improved clinical remission (OR 2.67, 95%CI 1.92–3.71, p<0.00001) and endoscopic remission (OR 1.92, 95%CI 1.19–3.11, p=0.008). Subgroup analyses indicated route, donor, and regimen influenced efficacy. Adverse events were comparable (OR 1.18, p=0.48). • **Conclusions:** FMT is safe and effective for UC, supporting further integration of microbiome-based strategies into disease management.

Notable Presentations at UEG Week 2025
Ulcerative Colitis (2/14)

Date	Title	Author	Summary
04 Oct 2025	SAFETY AND EFFICACY OF ELECTIVE SWITCHING FROM INTRAVENOUS TO SUBCUTANEOUS VEDOLIZUMAB IN IBD PATIENTS IN REMISSION: A SINGLE-CENTER RETROSPECTIVE COHORT STUDY	Dimitra Provi	• **Introduction:** Vedolizumab is effective in IBD; switching from IV to SC administration may improve convenience and healthcare efficiency, but real-world safety/efficacy data are limited. • **Methodology:** A retrospective single-centre study assessed 81 IBD patients (CD=17, UC=69) in clinical remission electively switched from IV to SC vedolizumab between Dec 2023–Feb 2025. Clinical remission was defined by CDAI <150 (CD) and SCCAI <2 (UC). • **Results:** After a mean 8-month follow-up, 9 patients (11.1%) relapsed—4 returned to IV vedolizumab, 5 switched biologics. The remaining 72 (88.9%) maintained remission without adverse events, unscheduled visits, or escalation • **Conclusions:** Elective IV→SC vedolizumab switching is safe and effective in IBD patients in remission, supporting its adoption in routine practice.
04 Oct 2025	REAL-WORLD TREATMENT PATTERNS IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE RECEIVING INTRAVENOUS AND SUBCUTANEOUS MAINTENANCE VEDOLIZUMAB TREATMENT IN POLAND – RESULTS FROM A 1-YEAR PROSPECTIVE OBSERVATIONAL STUDY (VARIETY-POLAND)	Agata Michalak	• **Introduction**: Vedolizumab (VDZ) is established in moderate-to-severe IBD, with SC formulations offering convenience, but real-world persistence and safety data are scarce. • **Methodology:** Prospective, non-interventional multicentre study of 162 UC/CD patients initiating IV VDZ induction or maintenance (mTx), with optional switch to SC. Primary endpoint: treatment persistence; secondary: PROs and safety. • **Results:** At Week 52, persistence was 40% (induction) and 77.2% (mTx), highest in IV→SC switchers (86.2%). PROs improved in induction but were stable in mTx. 53 AEs, 4 serious; one hypersensitivity reaction deemed VDZ-related. • **Conclusions:** High persistence, particularly post-IV→SC switching, with no new safety concerns, supports SC VDZ as a robust long-term option.

Notable Presentations at UEG Week 2025
Ulcerative Colitis (3/14)

Date	Title	Author	Summary
04 Oct 2025	EFFICACY AND SAFETY OF MIRIKIZUMAB AS INDUCTION THERAPY FOR CHINESE PATIENTS WITH MODERATELY TO SEVERELY ACTIVE ULCERATIVE COLITIS: A SUBGROUP ANALYSIS OF THE PHASE 3 LUCENT-1 STUDY	Zhihua Ran	• **Introduction:** Mirikizumab, an IL-23p19 monoclonal antibody, was evaluated in Chinese patients with moderate–severe UC in the Phase 3 LUCENT-1 trial. • **Methodology:** 184 patients were randomized 3:1 to mirikizumab 300 mg IV or placebo Q4W for 12 weeks. The primary endpoint was clinical remission; secondary endpoints included alternate remission, response, endoscopic/histologic outcomes, and urgency improvement. • **Results:** Clinical remission was higher with mirikizumab (18.6% vs 7.0%), with superior alternate remission, response, and endoscopic outcomes. Safety was comparable (TEAEs: 60.0% vs 62.8%). • **Conclusions:** Findings support mirikizumab's efficacy and safety in Chinese UC patients.
04 Oct 2025	EFFICACY AND SAFETY OF ETRASIMOD IN PATIENTS WITH ULCERATIVE COLITIS ACCORDING TO SEX IN THE ELEVATE UC CLINICAL PROGRAMME	Joana Torres	• **Introduction:** Sex-related differences may influence ulcerative colitis (UC) outcomes. Etrasimod, an oral selective S1P1,4,5 receptor modulator, was assessed in male and female patients in phase 3 ELEVATE UC trials. • **Methodology:** Subgroup analysis evaluated clinical, symptomatic, and endoscopic endpoints at Weeks 12 and 52 in patients randomized to etrasimod 2 mg once daily or placebo. Safety was assessed across pooled populations. • **Results:** Both sexes receiving etrasimod achieved significantly higher clinical, symptomatic, endoscopic, and histologic outcomes versus placebo at Weeks 12 and 52 (all $p<0.01$). Adverse events were comparable by sex and treatment group. • **Conclusions:** Etrasimod showed consistent efficacy and safety across sexes in UC.

Notable Presentations at UEG Week 2025
Ulcerative Colitis (4/14)

Date	Title	Author	Summary
04 Oct 2025	EFFICACY OF ETRASIMOD AT WEEK 52 AMONG BIOLOGIC/JANUS KINASE INHIBITOR-NAÏVE PATIENTS WITH ULCERATIVE COLITIS WHO REACHED CLINICAL RESPONSE AT WEEK 12: POST HOC ANALYSIS OF THE PHASE 3 ELEVATE UC 52 RANDOMISED TRIAL	Alissa Walsh	• **Introduction:** Advanced therapy options are needed for ulcerative colitis (UC) patients failing conventional treatment. Etrasimod, an oral S1P1,4,5 receptor modulator, was evaluated in the phase 3 ELEVATE UC 52 trial using a treat-through design. • **Methodology:** This post hoc analysis assessed Week 52 outcomes in bio/JAKi-naïve patients who achieved Week 12 clinical response. Patients were randomized 2:1 to etrasimod 2 mg QD or placebo. Endpoints included remission, response, symptomatic remission, endoscopic improvement, endoscopic-histologic remission, and corticosteroid-free remission. • **Results:** Among Week 12 responders (etrasimod: 132; placebo: 35), etrasimod significantly outperformed placebo for clinical remission (51.5% vs 17.1%, $p<0.001$) and all secondary endpoints ($p<0.05$). • **Conclusions:** Etrasimod achieved robust and durable efficacy across key endpoints in bio/JAKi-naïve responders, supporting its role as a first-line advanced UC therapy.
04 Oct 2025	EFFICACY OF GUSELKUMAB IN MODERATELY TO SEVERELY ACTIVE ULCERATIVE COLITIS BY EXTENT OF DISEASE AND INFLAMMATORY BURDEN: SUBGROUP ANALYSIS OF THE PHASE 3 QUASAR MAINTENANCE STUDY	Axel Dignass	• **Introduction:** Guselkumab (GUS), a dual-acting IL-23p19 inhibitor, was assessed in the Phase 3 QUASAR maintenance study, comparing 100 mg q8w and 200 mg q4w dosing in ulcerative colitis (UC). • **Methodology:** After IV induction, responders were randomized to GUS or placebo. Week 44 efficacy endpoints included clinical remission, endoscopic improvement, and histologic-endoscopic mucosal improvement (HEMI), stratified by disease extent (limited vs extensive) and CRP (≤3 vs >3 mg/L). • **Results:** Among 568 patients, 45% had extensive UC and 32% had CRP >3 mg/L. Both regimens outperformed placebo, but 200 mg q4w yielded higher remission in extensive disease (62.7% vs 49.4%) and high CRP (48.2% vs 30.2%). Endoscopic and HEMI responses followed the same pattern. • **Conclusions:** GUS 200 mg SC q4w provided superior efficacy in patients with extensive disease or high inflammatory burden, suggesting intensified dosing benefits select subgroups.

Notable Presentations at UEG Week 2025
Ulcerative Colitis (5/14)

Date	Title	Author	Summary
04 Oct 2025	REAL-WORLD EFFECTIVENESS AND SAFETY OF VEDOLIZUMAB AS FIRST- OR SECOND-LINE THERAPY IN ULCERATIVE COLITIS	Rogério Serafim Parra	• **Introduction:** Vedolizumab (VDZ), an α4β7 integrin antibody, is widely used for moderate-to-severe UC, but optimal sequencing with other biologics remains unclear. • **Methodology:** This multicenter retrospective study evaluated 206 UC patients (77% biologic-naïve; 23% anti-TNF failure) treated ≥12 weeks with VDZ. Primary endpoints were clinical, steroid-free, and endoscopic remission at week 52; secondary endpoints included response durability, loss of response, colectomy, and predictors of efficacy. • **Results:** At week 52, clinical remission was achieved in 69.2% (biologic-naïve) vs 63.8% (anti-TNF failure), with steroid-free remission in 70.3% vs 58.8%. Endoscopic remission occurred in 48.9% vs 42.9%. Loss of response was higher in anti-TNF-exposed patients. Treatment persistence favored biologic-naïve patients (84.9% vs 72.3%). Predictors of better response included early clinical response (p=0.001) and biologic-naïve status (p=0.006), while BMI >30 and albumin ≤3.5 g/dL predicted poorer outcomes. • **Conclusions:** VDZ is effective and safe in real-world refractory UC, with strongest benefits in biologic-naïve patients and early responders, reinforcing its role as a frontline biologic.
04 Oct 2025	CLINICAL EFFECTIVENESS OF VEDOLIZUMAB IN CHINESE PATIENTS WITH ULCERATIVE COLITIS: FINAL RESULTS FROM THE VALUE, A MULTICENTER PROSPECTIVE STUDY	Lifei Gu	• **Introduction:** Vedolizumab (VDZ) is a gut-selective α4β7 integrin antibody approved for UC/CD, with limited real-world Chinese data. The VALUE study aimed to address this gap. • **Methodology:** VALUE (NCT04872491) was a multicenter, single-arm, prospective observational trial in 409 Chinese UC patients treated with VDZ up to 72 weeks. Effectiveness endpoints included clinical response, remission, and endoscopic outcomes at Weeks 14, 30, and 54, assessed by partial Mayo and endoscopic subscores. • **Results:** By Week 54, 83.3% achieved clinical remission, 80.3% clinical response, and 71.4% endoscopic remission. Biologic-naïve patients achieved superior outcomes vs biologic-exposed (clinical remission 83.6% vs 81.5%). CRP and fecal calprotectin declined substantially. Steroid-free remission increased from 37.7% (Week 14) to 60.6% (Week 54). • **Conclusions:** In Chinese UC patients, VDZ demonstrated sustained real-world effectiveness, high remission rates, and improved biomarker control, with benefits across disease severity and biologic exposure status.

Notable Presentations at UEG Week 2025
Ulcerative Colitis (6/14)

Date	Title	Author	Summary
04 Oct 2025	SUSTAINED IMPROVEMENT IN PATIENT-REPORTED OUTCOMES WITH LONG-TERM UPADACITINIB THERAPY IN PATIENTS WITH MODERATELY TO SEVERELY ACTIVE ULCERATIVE COLITIS: 4-YEAR RESULTS FROM THE U-ACTIVATE LONG-TERM EXTENSION STUDY	Joana Torres	• **Introduction:** Icerative colitis (UC) impairs quality of life; long-term treatment aims to sustain symptom relief. Upadacitinib (UPA), a JAK inhibitor, is approved for UC. • **Methodology:** Post hoc analysis of U-ACTIVATE LTE evaluated patients on UPA15 or UPA30 for up to 4 years after induction and 52-week maintenance. Outcomes included abdominal pain, urgency, IBDQ, FACIT-Fatigue, and SF-36 PCS/MCS. • **Results:** Among 369 patients, sustained improvements through Week 144 included absence of urgency (≈87–92%), IBDQ remission (~90%), and durable HRQoL gains. • **Conclusions:** Long-term UPA maintained robust PRO and HRQoL benefits.
04 Oct 2025	COMBINED ACHIEVEMENT OF SYMPTOMATIC AND BIOMARKER REMISSION WITH MIRIKIZUMAB IN PATIENTS WITH ULCERATIVE COLITIS IN THE PHASE 3 LUCENT STUDIES	Massimo Claudio Fantini	• **Introduction:** Mirikizumab (miri), an anti-IL23p19 antibody, achieves clinical and endoscopic remission in UC but real-world practice often relies on biomarkers like faecal calprotectin (FCP). Combined symptom and FCP remission may serve as a practical surrogate endpoint. • **Methodology:** Post-hoc analysis of LUCENT-1/-2 assessed combined symptom/FCP response or remission at Weeks 4, 12, 24, and 52, comparing miri vs placebo. Standard non-responder imputation and risk-difference analysis were applied. • **Results:** Miri showed higher combined remission vs placebo: Week 12 (23.7% vs 11.2, $p<0.0001$), Week 52 (48.5% vs 21.8, $p<0.0001$). Extended induction also improved outcomes (23.5% vs 13.2%). • **Conclusions:** Miri significantly outperformed placebo in achieving combined symptomatic and biomarker remission, validating this endpoint as a clinically relevant surrogate for UC management.

Notable Presentations at UEG Week 2025
Ulcerative Colitis (7/14)

Date	Title	Author	Summary
04 Oct 2025	SUBCUTANEOUS MIRIKIZUMAB MAINTENANCE TREATMENT OVER 40 WEEKS LEADS TO INCREMENTAL IMPROVEMENTS IN RATES OF CLINICAL REMISSION AND ENDOSCOPIC RESPONSE: RESULTS FROM THE PHASE 3 VIVID-1 STUDY	Peter Bossuyt	• **Introduction:** Mirikizumab, an IL-23p19 monoclonal antibody, has demonstrated efficacy in Crohn's disease (CD). This VIVID-1 analysis explored maintenance outcomes by Week (W) 52 among PRO responders and nonresponders after induction. • **Methodology:** Patients (n=551) received IV mirikizumab 900 mg Q4W induction, then SC 300 mg Q4W maintenance. Outcomes included CDAI remission, PRO remission, and endoscopic response. Nonresponder imputation was applied. • **Results:** Among W12 responders (n=402), CDAI remission rose 52.2→65.4%, PRO remission 53.2→65.4%, and endoscopic response 35.1→54.7% by W52. Nonresponders (n=149) showed later gains: CDAI 33.6%, PRO 31.5%, endoscopic 40.3% at W52. • **Conclusions:** Mirikizumab maintained robust efficacy through W52, with nonresponders achieving delayed but meaningful improvements, supporting continued treatment.
04 Oct 2025	JAK INHIBITORS EXHIBIT SUPERIOR CLINICAL EFFICACY COMPARED TO ANTI-IL-23 BIOLOGICS IN REFRACTORY ULCERATIVE COLITIS	Magdalini Manti	• **Introduction:** Biologics remain central to UC treatment, with anti-TNFα recommended first-line. JAK inhibitors and IL-23 agents are emerging alternatives, though evidence for sequencing in third-line remains scarce. • **Methodology:** This retrospective study evaluated 24 UK tertiary-care UC patients on third-line biologics (anti-IL-23: n=13; JAK inhibitors: n=11). Effectiveness was assessed via SCCAI, Partial Mayo, PGA, biochemical markers, and UCEIS at 3, 6, and 12 months. Colectomy rates and persistence were recorded. • **Results:** JAK inhibitors showed significantly greater SCCAI reduction at 6 months vs IL-23 (7.64 vs 4.90, p=0.047). Biochemical and endoscopic responses showed no group differences. Three colectomies occurred with mirikizumab. Persistence was highest with JAKs (all ≥75%), compared to 60% with IL-23. • **Conclusions:** JAK inhibitors provided superior symptomatic improvement, while IL-23 outcomes were limited by higher colectomy risk. No biochemical or endoscopic superiority was observed.

Notable Presentations at UEG Week 2025
Ulcerative Colitis (8/14)

Date	Title	Author	Summary
04 Oct 2025	POSITIVE EFFICACY AND SAFETY OF MIRIKIZUMAB AS MAINTENANCE THERAPY IN CHINESE PATIENTS WITH MODERATELY TO SEVERELY ACTIVE ULCERATIVE COLITIS: SUBGROUP RESULTS FROM THE PHASE 3 LUCENT-2 STUDY	Zhihua Ran	• **Introduction:** Mirikizumab (miri), an IL-23p19 monoclonal antibody, has demonstrated efficacy in UC induction and maintenance (LUCENT-1/2). Data for Chinese patients remain limited. • **Methodology:** This Phase 3 randomized withdrawal study analyzed Chinese LUCENT-1 responders (N=80) re-randomized 2:1 to SC miri 200 mg Q4W or placebo (PBO) for 40 weeks. Endpoints included clinical remission, alternate remission, corticosteroid (CS)-free remission, endoscopic remission, HEMR, bowel urgency, and safety. • **Results:** Miri achieved superior efficacy vs PBO: clinical remission 50.0% vs 12.5% (Δ=40.4%), alternate remission 55.4% vs 12.5%, CS-free remission 46.4% vs 8.3%, endoscopic remission 58.9% vs 16.7%, HEMR 42.9% vs 8.3%, bowel urgency remission 44.2% vs 4.2%, and maintenance of remission 61.1% vs 0. Safety profiles were comparable, with fewer serious AEs and discontinuations on miri. • **Conclusions:** In Chinese UC patients, miri demonstrated robust maintenance efficacy and favorable safety, consistent with global LUCENT-2 outcomes.
04 Oct 2025	IMPACT OF SUBCUTANEOUS GUSELKUMAB INDUCTION THERAPY ON MOLECULAR INFLAMMATION IN PATIENTS WITH ULCERATIVE COLITIS: RESULTS FROM THE PHASE 3 ASTRO STUDY	Swati Venkat	• **Introduction**: Guselkumab (GUS), a dual-acting IL-23p19 inhibitor, was effective in QUASAR and ASTRO Phase 3 UC trials. This analysis explored molecular changes from baseline to Week 12 (WK12) in ASTRO patients receiving GUS SC induction. • **Methodology:** In ASTRO, 418 UC patients were randomized 2:1 to GUS 400 mg SC or placebo. Bulk RNA sequencing of colonic biopsies (n=339) and serum IL-22 profiling (n=355) assessed transcriptional and proteomic changes. Analyses were compared with QUASAR IV data. • **Results:** At WK12, GUS SC significantly downregulated Th17, IFNG, plasma cell, neutrophil, and fibroblast gene modules while upregulating healthy epithelium (FDR<0.05). Molecular responses correlated strongly with QUASAR IV induction (r=0.98, p<0.0001). Clinical remitters showed normalization of gene expression, decreased Geboes scores (p<0.05), and marked IL-22 reduction (serum and tissue). Changes were consistent in both biologic-naïve and treatment-resistant patients (r=0.93, p<0.0001). • **Conclusions:** GUS SC induction produced molecular and clinical improvements consistent with IV data, confirming efficacy across routes. GUS normalized inflammatory biology and enhanced epithelial health in UC patients achieving remission.

Notable Presentations at UEG Week 2025
Ulcerative Colitis (9/14)

Date	Title	Author	Summary
04 Oct 2025	WEEK 10 EFFECTIVENESS AND SAFETY OF FILGOTINIB IN PATIENTS WITH ULCERATIVE COLITIS: AN INTERIM ANALYSIS OF THE PROSPECTIVE, REAL-WORLD EVIDENCE GALOCEAN STUDY	Alessandro Armuzzi	• **Introduction:** Filgotinib (FIL), a JAK1 preferential inhibitor, is approved for UC, but real-world data remain limited. The GALOCEAN observational study evaluates effectiveness and safety in European clinical practice. • **Methodology:** This interim analysis included 353 UC patients (median age 36; 49% female). Baseline severity was mild (28.3%), moderate (35.9%), or severe (30%). Outcomes included pMCS, PRO2, HRQoL measures (SIBDQ, Urgency NRS, FACIT-Fatigue), and safety at week 10 (W10). • **Results:** By W10, mean pMCS decreased from 5.2 to 2.4 (–2.9); 41.5% achieved remission. PRO2 remission occurred in 43.1%. HRQoL improved significantly (SIBDQ +9.3, FACIT-Fatigue +5.3). Urgency NRS improved by –1.5; MCID achieved in 33–55%. 34.8% discontinued FIL, mainly for inefficacy. No new safety signals emerged. • **Conclusions:** FIL was well tolerated and improved symptoms and HRQoL by W10 in real-world UC patients, consistent with SELECTION trial data. Longer follow-up is ongoing.
04 Oct 2025	COMPARISON OF MIRIKIZUMAB VS. USTEKINUMAB EFFICACY FOR INDUCTION OF REMISSION IN ULCERATIVE COLITIS – A 1:2 MATCHED ANALYSIS	Lisa Johann	• **Introduction:** IL inhibitors are established for moderate–severe UC. Ustekinumab (UST) targets IL-12/23p40, while mirikizumab (MIRI) selectively inhibits IL-23p19. Comparative real-world induction data remain limited. • **Methodology:** Retrospective analysis of 63 UC patients initiating UST (n=40) or MIRI (n=23) between 2019–2024, excluding pouchitis and high-dose steroid users. Outcomes included Mayo-based remission, improvement, nonresponse, and fecal calprotectin levels at 8–24 weeks. • **Results:** Clinical remission: UST 25%, MIRI 57% (67% in prior-UST patients). Improvement: 20% vs. 30%. Nonresponse: UST 5%, MIRI 0%. Mean Mayo score reduction: UST 2.95 vs. MIRI 4.5 (p=0.0003). Post-treatment calprotectin was lower with MIRI (278 vs. 1092 mg/kg, p=0.0083). • **Conclusions:** MIRI induced higher clinical remission and greater biomarker improvement than UST, including in UST-experienced patients, supporting its role as an effective induction therapy.

Notable Presentations at UEG Week 2025
Ulcerative Colitis (10/14)

Date	Title	Author	Summary
04 Oct 2025	LONG-TERM SAFETY AND EFFICACY OF THE HIGHLY SELECTIVE TYROSINE KINASE 2 INHIBITOR ZASOCITINIB FOR THE TREATMENT OF INFLAMMATORY BOWEL DISEASE: DESIGN OF A PHASE 2 OPEN-LABEL EXTENSION TRIAL	Gareth Parkes	• **Introduction:** TYK2 inhibitors target cytokine signaling pathways implicated in IBD and may offer a safer alternative to JAK inhibitors. Zasocitinib, a selective oral TYK2 inhibitor, has shown promise in Phase 2 CD and UC trials. • **Methodology:** This open-label extension (OLE; NCT06764615) will enroll patients completing Phase 2 zasocitinib CD or UC studies who achieve Week 52 response. All will receive once-daily zasocitinib for up to 108 weeks with 12-week visits. Endpoints focus on safety, tolerability, and durability of efficacy. • **Results:** Primary objective: incidence of adverse events and long-term tolerability. Secondary: sustained clinical, symptomatic, and endoscopic outcomes, plus PROs (fatigue, urgency, abdominal pain, HRQoL). Analyses are descriptive. • **Conclusions:** This OLE will clarify long-term safety and sustained benefit of zasocitinib in UC and CD, informing its future role as a potential next-generation oral therapy.
04 Oct 2025	HIGHER EFFICACY MEDICATION IN BIO-EXPOSED ULCERATIVE COLITIS PATIENTS: TRIDENT-UC STUDY	Joana Camões Neves	• **Introduction:** Second-line therapy choice in UC after advanced therapy failure is uncertain. Current guidelines highlight UST, TOFA, and UPA, but head-to-head real-world data are lacking. • **Methodology:** A retrospective, multicenter study of 259 UC patients assessed UST (n=105), UPA (n=87), and TOFA (n=67) at 16 and 52 weeks. Outcomes: steroid-free clinical remission (SFCR), biochemical remission, and endoscopic remission. Cox regression evaluated time-to-remission, with a subanalysis for second-line use post–anti-TNF failure. • **Results:** UPA showed superior SFCR vs UST and TOFA at week 16 (OR ~2.1, $p<0.05$), though differences diminished by week 52. Biochemical remission favored UPA at both timepoints vs UST and TOFA. Endoscopic remission was higher with UST and UPA at week 16 vs TOFA, and with UPA at week 52 vs UST (OR 3.6, $p=0.036$). In Cox analysis, UPA achieved faster biochemical remission than UST (HR 1.9) and TOFA (HR 1.8), and faster endoscopic remission vs both. Subanalysis confirmed UPA's superiority over TOFA in SFCR and endoscopic remission at week 52. • **Conclusions:** All three therapies were effective, but UPA consistently demonstrated stronger short-term and long-term outcomes, positioning it as a leading second-line option in bio-exposed UC.

Notable Presentations at UEG Week 2025
Ulcerative Colitis (11/14)

Date	Title	Author	Summary
06 Oct 2025	RELATIONSHIP BETWEEN CLINICAL AND HISTOLOGIC FINDINGS WITH TULISOKIBART INDUCTION AT WEEK 12 AND MAINTENANCE DOSING AT WEEK 50 IN THE PHASE 2 RANDOMIZED CONTROLLED ARTEMIS-UC STUDY IN PARTICIPANTS WITH ULCERATIVE COLITIS	Christopher Ma	• **Introduction:** Tulisokibart, a TL1A monoclonal antibody, has shown robust clinical, endoscopic, and histologic efficacy in UC. Histology, though linked to long-term outcomes, is inconsistently applied in practice. • **Methodology:** ARTEMIS-UC assessed correlations between clinical, biomarker, endoscopic, and histologic endpoints at Weeks 12 and 50 in responders across two cohorts. Phi correlation coefficients were calculated. • **Results:** Strong correlations (>0.8 at W12; >0.9 at W50) were observed between clinical remission, endoscopic improvement, and histologic endpoints. Fecal calprotectin normalization correlated >0.7 at W50. • **Conclusions:** Clinical remission strongly reflects histologic healing, supporting tulisokibart's potential to achieve deep remission in UC.
06 Oct 2025	EFFECTIVENESS AND SAFETY OF UPADACITINIB IN PATIENTS WITH ULCERATIVE COLITIS: PRELIMINARY DATA FROM UPAREAL-UC MULTICENTER, REAL-LIFE, IG-IBD STUDY	Federico Desideri	• **Introduction:** Upadacitinib (UPA), a selective JAK inhibitor, has shown efficacy in UC in phase III trials; real-world data are limited. • **Methodology:** UPAREAL-UC, a multicenter Italian observational study, followed 250 bio-exposed UC patients for 12 months, assessing steroid-free clinical remission, biochemical remission, persistence, and safety. • **Results:** Steroid-free clinical remission was 70–79% through 12 months; composite remission reached 58%. Persistence was 82%, with biochemical remission in ~70%. Adverse events occurred in 12.8%, treatment failure in 16%. • **Conclusions:** UPA demonstrated high real-world effectiveness, persistence, and safety in UC.

Notable Presentations at UEG Week 2025
Ulcerative Colitis (12/14)

Date	Title	Author	Summary
07 Oct 2025	EFFECTIVENESS AND SAFETY OF SELECTIVE IL-12/23P40 ANTAGONISTS IN MODERATE TO SEVERE ULCERATIVE COLITIS: A SYSTEMATIC REVIEW, META-ANALYSIS AND TRIAL SEQUENTIAL ANALYSIS	Rodrigo Motta	• **Introduction:** Ulcerative colitis remains challenging with current therapies; IL-12/23p40 antagonists offer targeted immune modulation. • **Methodology:** Systematic review/meta-analysis of 9 RCTs (n=3,808 induction; n=1,734 maintenance) comparing IL-12/23p40 antagonists vs placebo. Primary outcomes: clinical/endoscopic remission and response; secondary: histologic healing, PROs, safety. • **Results:** Antagonists significantly improved induction (clinical remission 21.8% vs 8%) and maintenance (46.8% vs 23%), with parallel gains in endoscopic remission, histologic healing, and QoL. Prior biologic failure still benefited. Safety was favorable, with fewer serious AEs vs placebo. • **Conclusions:** IL-12/23p40 antagonists are effective, safe, and beneficial across bio-experienced UC populations.
07 Oct 2025	MIRIKIZUMAB PROVIDES SUSTAINED LONG-TERM EFFICACY UP TO 4 YEARS OF TREATMENT FOR ULCERATIVE COLITIS: FINAL RESULTS FROM THE LUCENT-3 OPEN-LABEL EXTENSION STUDY	Bruce E. Sands	• **Introduction:** Mirikizumab, an IL-23p19 antibody, has shown durable efficacy in UC through LUCENT-1/2. • **Methodology:** This open-label LUCENT-3 analysis assessed symptomatic, clinical, endoscopic, histologic, corticosteroid-free (CSF), bowel urgency, QoL, and safety outcomes through W212 in induction responders, including biologic-failed patients (efficacy n=179; safety n=339). • **Results:** At W212, clinical response was 79%, clinical remission 62%, endoscopic remission 66%, CSF remission 62%, and bowel urgency remission 60%. IBDQ response/remission were 78%/73%. Benefits were sustained in biologic-experienced patients. Serious AEs occurred in 12%, discontinuations 7%, with no new safety signals. • **Conclusions:** Mirikizumab maintained long-term efficacy and safety up to 4 years in UC.

Notable Presentations at UEG Week 2025
Ulcerative Colitis (13/14)

Date	Title	Author	Summary
07 Oct 2025	MIRIKIZUMAB DEMONSTRATES RAPID AND SUSTAINED IMPROVEMENTS IN BOWEL URGENCY MEASURES AND CLINICAL MEASURES IN PATIENTS WITH MODERATELY-TO-SEVERELY ACTIVE ULCERATIVE COLITIS: 28-WEEK RESULTS FROM THE PHASE 3B LUCENT-URGE TRIAL	Silvio Danese	• **Introduction:** Bowel urgency (BU) is a disabling symptom in UC. LUCENT-URGE evaluated mirikizumab (MIRI) in UC patients with BU (UNRS ≥3). • **Methodology:** Adults received IV MIRI 300 mg at Weeks 0–8, then SC 200 mg Q4W to Week 24. Key endpoints included UNRS, stool deferral time (SDT), BU frequency, clinical remission, and BU remission through Week 28. • **Results:** At Week 28, mean UNRS improved –3.6 and BU frequency –3.8/day; SDT ≥15 min/no urgency rose to 29.7%. Clinical remission was 36%, endoscopic remission 44%, and BU remission 16%. Safety was consistent with prior studies. • **Conclusions:** MIRI provided sustained improvements in BU severity, frequency, SDT, and clinical outcomes through 28 weeks.
07 Oct 2025	EFFECT OF GUSELKUMAB SUBCUTANEOUS INDUCTION AND MAINTENANCE ON BOWEL URGENCY AND ABDOMINAL PAIN AS MEASURED BY THE UC-PRO/SS IN PARTICIPANTS WITH MODERATELY TO SEVERELY ACTIVE ULCERATIVE COLITIS: RESULTS FROM THE PHASE 3 ASTRO STUDY	Silvio Danese	• **Introduction:** Guselkumab (GUS), an IL-23p19 inhibitor, was evaluated in UC patients for bowel urgency and abdominal pain in ASTRO. • **Methodology:** 418 patients with moderate–severe UC were randomized to SC GUS regimens or placebo. Endpoints included clinically meaningful improvement (CMI) and complete symptom resolution at Weeks (W) 12 and 24. • **Results:** Resolution of bowel urgency occurred in 45% vs 23% (GUS vs PBO) at W12 and 48% vs 22% at W24. Abdominal pain resolution was 49% vs 24% at W12 and 46% vs 26% at W24. CMI was significantly higher with GUS. • **Conclusions:** GUS induced clinically meaningful and durable improvements in bowel urgency and abdominal pain in UC.

Notable Presentations at UEG Week 2025
Ulcerative Colitis (14/14)

Date	Title	Author	Summary
07 Oct 2025	EFFICACY AND SAFETY OF TULISOKIBART MAINTENANCE TREATMENT IN TULISOKIBART INDUCTION RESPONDERS VERSUS TULISOKIBART RE-INDUCTION AND DELAYED INDUCTION RESPONDERS: RESULTS FROM THE OPEN-LABEL EXTENSION OF THE PHASE 2 ARTEMIS-UC TRIAL IN PATIENTS WITH ULCERATIVE COLITIS	Sami Hoque	• **Introduction:** Tulisokibart, a TL1A monoclonal antibody, previously showed efficacy in induction and re-induction for moderate–severe UC. • **Methodology:** In ARTEMIS-UC Cohort 1, induction, re-induction, and delayed induction responders entered open-label maintenance with tulisokibart 100 mg or 250 mg IV every 4 weeks. Outcomes included endoscopic, clinical, symptomatic response, and fecal calprotectin. • **Results:** Among 89 patients, maintenance efficacy was preserved across groups, with trends favoring 250 mg. Symptomatic responses exceeded 70%, with marked calprotectin reduction. Safety was consistent with induction, with no new signals. • **Conclusions:** Tulisokibart maintenance sustained efficacy in UC responders, including re-/delayed induction responders, supporting long-term benefit.
07 Oct 2025	EFFICACY OF ETRASIMOD AS FIRST-LINE ADVANCED TREATMENT FOLLOWING FAILURE OF AMINOSALICYLATES ONLY: DATA FROM THE ELEVATE UC 52 PHASE 3 CLINICAL TRIAL	Charlie W. Lees	• **Introduction:** Etrasimod, a once-daily oral S1P1,4,5 receptor modulator, is being positioned as an early advanced therapy for UC. • **Methodology:** A prespecified subgroup of patients with prior oral 5-ASA failure only (N=74) from ELEVATE UC 52 was compared against placebo at Weeks 12 and 52 across clinical, endoscopic, symptomatic, and histologic endpoints. • **Results:** Etrasimod significantly outperformed placebo across all endpoints, including clinical remission (Δ45%), endoscopic improvement (Δ48%), symptomatic remission (Δ45%), and disease clearance (Δ28%) at Week 52. • **Conclusions:** Etrasimod demonstrated robust efficacy as early advanced therapy post-5-ASA failure, supporting earlier positioning in UC treatment.

Notable Presentations at UEG Week 2025
Crohn's Disease (1/7)

Date	Title	Author	Summary
06 Oct 2025	EFFECTIVENESS AND SAFETY OF RISANKIZUMAB IN CROHN'S DISEASE PATIENTS FROM A LARGE ITALIAN COHORT: RESULTS FROM THE RESOLVE IGIBD STUDY	Franco Scaldaferri	• **Introduction:** Risankizumab, an IL-23p19 monoclonal antibody, was recently approved for moderate-to-severe Crohn's disease. • **Methodology:** A retrospective multicenter study (40 Italian centers) assessed induction outcomes at Week 12 in 383 patients completing follow-up. Primary endpoint: steroid-free clinical remission (SFCR). • **Results:** SFCR was achieved in 61.1%, and clinical response in 79.1%. Ustekinumab-exposed and ≥3 biologic failure patients showed SFCR rates of ~36–37%. CRP normalization occurred in 63%, and fecal calprotectin significantly decreased. Extra-intestinal manifestations improved, while adverse events (4.4%) were mild. • **Conclusions:** Risankizumab demonstrated substantial real-world effectiveness and favorable safety in refractory Crohn's disease.
06 Oct 2025	THE ASSOCIATION OF ENDOSCOPIC OUTCOMES WITH LONG-TERM CLINICAL IMPROVEMENTS IN RISANKIZUMAB-TREATED PATIENTS WITH MODERATE TO SEVERE CROHN'S DISEASE: POST HOC RESULTS FROM THE PHASE 3 SEQUENCE TRIAL	Vipul Jairath	• **Introduction:** Endoscopic healing is a key long-term goal in Crohn's disease (CD). This post hoc analysis from SEQUENCE assessed links between Week 48 endoscopic outcomes and sustained clinical efficacy with risankizumab. • **Methodology:** 224 TNF-failed CD patients received risankizumab maintenance (360 mg SC q8w). Outcomes at Week 100 were stratified by Week 48 endoscopic response, remission, or steroid-free remission. • **Results:** Week 48 endoscopic responders achieved higher Week 100 CDAI remission (67–71% vs 52–55%), steroid-free remission (68% vs 52%), and normalized fecal calprotectin (59–68% vs 44%). • **Conclusions:** Endoscopic healing at 48 weeks predicted durable 2-year risankizumab efficacy in moderate-to-severe CD

Notable Presentations at UEG Week 2025
Crohn's Disease (2/7)

Date	Title	Author	Summary
06 Oct 2025	UPADACITINIB FOR REFRACTORY CROHN'S DISEASE: EFFECTIVENESS AND SAFETY DATA FROM THE UPITA-CROHN MULTICENTER REGISTRY	Antonio M Caballero-Mateos	• **Introduction:** Upadacitinib is approved for moderate-to-severe Crohn's disease (CD), though real-world data remain limited in refractory patients. • **Methodology:** The Andalusian UPITA-Crohn registry analyzed 142 refractory CD patients across 12 centers. Outcomes included clinical remission (CR), clinical-biochemical remission (CBR), and steroid-free remission (SFR). • **Results:** At Week 12, CR was 54%; at 6 months, CR, CBR, and SFR were 48.3%, 16.1%, and 18.4%. Outcomes were consistent across prior therapy exposure. Discontinuation occurred in 21.8%, mainly due to non-response. Adverse events (21.1%) were manageable. • **Conclusions:** Upadacitinib demonstrated meaningful real-world effectiveness and an acceptable safety profile in refractory CD.
06 Oct 2025	MIRIKIZUMAB SUSTAINS IMPROVEMENT IN FATIGUE, ABDOMINAL PAIN, AND STOOL FREQUENCY FOLLOWING 104 WEEKS OF CONTINUOUS TREATMENT FOR CROHN'S DISEASE: RESULTS FROM THE VIVID-2 OPEN-LABEL EXTENSION STUDY	Jianmin Wu	• **Introduction:** Mirikizumab (MIRI) previously improved fatigue, abdominal pain (AP), and stool frequency (SF) in Crohn's disease (CD). • **Methodology:** VIVID-2 assessed long-term effects through Week (W) 104 in VIVID-1 endoscopic responders continuing subcutaneous MIRI 300 mg. Endpoints included fatigue (FACIT-F), AP, SF, and PRO-defined remission (SF ≤3, AP ≤1). • **Results:** At W104, 65% improved fatigue, 85% improved AP, 90% improved SF, and 80% achieved PRO remission. Benefits were sustained across symptoms. • **Conclusions:** Continuous MIRI provided durable improvements in fatigue, AP, SF, and PRO remission through 2 years.

Notable Presentations at UEG Week 2025
Crohn's Disease (3/7)

Date	Title	Author	Summary
06 Oct 2025	PRECISION-CUT INTESTINAL SLICES PROVIDE EX VIVO ASSESSMENT OF REGION-SPECIFIC IMMUNE RESPONSES AND EFFICACY OF FILGOTINIB IN CROHN'S DISEASE	Klaudia Maria Grieger	• **Introduction:** IBD prevalence is rising, with JAK/STAT blockade effective in UC but limited in Crohn's disease (CD), possibly due to region-specific immune microenvironments. • **Methodology:** Precision-cut intestinal slices (PCIS) from CD patients' ileum and colon were stimulated ex vivo. Filgotinib (1–100 μM) was applied. Cytokine release was measured by multiplex ELISA; tissue viability and morphology were preserved. • **Results:** Colonic PCIS showed elevated IL-2, IL-10, TRAIL, while ileal PCIS exhibited higher MIP-3α and granzyme A. Filgotinib markedly reduced Th17 cytokines (IL-17F, IL-22) in colon (up to 95%), but not ileum. • **Conclusions:** Filgotinib exerts strong anti-inflammatory effects in colonic but not ileal tissue, highlighting region-specific drug responses and supporting precision approaches in IBD therapy.
06 Oct 2025	INTESTINAL ULTRASOUND TRANSMURAL HEALING REDUCES THE RISK OF CROHN'S DISEASE RELAPSE AMONG PATIENT WITH ENDOSCOPIC HEALING: RESULTS OF A PROSPECTIVE STUDY	Clara Yzet	• **Introduction:** Endoscopic healing is a key STRIDE II target in Crohn's disease (CD), but transmural healing may better predict outcomes. • **Methodology:** Prospective study of 93 CD patients in clinical remission undergoing colonoscopy and intestinal ultrasound (IUS) within 4 weeks. Transmural healing was defined as parietal thickness <3 mm across all segments without Doppler signal. • **Results:** IUS transmural healing was observed in 73%. Relapse risk was 3-fold higher without IUS healing (HR 3.07, p=0.007). Even with complete endoscopic healing, IUS activity increased relapse risk (HR 3.65, p=0.040). • **Conclusions:** IUS transmural healing independently predicted reduced relapse, supporting its use as a non-invasive treatment target.

Notable Presentations at UEG Week 2025
Crohn's Disease (4/7)

Date	Title	Author	Summary
06 Oct 2025	GUSELKUMAB MAINTENANCE DOSE REGIMENS IN PATIENTS WITH HIGH DISEASE ACTIVITY AND SEVERITY: SUBGROUP ANALYSIS OF PARTICIPANTS WITH MODERATELY TO SEVERELY ACTIVE CROHN'S DISEASE IN THE GALAXI PHASE 3 STUDIES	Anita Afzali	• **Introduction:** Guselkumab (GUS) IV induction followed by SC 100 mg q8w or 200 mg q4w showed efficacy in Crohn's disease (CD). This analysis explored whether subgroups benefit more from higher dosing. • **Methodology:** Week 48 outcomes were compared by baseline CDAI/SES-CD severity, CRP, and endoscopic response status at Week 12. • **Results:** Patients with CDAI > 300, SES-CD > 12, CRP > 5 mg/L, or no Week 12 endoscopic response had higher Week 48 remission and endoscopic response with 200 mg q4w vs 100 mg q8w. Outcomes were similar in lower-risk subgroups. • **Conclusions:** GUS 200 mg q4w may provide added benefit in patients with greater baseline disease severity or persistent inflammatory burden after induction.
06 Oct 2025	EFFICACY OF GUSELKUMAB FOR SMALL BOWEL LESIONS USING BALLOON ASSISTED ENTEROSCOPY: A PHASE 3, OPEN-LABEL, MULTICENTER STUDY	Teppei OMORI	• **Introduction:** Guselkumab (GUS), an IL-23p19 inhibitor, is approved in Japan for moderate-to-severe Crohn's disease (CD). The CNTO1959CRD3003 trial evaluated safety and efficacy, with exploratory analysis of small bowel lesions. • **Methodology:** 38 patients received IV GUS induction followed by SC maintenance through Week 48 (W48). Retrograde balloon-assisted enteroscopy assessed small bowel lesions using partial modified SES-CD (pmSES-CD). • **Results:** Overall, 86.8% experienced adverse events, 7.9% serious, with no new safety concerns. Among 15 patients with small bowel assessment, endoscopic response occurred in 46.7%, ulcer-free status in 26.7%, and complete mucosal healing in 13.3%. • **Conclusions:** GUS was well-tolerated, effective in Japanese CD patients, and demonstrated meaningful benefit in small bowel lesions.

Notable Presentations at UEG Week 2025
Crohn's Disease (5/7)

Date	Title	Author	Summary
06 Oct 2025	DURABLE EFFICACY OF RISANKIZUMAB THROUGH WEEK 100 IN PATIENTS WITH MODERATELY TO SEVERELY ACTIVE CROHN'S DISEASE: A POST HOC ANALYSIS FROM PART 2 OF THE SEQUENCE TRIAL	Raja Atreya	• **Introduction:** Crohn's disease (CD) patients often lose response to therapy. SEQUENCE Part 2 OLE assessed long-term outcomes with risankizumab (RZB), an IL-23p19 inhibitor, in anti-TNF–failed CD. • **Methodology:** 224 patients continued RZB 360 mg SC q8w after Part 1. Endpoints included clinical remission (CDAI, SF/APS), IBDQ remission, and biomarker normalization (hs-CRP, FCP) through Week 100. • **Results:** CDAI remission rose from 48% (W8) to 75% (W52), stabilizing at 84% (W100). SF/APS remission was 71% (W52) and 75% (W100). IBDQ remission reached 65% at W100. Biomarker normalization improved progressively (hs-CRP 62%, FCP 60% at W100). Most early responders-maintained outcomes through W100. • **Conclusions:** RZB provided durable clinical, QoL, and biomarker benefits through 2 years in refractory CD, confirming sustained efficacy.
06 Oct 2025	INTRAVENOUS AND SUBCUTANEOUS GUSELKUMAB INDUCTION THERAPY ARE BOTH EFFICACIOUS IN CROHN'S DISEASE PATIENTS WITH HIGH BASELINE DISEASE SEVERITY: RESULTS AT WEEK 12 FROM THE PHASE 3 GALAXI AND GRAVITI STUDIES	Remo Panaccione	• **Introduction:** Guselkumab (GUS), an IL-23p19 inhibitor, is effective as both IV and SC induction in Crohn's disease (CD). This analysis compared induction efficacy by baseline disease severity. • **Methodology:** Pooled phase 3 GALAXI (IV, N=582) and GRAVITI (SC, N=230) trials assessed week 12 clinical remission (CDAI<150) and endoscopic response (SES-CD ≥50% improvement) across subgroups (disease location, CDAI, SES-CD, CRP, fecal calprotectin). • **Results:** Both IV and SC GUS outperformed placebo consistently across all subgroups, including ileal/colonic disease, high CDAI, SES-CD>12, elevated CRP/FeCal. • **Conclusions:** IV and SC GUS demonstrated comparable efficacy across disease locations and severities, supporting flexible induction strategies.

Notable Presentations at UEG Week 2025
Crohn's Disease (6/7)

Date	Title	Author	Summary
06 Oct 2025	MIRIKIZUMAB LONG-TERM IMPACT ON BOWEL URGENCY IN CROHN'S DISEASE AND ITS ASSOCIATION WITH CLINICAL AND OTHER EFFICACY OUTCOMES: RESULTS FROM THE VIVID-2 OPEN-LABEL EXTENSION STUDY	Stephan Vavricka	• **Introduction:** Long-term bowel urgency (BU) data in Crohn's disease (CD) are scarce. This VIVID-1/2 analysis assessed mirikizumab (MIRI) effects on BU remission and associations with clinical outcomes at week 104. • **Methodology:** Patients with baseline BU (UNRS≥3) received MIRI. BU remission was defined as UNRS≤2. Associations with CDAI remission, endoscopic remission, FACIT-Fatigue, and IBDQ remission were evaluated. • **Results:** At week 104, 51% achieved BU remission. BU remission correlated with higher CDAI remission (96% vs 48%), IBDQ remission (87% vs 43%), improved FACIT-Fatigue (+12.2 vs +5.9), and greater QoL gains. • **Conclusions:** Sustained BU remission on MIRI aligns with clinical, endoscopic, and PRO improvements, underscoring BU as a critical long-term target in CD.
06 Oct 2025	MIRIKIZUMAB IMPROVES QUALITY OF LIFE IN PATIENTS WITH CROHN'S DISEASE UP TO 2 YEARS OF TREATMENT: RESULTS FROM THE VIVID-2 STUDY	Millie Long	• **Introduction:** Mirikizumab, an IL-23p19 antibody, has demonstrated long-term efficacy in Crohn's disease (CD). This analysis evaluated quality of life (QoL) through 2 years in VIVID-2. • **Methodology:** Patients from VIVID-1 continued mirikizumab maintenance or reinduction in VIVID-2. QoL was assessed using IBDQ, EQ-5D-5L VAS, and WPAI:CD. Missing data were imputed via mNRI and mBOCF. • **Results:** At week 104, IBDQ response/remission persisted in responders (85%/71%) and non-responders (73%/61%). IBDQ scores improved +57.2 and +46.8 points, EQ-5D-VAS +27.0 and +22.3, WPAI reductions −13.9 to −34.3. • **Conclusions:** Mirikizumab provided durable, clinically meaningful QoL improvements up to 2 years, irrespective of initial endoscopic response.

Notable Presentations at UEG Week 2025
Crohn's Disease (7/7)

Date	Title	Author	Summary
07 Oct 2025	RISK OF MAJOR ADVERSE CARDIOVASCULAR EVENTS IN CROHN'S DISEASE PATIENTS TREATED WITH BIOLOGIC THERAPY: A META-ANALYSIS AND TRIAL SEQUENTIAL ANALYSIS OF RANDOMISED CONTROLLED TRIALS	Hareesha Bharadwaj	• **Introduction:** Biologics are central in Crohn's disease (CD) management, but cardiovascular safety remains debated. • **Methodology:** A systematic review/meta-analysis of 40 RCTs (17,718 patients; 62.9% on biologics/small molecules) evaluated major adverse cerebrovascular and cardiovascular events (MACCEs) during induction and maintenance. • **Results:** MACCE risk was not increased with biologics versus placebo/comparators in induction (OR 0.56, 95%CI 0.24–1.34) or maintenance (OR 0.75, 95%CI 0.35–1.57) trials. No differences by agent, class, or trial duration. • **Conclusions:** Biologics and small molecules showed no increased MACCE risk; a potential cardioprotective signal emerged.

Notable Presentations at UEG Week 2025
Colon, Polyps, CRC Screening & Therapeutics (1/9)

Date	Title	Author	Summary
04 Oct 2025	A RANDOMIZED CONTROLLED TRIAL EVALUATING THE SAFETY, EFFICACY, AND PATIENT COMFORT OF A SINGLE-USE ELECTRONIC COLONOSCOPE IN CLINICAL DIAGNOSIS AND TREATMENT	Yuan TIAN	• **Introduction:** Reusable colonoscopes carry biofilm-related infection risks, prompting evaluation of single-use systems. • **Methodology:** A prospective, randomized trial (N=100) compared single-use vs conventional colonoscopes. Endpoints: patient comfort, EMR efficacy, ADR, APC, cecal intubation, maneuverability, safety. • **Results:** Groups showed comparable comfort, ADR (56% vs 60%), APC, EMR en bloc rates (100%), and cecal intubation success. No adverse events occurred. Single-use scopes had inferior imaging and brightness ($p<0.001$). • **Conclusions:** Single-use colonoscopes demonstrated equivalent safety and diagnostic/therapeutic efficacy, but optical limitations require improvement.
04 Oct 2025	EFFICACY OF SNARE TIP COAGULATION IN COLONIC POLYPECTOMY: A PREVENTIVE STRATEGY FOR POST-POLYPECTOMY BLEEDING AND LOCAL RECURRENCE	Kyoung Min Sohn	• **Introduction:** Colonic polypectomy is essential in colorectal cancer prevention, but PPB and recurrence remain concerns. • **Methodology:** A retrospective study (n=156; polyps 6–20 mm) compared patients undergoing resection with STC (n=78) vs controls (n=78). Primary outcomes: post-polypectomy bleeding (PPB) and local recurrence. • **Results:** STC significantly lowered early (0.4% vs 1.9%) and delayed PPB (1.6% vs 3.8%, $p<0.05$) and reduced recurrence (1.3% vs 4.8%, $p=0.01$). No differences in procedure time or major complications. • **Conclusions:** STC is safe, reduces bleeding and recurrence, and merits routine integration.

Notable Presentations at UEG Week 2025
Colon, Polyps, CRC Screening & Therapeutics (2/9)

Date	Title	Author	Summary
04 Oct 2025	COMPARATIVE EFFICACY, SAFETY, AND SATISFACTION OF PROPOFOL MONOTHERAPY VERSUS COMBINED BENZODIAZEPINE–PROPOFOL SEDATION IN ENDOSCOPY	Majd Khader	• **Introduction:** Propofol-mediated sedation is favored in endoscopy for its rapid onset, safety, and recovery advantages. • **Methodology:** In a prospective randomized trial, 207 patients undergoing colonoscopy, gastroscopy, or bidirectional endoscopy were assigned to propofol monotherapy (n=101) or combination sedation (n=106). Clinical, procedural, and satisfaction outcomes were assessed. • **Results:** Both regimens were safe with low complication rates. Monotherapy required slightly higher doses (124 vs 115 mg, P<0.01) but yielded smoother recovery (74.3% vs 67.9%) and higher satisfaction (patients 95.1% vs 90.6%; endoscopists 94.1% vs 89.7%). • **Conclusions:** Propofol monotherapy offers safe, efficient sedation with improved recovery and satisfaction, supporting its routine clinical use.
04 Oct 2025	EFFICACY AND SAFETY OF PROXIMALLY RELEASING SELF-EXPANDABLE METALLIC STENTS FOR MALIGNANT COLORECTAL OBSTRUCTION NEAR THE DENTATE LINE	Shigeaki Semba	• **Introduction:** Malignant colorectal obstruction near the dentate line presents technical and symptomatic challenges, particularly regarding stent positioning and anal pain. • **Methodology:** A retrospective study analyzed 12 patients (median distance from dentate line: 4.5 cm) undergoing proximally release-type SEMS placement (bridge-to-surgery, n=4; palliation, n=8). Clinical outcomes, success rates, and adverse events were evaluated. • **Results:** Technical and clinical success rates were 91.7%. No perforations, bleeding, or reobstructions occurred. One early and one late migration were observed. All BTS cases had successful laparoscopic surgeries without recurrence. • **Conclusions:** Proximally release-type SEMS offers safe, effective, precise placement for distal colorectal obstruction, supporting its expanded use near the anal verge

Notable Presentations at UEG Week 2025
Colon, Polyps, CRC Screening & Therapeutics (3/9)

Date	Title	Author	Summary
04 Oct 2025	ENHANCED NATURAL RETRACTION WITH TRANS-ANAL PLATFORM COMBINED WITH SPEEDBOAT ASSISTED ENDOSCOPIC SUBMUCOSAL DISECTION FOR DISTAL COLON POLYPS: INTERIM FIRST RESULTS OF SSD /AUDITREGISTRY	Theodoros Alexopoulos	• **Introduction:** Speedboat™, a multimodal dissection device, and AirSeal®, a trans-anal pneumo-dissection system, may enhance endoscopic submucosal dissection (ESD) of complex distal colorectal polyps. • **Methodology:** A registry (2018–2025) of 253 patients undergoing Speedboat-assisted ESD was analyzed: pre-AirSeal (n=58), AirSeal (n=127), and non-AirSeal (n=68). Outcomes included lesion size, dissection speed, and safety. • **Results:** Median lesion size was larger with AirSeal (15.7 cm^2 vs 11.4 cm^2; p=0.005). Speed improved versus pre-AirSeal (11.4 vs 7.2 cm^2/hr; p<0.001). No differences in age, sex, or major complications were observed. • **Conclusions:** AirSeal supports safe, efficient resection of larger distal lesions, warranting randomized validation.
04 Oct 2025	A MULTICENTER REAL-WORLD STUDY ON CLINICAL EFFICACY OF ENDOSCOPIC RETROGRADE APPENDICITIS THERAPY (ERAT) FOR APPENDICITIS	Bingrong Liu	• **Introduction:** Appendicitis has a 7–10% lifetime prevalence; Endoscopic Retrograde Appendicitis Therapy (ERAT) offers a minimally invasive alternative. • **Methodology:** This multicenter Chinese study (2013–2023; 21 centers) evaluated ERAT outcomes in 2,838 patients with confirmed appendicitis. Technical success, safety, recurrence, and perioperative outcomes were assessed. • **Results:** Technical success reached 97.5% with mean procedure time 29 minutes. Symptomatic recurrence occurred in 11.5%. Adverse events were rare (0.8%), with reoperation in 1.4%. Hospital stay averaged 2.9 days at ~1,173 USD. CRP and leukocyte counts decreased significantly. • **Conclusions:** ERAT demonstrated high efficacy, low complication rates, and rapid recovery, warranting large-scale validation as a safe, cost-effective alternative to surgery.

Notable Presentations at UEG Week 2025
Colon, Polyps, CRC Screening & Therapeutics (4/9)

Date	Title	Author	Summary
04 Oct 2025	FEASIBILITY AND SAFETY OF ENDOSCOPIC SUBMUCOSAL DISSECTION FOR THE ANAL CANAL LESIONS	Li Wang	• **Introduction:** Endoscopic submucosal dissection (ESD) for anal canal lesions (ACLs) is technically challenging due to anatomical constraints. • **Methodology:** Retrospective analysis of 102 patients undergoing ESD (2010–2023), comparing lesions above dentate line (ADL) vs involving dentate line (IDL). • **Results:** En bloc and R0 resection rates were 94.1% and 88.2%. AEs included intraoperative bleeding (2), delayed bleeding (2), fever (1), and anal pain (5). Median follow-up was 37 months; 3 recurrences, 1 metastasis. IDL lesions had longer procedures, lower R0 rates, higher pain, and more AEs. • **Conclusions:** ESD is effective and safe for ACLs, though IDL cases are more complex. Prospective multicenter validation is warranted.
04 Oct 2025	ENDOSCOPIC INTERMUSCULAR DISSECTION (EID) AS NEW PERSPECTIVE FOR T1 RECTAL CANCERS AND HIGH-RISK LESIONS IN THE RECTUM - FIRST COMPARISON OF 12 EID CASES TO 53 LESIONS WITH A HISTOLOGICAL RESULT OF CANCER OR HGIEN RESECTED BY SUBMUCOSAL DISSECTION (ESD)	Juergen Hochberger	• **Introduction:** Conventional rectal ESD achieves high R0 rates in mucosal T1 cancers, but efficacy declines with deep submucosal infiltration. Endoscopic Intermuscular Dissection (EID) enables en bloc resection including submucosa and inner muscularis. • **Methodology:** Twelve EIDs (Nov 2023–Sep 2024) were compared with 53 historical ESDs for rectal HGIEN/cancer • **Results:** EID achieved 100% en bloc and 89% R0 resection. Two T1 ADCs with deep sm infiltration were managed with close follow-up; one T2 ADC underwent TME. Hospital stay averaged 7.1 days; no major complications. Historical ESD achieved 100% R0 in HGIEN but only 37.5% in ADCs. • **Conclusions:** EID shows promise for T1 rectal cancers, offering superior resection depth and safety versus ESD. Comparative trials with surgical local excision are warranted.

Notable Presentations at UEG Week 2025
Colon, Polyps, CRC Screening & Therapeutics (5/9)

Date	Title	Author	Summary
04 Oct 2025	EFFICACY OF OVER-THE-SCOPE CLIP IN PREVENTING REBLEEDING IN COLONIC DIVERTICULAR HEMORRHAGE	Youhei Koseki	• **Introduction:** Clip hemostasis is standard for diverticular bleeding but rebleeding rates remain high. OTSC offers stronger tissue capture and potential durability. • **Methodology:** Retrospective analysis (2014–2024) of 76 patients: clip group (n=65) vs. OTSC group (n=11). Outcomes: rebleeding, safety, and cost-effectiveness. • **Results:** Rebleeding occurred in 50% of the clip group vs. 0% in the OTSC group ($p<0.05$). OTSC was an independent preventive factor ($p=0.001$). No perforation, diverticulitis, or stenosis observed. Costs were comparable (€5897 vs. €4580, $p=0.124$). • **Conclusions:** OTSC significantly reduces rebleeding, is safe, and cost-effective, supporting its integration in diverticular bleeding management.
04 Oct 2025	CORRELATION BETWEEN KUDO'S PIT PATTERN AND FINAL HISTOLOGY IN CASE OF SCREEN-DETECTED COLORECTAL POLYPS – RESULTS FROM A NATIONWIDE COHORT STUDY	Anna Fabian	• **Introduction:** Accurate surface-based optical diagnosis of colorectal polyps can guide real-time management. • **Methodology:** This nationwide registry study (2019–2023) analyzed 8,289 polyps resected at screening colonoscopies, comparing Kudo pit patterns (I–V) with histology. Agreement was quantified using Cohen's kappa. • **Results:** Of 8,289 polyps, 7,187 were neoplastic, including 439 submucosally invasive cancers (SMIC). Kudo I–II moderately predicted non-neoplastic lesions ($\kappa=0.44$), while Kudo V strongly predicted SMIC ($\kappa=0.72$; sensitivity 74.5%, specificity 98.5%). Serrated lesion prediction was weak ($\kappa=0.17$). • **Conclusions:** Kudo's classification supports differentiating neoplastic vs non-neoplastic lesions, with high accuracy in SMIC detection.

Notable Presentations at UEG Week 2025
Colon, Polyps, CRC Screening & Therapeutics (6/9)

Date	Title	Author	Summary
04 Oct 2025	EVALUATION OF THE EFFICACY AND SAFETY OF COLORECTAL STENTING FOR PALLIATION	Takeshi Mizumoto	• **Introduction:** Self-expandable metallic stents (SEMS) are a minimally invasive alternative to emergency surgery for malignant colorectal obstruction. • **Methodology:** Retrospective analysis of 94 patients (111 procedures; 2012–2024) receiving SEMS for palliation. Outcomes included technical/clinical success, complications, survival, and stent patency. • **Results:** Technical success was 97.9%, clinical success 85.1%. Early complications: perforation 6.4%, migration 2.1%. Late events: perforation 8.5%, occlusion 11.7% (all 22 mm stents, managed with stent-in-stent). Complication-related mortality: 3.2%. One-year overall survival: 29.3%; stent patency: 75.5%. • **Conclusions:** SEMS offered effective palliation with acceptable safety and durability, supporting its role in advanced colorectal obstruction.
04 Oct 2025	EFFICACY AND SAFETY OF NIVOLUMAB PLUS IPILIMUMAB IN MICROSATELLITE INSTABILITY–HIGH METASTATIC COLORECTAL CANCER: A SYSTEMATIC REVIEW AND META-ANALYSIS	Hamza Khelifa	• **Introduction:** MSI-H/dMMR mCRC has poor prognosis with limited chemotherapy efficacy; dual checkpoint blockade is emerging as a therapeutic option. • **Methodology:** Systematic review/meta-analysis of 3 trials (n=758) assessing nivolumab + ipilimumab. Efficacy endpoints included ORR, DCR, PFS, OS; safety endpoints included TRAE, STRAE, diarrhea, and fatigue. • **Results:** Pooled ORR was 67%, DCR 82%. TRAEs occurred in 82% of patients; serious AEs in 20%. Diarrhea (24%) and fatigue (18%) were frequent but manageable. • **Conclusions:** Dual immunotherapy provides meaningful survival benefit in MSI-H mCRC, though AE monitoring remains critical.

Notable Presentations at UEG Week 2025
Colon, Polyps, CRC Screening & Therapeutics (7/9)

Date	Title	Author	Summary
04 Oct 2025	FIRST-ROUND FECAL IMMUNOCHEMICAL TEST CONCENTRATION PREDICTS COLORECTAL CANCER AND ADVANCED NEOPLASIA IN SECOND-ROUND SCREENING: RESULTS FROM THE SCREESCO	Masau Sekiguchi	• **Introduction:** FIT is widely used in CRC screening, but predictive performance is limited when only current-round concentration is considered. • **Methodology:** Cross-sectional analysis of 1,991 individuals from SCREESCO examined whether first-round negative FIT concentrations predicted second-round CRC and ACN detection, adjusting for patient factors and second-round FIT. • **Results:** Higher first-round FIT predicted increased CRC (RR 1.27) and ACN (RR 1.08) risk. For example, men with a second-round FIT of 20 µg Hb/g had ACN risk rising from 10.0% (<0.2 µg) to 19.6% (9.9 µg). • **Conclusions:** Incorporating first-round FIT concentration improves CRC risk stratification and colonoscopy efficiency.
04 Oct 2025	SAFETY AND EFFICACY OF COLD VS. HOT SNARE ENDOSCOPIC MUCOSAL RESECTION FOR COLORECTAL POLYPS: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS	Mohamed Hamouda Elkasaby	• **Introduction:** Colorectal cancer arises mainly from dysplastic adenomas; polypectomy is preventive. HS-EMR is standard but carries diathermy-related risks; CS-EMR is proposed as safer. • **Methodology:** Six RCTs (1,449 patients; 1,947 polyps) were pooled, comparing CS-EMR and HS-EMR. Primary outcomes: delayed bleeding, residual/recurrent adenoma (RRA). • **Results:** CS-EMR significantly reduced delayed bleeding (OR 0.31, p=0.01), with no differences in early bleeding, perforation, complete resection, or RRA. • **Conclusions:** CS-EMR demonstrates superior safety without compromising efficacy. Larger RCTs are required to confirm findings.

Notable Presentations at UEG Week 2025
Colon, Polyps, CRC Screening & Therapeutics (8/9)

Date	Title	Author	Summary
04 Oct 2025	ADOPTING AN EXTENDED INTERVAL APPROACH IN INDIVIDUALS WITH LYNCH SYNDROME COULD RESULT IN A HIGH RATE OF INTERVAL COLORECTAL CANCER AT ADVANCE STAGE	Zohar Levi	• **Introduction:** Lynch Syndrome (LS) confers high colorectal cancer (CRC) risk. Data on interval CRC (I-CRC) and interval advanced polyps (I-AP) remain limited. • **Methodology:** Retrospective study of 342 LS individuals in Israel, assessing I-CRC and I-AP ≤36 months across colonoscopies with adequate preparation. I-AP defined as ≥10 mm, high-grade dysplasia, or villous histology. • **Results:** -CRC occurred in 13 patients; I-AP in 27. Notably, 4 stage III cancers were detected ≤24 months. Path_MSH2 and older age significantly associated with I-AN. • **Conclusions:** Surveillance intervals >12 months risk advanced neoplasia; shortened intervals remain crucial.
06 Oct 2025	SAFETY AND FEASIBILITY OF OUTPATIENT FULL-THICKNESS RESECTION FOR COLORECTAL LESIONS: THE SOFT STUDY	Carlo Soldaini	• **Introduction:** Endoscopic full-thickness resection (EFTR) is effective for difficult colorectal lesions but typically requires hospitalization. COVID-19 shifted focus toward outpatient feasibility. • **Methodology:** Nationwide multicenter retrospective analysis (11 Italian centers, 2018–2024) compared outpatient (n=74) vs hospital EFTR (n=94) for lesions <30 mm. Outcomes: safety (AEs), success, recurrence. • **Results:** Groups were comparable. No significant differences in mild (2.1% vs 5.4%), moderate (9.6% vs 9.5%), or severe AEs (6.4% vs 1.4%), R0 rates (89.3% vs 87.8%), or recurrence (7.5% vs 4.2%). • **Conclusions:** EFTR is safe and feasible outpatient, with equivalent efficacy to hospital settings.

Notable Presentations at UEG Week 2025
Colon, Polyps, CRC Screening & Therapeutics (9/9)

Date	Title	Author	Summary
06 Oct 2025	RECTAL ENDOSCOPIC KNIFE-ASSISTED FULL-THICKNESS RESECTION: FEASIBILITY AND SAFETY RESULTS FROM AN INTERNATIONAL MULTICENTER COHORT	Andrea Sorge	• **Introduction:** Knife-assisted full-thickness resection (kFTR) is a novel technique for complex rectal lesions, aiming to avoid radical surgery. • **Methodology:** Retrospective analysis across 15 centers (2017–2025) of 94 patients undergoing rectal kFTR. Primary endpoints: technical success, en-bloc/R0 rates, adverse events. • **Results:** Technical success was 97.9%, en-bloc 96.8%, R0 78.7%. Adverse events occurred in 16% (mostly mild), with lesion size as the only independent risk factor. Rectal preservation was achieved in 72.3%. At median 12-month follow-up, recurrence was 5.1%. • **Conclusions:** Rectal kFTR is feasible, safe, and preserves rectal function, supporting individualized management.
06 Oct 2025	EFFICACY OF ENDOSCOPIC CLOSURE FOR DELAYED PERFORATION FOLLOWING COLORECTAL ENDOSCOPIC SUBMUCOSAL DISSECTION	Nao Takeuchi	• **Introduction:** Delayed perforation (DP) after colorectal ESD is rare but serious, usually managed conservatively or surgically. Endoscopic closure is emerging as an alternative. • **Methodology:** Among 4,848 CESDs (2008–2024), 16 DPs (0.3%) were analyzed: Group A (pre-2021, n=9) vs. Group B (post-2021, n=7). Outcomes, management, and closure techniques were compared. • **Results:** Surgical avoidance improved from 33% to 86% (p=0.06), with hospitalization reduced (16 vs. 11 days, p<0.05). All 6 endoscopic closures (OTSC, clips, clips+PGA) were successful, avoiding surgery. • **Conclusions:** Endoscopic closure of DP is safe, increases surgical avoidance, and shortens hospitalization, supporting its use in selected patients.

Notable Presentations at UEG Week 2025
Esophagus – Motility, Achalasia & GERD (1/5)

Date	Title	Author	Summary
04 Oct 2025	DYSPHAGIA IN INEFFECTIVE ESOPHAGEAL MOTILITY IS NOT EXPLAINED BY EVIDENCE OF OBSTRUCTION OR POORER PERISTALSIS AT HIGH-RESOLUTION ESOPHAGEAL MANOMETRY: RESULTS FROM A PROSPECTIVE STUDY	Nicola de Bortoli	• **Introduction:** Ineffective esophageal motility (IEM) is associated with GERD, but dysphagia mechanisms remain unclear. • **Methodology:** Adults with IEM (Chicago v4.0) undergoing HRM and MII-pH between 2021–2024 were analyzed. Patients were stratified into IEM with dysphagia (IEM-D) and without (IEM-GERD). HRM and reflux parameters were compared. • **Results:** Among 54 patients, 21 (39%) reported dysphagia. GERD symptoms, PPI response, HRM measures (EGJ-CI, IRP, failed swallows), and MII-pH parameters (AET, MNBI, SI, PSPW-I) showed no significant group differences. • **Conclusions:** Dysphagia in IEM is not explained by motility or reflux metrics, suggesting a symptomatic GERD manifestation.
04 Oct 2025	CLINICAL EFFECTIVENESS AND SAFETY OF SHORT LENGTH PERORAL ENDOSCOPIC MYOTOMY (POEM) COMPARED TO LONG LENGTH MYOTOMY FOR THE TREATMENT OF ACHALASIA IN A UNIVERSITY HOSPITAL IN COLOMBIA	Hernando Vergara	• **Introduction:** POEM is an established therapy for achalasia. Short vs. long myotomy differ in duration and complication risk. • **Methodology:** Retrospective review (2017–2024) at a Colombian center compared 25 short vs. 32 long POEMs. Efficacy was assessed via Eckardt ≤3 at 1 year, safety with iPOEM classification. • **Results:** Short myotomy reduced operative time (80 vs. 127.5 min, $p<0.001$) and minor complications (capnoperitoneum 16% vs. 65.6%; puncture 12% vs. 56.2%, $p<0.001$). Efficacy was comparable (84.3% vs. 88%, NS). Reflux rates were similar, with most responding to PPIs. • **Conclusions:** Short myotomy offers equivalent efficacy, fewer minor complications, and faster procedures, supporting its preferential use.

Notable Presentations at UEG Week 2025
Esophagus – Motility, Achalasia & GERD (2/5)

Date	Title	Author	Summary
04 Oct 2025	THE IMPACT OF THE TIF PROCEDURE ON ESOPHAGEAL MANOMETRY RESULTS: A PROSPECTIVE CONTROLLED STUDY	Bashar Almasri	• **Introduction:** TIF has been proposed as a minimally invasive GERD therapy, but its physiological impact is underexplored. • **Methodology:** A prospective controlled study enrolled 40 GERD patients (20 TIF, 20 controls). HRM and 24-h pH-impedance monitoring were performed at baseline, 3, 6, and 12 months, assessing LES pressure, motility, reflux patterns, and GERD-HRQL scores. • **Results:** TIF improved LES pressure, peristalsis, and reduced IEM, reflux episodes, and acid exposure, with sustained benefits at 12 months. GERD-HRQL scores improved significantly. No changes occurred in controls. • **Conclusions:** TIF enhances esophageal motility, reflux parameters, and symptoms, supporting its therapeutic role in GERD.
04 Oct 2025	BEYOND ACID: INTERIM RESULTS FROM A RANDOMIZED TRIAL OF STRETTA PROCEDURE VS. CONSERVATIVE MANAGEMENT IN GERD	Katerina Kostalova	• **Introduction:** Stretta radiofrequency therapy may improve GERD symptoms beyond mechanical LES augmentation, potentially via neuromodulation**.** • **Methodology:** In this RCT, GERD patients (NERD or grade A esophagitis, ≤2 cm hiatal hernia, pathological reflux) were randomized to Stretta (n=20) or conservative therapy (n=21). Outcomes at 3, 6, and 12 months included GERD-HRQL, RSI, PPI use, and acid exposure time (AET). • **Results:** At 12 months, Stretta significantly improved GERD-HRQL (30.7→13.2; p=0.0118), RSI (20.8→10.2; p=0.0018), and eliminated PPI use (35.6→0 mg; p=0.0070), without AET change. Controls showed no benefit. • **Conclusions:** Stretta improved symptoms and reduced PPI use despite unchanged acid exposure, supporting a neuromodulatory mechanism.

Notable Presentations at UEG Week 2025
Esophagus – Motility, Achalasia & GERD (3/5)

Date	Title	Author	Summary
04 Oct 2025	EFFECTIVENESS AND SAFETY OF VONOPRAZAN IN CHINESE PATIENTS WITH GASTROESOPHAGEAL REFLUX DISEASE: POST HOC ANALYSIS OF A MULTICENTRE, PROSPECTIVE, REAL-WORLD STUDY	Li Xie	• **Introduction:** GERD symptom relief is the primary treatment goal. Vonoprazan, a potent potassium-competitive acid blocker, has shown superior acid suppression to PPIs but limited real-world GERD data exist. • **Methodology:** VIEW (NCT04501627), a prospective observational study in China, enrolled GERD patients treated with vonoprazan 20 mg daily for 4–8 weeks. Outcomes included symptom relief, GerdQ score changes, and safety. • **Results:** Among 2214 patients, ~50% achieved complete daytime heartburn relief and ~41% regurgitation relief by week 2. Nighttime relief rates were higher (60% and 53%). GerdQ improved significantly (–1.6). AEs occurred in 17.4%, discontinuations 0.9% • **Conclusions:** Vonoprazan provided rapid, durable GERD symptom relief with favorable safety, supporting its real-world utility in Chinese patients.
04 Oct 2025	OPTIMISED BIOPHARMACEUTICAL AND PHARMACOKINETIC PROPERTIES OF A LINAPRAZAN GLURATE TABLET FORMULATION TO BE USED IN PHASE 3	Kajsa Larsson	• **Introduction:** Linaprazan glurate (LG), a next-generation PCAB, achieved up to 93% healing in erosive esophagitis in Phase 2. To optimize PK, a new HCl salt tablet was developed. • **Methodology:** Two Phase 1 trials compared PK of LG base vs HCl tablets, assessed food effects, and evaluated repeated dosing (25–75 mg QD/BID) over 14 days. Plasma LG and linaprazan exposures were measured. • **Results:** The HCl salt tablet showed ~2-fold higher bioavailability vs base (AUCinf ratio 2.00; Cmax 2.32). Food reduced AUC by 24% and Cmax by 55%. Exposure increased dose-proportionally, with steady state by day 5 and no accumulation. • **Conclusions:** The optimized HCl salt formulation demonstrated improved PK with predictable, dose-proportional exposure and minimal food effects, supporting Phase 3 development.

Notable Presentations at UEG Week 2025
Esophagus – Motility, Achalasia & GERD (4/5)

Date	Title	Author	Summary
04 Oct 2025	LOWER ESOPHAGEAL RING´S TREATMENT: LONG-TERM RESULTS COMPARING ELECTROSURGICAL INCISURES VERSUS DILATATION IN THE PRESENCE OF ACID SUPPRESSION THERAPY	Spencer Vaiciunas	• **Introduction:** Schatzki's rings cause recurrent dysphagia. Bougie dilatation offers relief but recurrence is frequent. Electrosurgical incision may provide longer durability, while acid suppression improves reflux outcomes. • **Methodology:** In a randomized trial (2013–2025, Brazil), 84 patients with Schatzki's ring underwent bougie dilatation (n=39) or electrosurgical incision (n=38). All received esomeprazole for 8 weeks. Dysphagia and GERD scores were tracked for 18 months. • **Results:** Incision produced longer symptom-free duration (8.82 vs 4.93 months, p=0.02) and better short-term dysphagia relief. GERD scores improved similarly. Adverse events were minimal. • **Conclusions:** Electrosurgical incision plus esomeprazole offers superior sustained symptom relief versus bougie.
06 Oct 2025	CLINICAL OUTCOMES AT 12 MONTHS FOLLOWING REFLUXSTOP SURGERY: RESULTS OF THE FIRST 100 PATIENTS AT A CENTER IN SWITZERLAND	Ioannis Linas	• **Introduction:** GERD patients with ineffective motility and large hiatal hernias are challenging to treat surgically. RefluxStop, a device that avoids esophageal encirclement, aims to prevent dysphagia and re-herniation. • **Methodology:** Retrospective analysis of the first 100 patients (2020–2023, Switzerland) treated with RefluxStop. Outcomes at 12 months included GERD-HRQL, patient satisfaction, PPI use, and adverse events. • **Results:** GERD-HRQL improved from 41 to 1 (p<0.001); 92% achieved satisfaction and PPI discontinuation. Complications included device penetration (1%), dislocation (1%), and re-do repair (3%). • **Conclusions:** RefluxStop demonstrated durable efficacy, high satisfaction, and minimal adverse events in complex GERD cases.

Notable Presentations at UEG Week 2025
Esophagus – Motility, Achalasia & GERD (5/5)

Date	Title	Author	Summary
06 Oct 2025	ESOPHAGEAL MOTILITY AND GASTROESOPHAGEAL REFLUX DISEASE IN PATIENTS WITH TYPE 2 DIABETES OPERATED WITH GASTRIC BYPASS OR SLEEVE GASTRECTOMY, 5-YEAR RESULTS FROM THE OSEBERG STUDY	Jolanta Lorentzen	• **Introduction:** This study assessed long-term esophageal outcomes in type 2 diabetes patients undergoing sleeve gastrectomy (SG) or gastric bypass (RYGB), focusing on GERD and motility disorders. • **Methodology:** In the Oseberg trial, 109 patients were randomized to SG (n=55) or RYGB (n=54) and followed for 5 years. GERD was evaluated by GerdQ, gastroscopy, and 24-h pH monitoring; motility was assessed by HRM. • **Results:** GERD symptoms were infrequent (SG 14% vs RYGB 2%). Acid reflux prevalence was significantly higher after SG (59% vs 8%, $p<0.0001$). Dysmotility occurred in 61% vs 73%, mostly LES abnormalities, with no symptomatic dysphagia. • **Conclusions:** Both SG and RYGB showed high rates of asymptomatic dysmotility, but pathological reflux was markedly more frequent post-SG. Routine objective GERD follow-up is advised to detect Barrett's and prevent complications.

Notable Presentations at UEG Week 2025
Helicobacter pylori – Epidemiology & Therapy (1/5)

Date	Title	Author	Summary
04 Oct 2025	EVALUATION OF THE EFFICACY AND SAFETY OF DIFFERENT REGIMENS FOR HELICOBACTER PYLORI ERADICATION THERAPY DURING THE COVID-19 PANDEMIC AND POST-PANDEMIC PERIOD IN UKRAINE: A RETROSPECTIVE OBSERVATIONAL STUDY	Alina Baylo	• **Introduction:** The COVID-19 pandemic disrupted H. pylori management, reducing bacterial susceptibility to broad-spectrum antibiotics. This study compared eradication effectiveness and safety before (2019–2021) and after (2022–2025) COVID-19 in Ukraine. • **Methodology:** A retrospective multicenter study analyzed 156 patients: group I (n=82, pre-COVID) vs group II (n=74, post-COVID). Eradication rates, side effects, and predictors of treatment failure were evaluated. • **Results:** Eradication rates were unchanged overall, but 14-day triple regimens achieved ≤70%. Quadruple therapy (esomeprazole + levofloxacin + amoxicillin + furazolidone) reached 100% efficacy but increased side effects. Failure correlated with male gender, COVID-19 history, and first treatment attempt. • **Conclusions:** Post-COVID, standard 14-day triple therapies show poor efficacy, while quadruple regimens improve eradication but reduce adherence. Optimized regimens are urgently needed.
04 Oct 2025	EFFECTIVENESS AND SAFETY OF SINGLE-CAPSULE BISMUTH QUADRUPLE THERAPY IN 12,500 PATIENTS FROM THE EUROPEAN REGISTRY ON HELICOBACTER PYLORI MANAGEMENT (HP-EUREG)	Pablo Parra	• **Introduction:** The three-in-one bismuth quadruple capsule (PPI, bismuth, tetracycline, metronidazole) is increasingly used across Europe for H. pylori eradication. This real-world registry study assessed its effectiveness and safety. • **Methodology:** Data from the European Hp-EuReg registry up to Dec 2024 were analyzed. Patients received a 10-day regimen (standard or alternative dosing). Effectiveness was evaluated by mITT and PP analyses; compliance and adverse events (AEs) were also recorded. • **Results:** Among 12,519 patients, eradication reached 92% overall, 93% in first-line, and 83–87% in rescue settings. Compliance exceeded 95%. AEs occurred in 21% (mostly mild); serious AEs were rare (0.1%) • **Conclusions:** The single-capsule regimen provides ~90% eradication with high compliance and a favorable safety profile.

Notable Presentations at UEG Week 2025
Helicobacter pylori – Epidemiology & Therapy (2/5)

Date	Title	Author	Summary
04 Oct 2025	EFFECTIVENESS OF FIRST-LINE EMPIRICAL HELICOBACTER PYLORI TREATMENT OUTSIDE EUROPE: RESULTS OF 10,000 CASES FROM THE WORLD-WIDE REGISTRY ON H. PYLORI MANAGEMENT (WORLDHPREG)	Olga P. Nyssen	• **Introduction:** H. pylori eradication success varies globally due to antibiotic resistance and practice differences. • **Methodology:** The WorldHpReg registry (2022–2025) analyzed 7,738 first-line empirical regimens across LATAM, Brazil, Africa, Australia, Canada, Egypt, India, Jordan, Pakistan, and Saudi Arabia. Effectiveness was measured by mITT and PP; ≥90% cure was considered optimal. • **Results:** Overall mITT/PP effectiveness was 84%/85%. Optimal cure rates were achieved in Australia (95%), India (99%), Jordan (96%), Saudi Arabia (91%), and Egypt (100%). LATAM and Brazil reached ≥90% with bismuth/non-bismuth quadruple regimens. • **Conclusions:** Region-specific tailoring is essential for successful eradication.
04 Oct 2025	EFFICACY OF TRIPLE VS. SEQUENTIAL THERAPY IN HELICOBACTER PYLORI ERADICATION: ADDRESSING ANTIBIOTIC RESISTANCE IN A RESOURCE-LIMITED SETTING	Abdul samad	• **Introduction:** H. pylori treatment effectiveness is declining with clarithromycin resistance. Sequential therapy may improve eradication in resistant cases. • **Methodology:** In a randomized trial (2022–2025, n=300), four regimens were compared: clarithromycin- and levofloxacin-based triple or sequential therapies. Each group had 75 patients. Outcomes were assessed post-treatment. • **Results:** Eradication was achieved in 64% (clarithromycin triple), 70.7% (levofloxacin triple), 68% (clarithromycin sequential), and 81.3% (levofloxacin sequential). No major safety issues occurred. • **Conclusions:** Levofloxacin-based sequential therapy achieved the highest eradication rate, supporting its use in clarithromycin-resistant settings.

Notable Presentations at UEG Week 2025
Helicobacter pylori – Epidemiology & Therapy (3/5)

Date	Title	Author	Summary
04 Oct 2025	THE EFFICACY AND SAFETY OF HIGH-DOSE DUAL THERAPY FOR HELICOBACTER PYLORI ERADICATION IN THE NORTH-WESTERN REGION OF RUSSIA	Natalia Bakulina	• **Introduction:** H. pylori eradication remains challenging in Russia's North-West, where clarithromycin/levofloxacin resistance is >15%. Cure rates remain suboptimal at 86.8%. • **Methodology:** A randomized trial (n=145; 2023–2025) compared high-dose dual therapy (esomeprazole+amoxicillin) vs. optimized dual therapy adding rebamipide. Effectiveness (mITT), safety, and adherence were assessed; cure was confirmed by ^13C-UBT. • **Results:** Standard dual therapy was stopped early (87.5% eradication). Optimized therapy achieved 96.3% in naïve patients and 91.7% in previously treated patients, with fewer adverse events (19.8% vs. 37.5%). • **Conclusions:** Optimized dual therapy with rebamipide provided >90% eradication and better tolerability, supporting regional adoption.
04 Oct 2025	SYNBIOTIC COMPLEX IMPROVED THE EFFICACY AND TOLERABILITY OF QUADRUPLE THERAPY WITH AMOXICILLIN, CLARITHROMYCIN AND BISMUTH IN PATIENTS FROM VINNYTSIA REGION, UKRAINE	Dmytro Palii	• **Introduction:** H. pylori eradication therapy effectiveness can be reduced by side effects affecting compliance. This study compared standard quadruple therapy plus Saccharomyces boulardii vs. a synbiotic complex. • **Methodology:** 78 patients were randomized: Group A (n=37) received S. boulardii, Group B (n=41) received a synbiotic. Both regimens lasted 10 days, with probiotic/synbiotic for 15 days. • **Results:** Eradication rates were 75.7% (S. boulardii) vs. 87.8% (synbiotic). Side effects were 54.1% vs. 41.5%, with diarrhea absent in the synbiotic group. GSRS improvements were greater with synbiotic (p<0.05). • **Conclusions:** Synbiotic addition improved efficacy, tolerability, and patient outcomes.

Notable Presentations at UEG Week 2025
Helicobacter pylori – Epidemiology & Therapy (4/5)

Date	Title	Author	Summary
06 Oct 2025	PRESCRIPTION OF FIRST-LINE EMPIRICAL TREATMENTS FOR HELICOBACTER PYLORI INFECTION OUTSIDE EUROPE: RESULTS OF 10,000 CASES FROM THE WORLD-WIDE REGISTRY ON H. PYLORI MANAGEMENT (WORLDHPREG)	Olga P. Nyssen	• **Introduction:** H. pylori treatment strategies vary globally due to resistance and practice differences. This study assessed first-line empirical therapies outside Europe. • **Methodology:** Data from 9,973 patients (7,738 first-line prescriptions) in the WorldHpReg registry (2022–2025) were analysed across LATAM, Brazil, Africa, ASEAN, Australia, Canada, Egypt, India, Jordan, Pakistan, and Saudi Arabia. • **Results:** Triple therapy (PPI/P-CAB + amoxicillin-clarithromycin) dominated (41%), especially in Brazil and India. Quadruple non-bismuth therapy was frequent in Canada, Jordan, and LATAM. Single-capsule bismuth quadruple therapy was mainly used in Saudi Arabia. Regional variations were significant. • **Conclusions:** Substantial heterogeneity persists; region-specific protocols are essential to optimize eradication success.
06 Oct 2025	EFFECTIVENESS OF REPEATED USE OF AMOXICILLIN–CLARITHROMYCIN TRIPLE THERAPY AND BISMUTH QUADRUPLE THERAPY AFTER PRIOR FAILURE: PRELIMINARY RESULTS FROM THE EUROPEAN REGISTRY ON HELICOBACTER PYLORI MANAGEMENT (HP-EUREG)	Elisa Cantú Germano Dutra	• **Introduction:** Up to 20% of patients remain H. pylori–positive after initial therapy, and repeated use of the same regimen is discouraged. • **Methodology:** Data from Hp-EuReg (2013–2024) evaluated repeated use of triple therapy (amoxicillin-clarithromycin) and bismuth quadruple (classical or single-capsule) in ≥2 lines. • **Results:** Triple therapy reused in 2nd line achieved 74% success, rising to >80% with 14-day duration; later-line efficacy dropped to 56%. Classical bismuth quadruple retreatment showed 69% success. Single-capsule quadruple achieved >90% efficacy in 2nd line and ~80% in 3rd line. • **Conclusions:** Single-capsule bismuth quadruple offers optimal retreatment efficacy, outperforming classical regimens.

Notable Presentations at UEG Week 2025
Helicobacter pylori – Epidemiology & Therapy (5/5)

Date	Title	Author	Summary
06 Oct 2025	THE NEED TO OPTIMISE HELICOBACTER PYLORI MANAGEMENT IN THE UK – RESULTS FROM 462 PATIENTS FROM THE EUROPEAN REGISTRY ON H. PYLORI MANAGEMENT (HP-EUREG)	Jan Bornschein	• **Introduction:** UK H. pylori management lacks alignment with European guidelines due to limited prevalence and resistance data. • **Methodology:** Hp-EuReg UK data (2013–2025) were analysed across three centres (n=462). Outcomes included eradication rates, adverse events, PPI dosing, and regimen duration. • **Results:** Clarithromycin-based triple therapy dominated (97.6%), mostly 7-day (90.9%). Eradication success was 71% (mITT/PP). Fourteen-day regimens achieved 93% success vs 70% for 7-day ($p<0.01$). Adverse events reduced cure rates (62% vs 76%, $p<0.01$). Second-line regimens (20 variations) had only 48.5% success. • **Conclusions:** UK reliance on clarithromycin-based triple therapy yields suboptimal outcomes. Updated guidance and national resistance data are urgently needed.
06 Oct 2025	IMPACT OF DRUG DOSAGES ON THE EFFECTIVENESS OF FIRST-LINE BISMUTH QUADRUPLE THERAPY: RESULTS FROM 11,000 PATIENTS FROM THE EUROPEAN REGISTRY ON HELICOBACTER PYLORI MANAGEMENT (HP-EUREG)	Olga P. Nyssen	• **Introduction:** Optimizing bismuth quadruple regimens requires clarity on dose-response. • **Methodology:** Hp-EuReg data (2013–2024) were analyzed, including 10,767 first-line cases. Effectiveness (mITT) was stratified by drug doses across major regimens (CAB, TMB, AMB, CMB, ALB). • **Results:** CAB showed >90% success independent of bismuth dose. TMB achieved >90% when T ≥1,500 mg/day, M ≥1,500 mg/day, and bismuth ≥480 mg/day. AMB surpassed 90% with A 2,000 mg/day, M ≥1,000 mg/day, bismuth 480 mg/day. CMB reached ≥90% with M ≥800 mg/day and C 1,000 mg/day. ALB exceeded 90% across regimens, unaffected by L dose >500 mg/day. • **Conclusions:** Standardized bismuth (480 mg/day) ensures high eradication efficacy; higher doses add no benefit.

Notable Presentations at UEG Week 2025
IBD – Comparative Biologics / Safety & Special Populations (1/3)

Date	Title	Author	Summary
04 Oct 2025	REAL WORLD EFFICACY OF STEP-UP APPROACH IN ACHIEVING STRIDE-II RECOMMENDED TREAT-TO-TARGET GOALS IN CASES OF INFLAMMATORY BOWEL DISEASE – EXPERIENCE FROM INDIA	Varun Wagle	• **Introduction:** IBD management strategies differ globally, with Western nations favoring top-down while emerging countries often use step-up therapy. • **Methodology:** This South Indian real-world study followed 122 patients (61 UC, 61 CD) on step-up regimens, tracking STRIDE-II treat-to-target milestones across short-, intermediate-, and long-term goals. • **Results:** Clinical response was achieved in 91.8% UC and 86.9% CD; remission at 3 months in 80.3% UC and 70.5% CD. Mucosal healing occurred in ~31–36%. Deep remission was achieved in ~30%. Severe baseline disease predicted poorer outcomes. • **Conclusions:** Step-up therapy can deliver outcomes comparable to top-down approaches in resource-limited settings.
04 Oct 2025	EFFECTIVENESS AND SAFETY OF USTEKINUMAB INTENSIFICATION (90 MG EVERY 4 WEEKS) IN PATIENTS WITH CROHN'S DISEASE AND ULCERATIVE COLITIS WITH SUBOPTIMAL INITIAL RESPONSE TO STANDARD DOSING: REAL-WORLD DATA FROM A MULTICENTER RETROSPECTIVE GREEK STUDY	Panagiotis Markopoulos	• **Introduction:** Ustekinumab, an IL-12/23 inhibitor, treats moderate-to-severe IBD, but some patients show suboptimal response, requiring intensified dosing. • **Methodology:** This multicenter retrospective study analyzed 55 patients (36 CD, 19 UC) escalated to 90 mg every 4 weeks due to persistent disease activity. Clinical, biochemical, and endoscopic responses were evaluated over 12 months. • **Results:** At 12 months, 58% of CD and 47% of UC patients remained on therapy with significant reductions in fecal calprotectin (–282 µg/g; p=0.009) and endoscopic remission in 62% of CD responders. Prior biologic exposure and surgery predicted non-response. No serious adverse events occurred. • **Conclusions:** Ustekinumab intensification benefitted ~50% of patients with refractory IBD, with acceptable safety, though outcomes were less favorable in biologic-experienced or surgically treated CD.

Notable Presentations at UEG Week 2025
IBD – Comparative Biologics / Safety & Special Populations (2/3)

Date	Title	Author	Summary
04 Oct 2025	USTEKINUMAB TROUGH LEVELS ARE NOT ASSOCIATED WITH CLINICAL OUTCOMES IN CROHN'S DISEASE: PK-PD RESULTS OF THE RESCUE STUDY	Peter Bossuyt	• **Introduction:** Ustekinumab exposure-response is suggested in Crohn's disease, with low data on pharmacokinetics. The REScUE trial evaluated IV re-induction followed by q4W vs q8W maintenance. • **Methodology:** A Belgian double-blind RCT enrolled 108 CD patients with secondary loss of response. All received IV re-induction (≈6 mg/kg) and were randomized to 90 mg SC q4W or q8W. Trough levels and outcomes were assessed through 48 weeks. • **Results:** At week 48, median trough levels were higher with q4W (6.0 µg/mL) vs q8W (2.1 µg/mL; p<0.001). Ustekinumab levels did not associate with clinical or endoscopic remission but correlated with biomarker remission (CRP <5 mg/L, FCP <250 µg/g). Lowest quartile (<0.9 µg/mL) had the poorest steroid-free remission. • **Conclusions:** IV re-induction plus q4W maintenance sustains higher ustekinumab levels, improving biomarker remission but not clinical/endoscopic outcomes. Findings suggest dosing should be individualized by drug clearance rather than fixed trough targets.
04 Oct 2025	EFFICACY AND SAFETY OF USTEKINUMAB VERSUS VEDOLIZUMAB IN THE TREATMENT OF ELDERLY INDIVIDUALS WITH CROHN'S DISEASE: SYSTEMATIC REVIEW AND META-ANALYSIS	Erica Holanda	• **Introduction:** The incidence of Crohn's disease (CD) in elderly patients is rising, but biologics are underused due to safety concerns. • **Methodology:** A systematic review and meta-analysis of PubMed, Embase, and Cochrane (January 2025) included five studies with CD patients >60 years treated with ustekinumab (UST) or vedolizumab (VDZ). Primary outcome was clinical remission; secondary outcomes were clinical response, general infection, and serious infection. • **Results:** Across 404 patients (209 UST, 195 VDZ; mean age 67.9), no significant differences were found: remission OR 0.87, response OR 1.69, infection OR 1.51, serious infection OR 2.60. • **Conclusions:** UST and VDZ showed comparable efficacy and safety in elderly CD. Randomized trials are needed.

Notable Presentations at UEG Week 2025
IBD – Comparative Biologics / Safety & Special Populations (3/3)

Date	Title	Author	Summary
04 Oct 2025	SAFETY OF USTEKINUMAB VERSUS VEDOLIZUMAB IN THE TREATMENT OF PREGNANCY PATIENTS WITH INFLAMMATORY BOWEL DISEASE: SYSTEMATIC REVIEW AND META-ANALYSIS	Erica Holanda	• **Introduction:** Biologics, including ustekinumab (UST) and vedolizumab (VDZ), are increasingly used in IBD, but safety data during pregnancy remain limited. • **Methodology:** A systematic review and meta-analysis (PubMed, Embase, Cochrane; March 2025) included six studies of pregnant women with IBD treated with UST or VDZ. Outcomes assessed: spontaneous abortion, preterm delivery, live birth, low birth weight, serious infections, NICU admission, malignancies. • **Results:** Across cohorts (median age 30–33; disease duration 8–14 years), no significant differences were found: abortion RR 1.66, preterm RR 0.60, live birth RR 0.97, low birth weight RR 0.65, serious infections RR 1.34, NICU RR 1.02, malignancies RR 1.25. • **Conclusions:** UST and VDZ showed similar maternal-fetal safety in pregnancy

Notable Presentations at UEG Week 2025
IBD – Early Drug Discovery / First-in-Human (1/2)

Date	Title	Author	Summary
04 Oct 2025	THERAPEUTIC EFFICACY OF ISM012-042（ISM5411）IN T CELL TRANSFER-INDUCED COLITIS IN MICE	Carol Satler	• **Introduction:** IBD involves dysregulated immune pathways, with current therapies limited by relapses and safety concerns. ISM012-042, an oral gut-restricted small molecule, showed promise in acute colitis; here it was evaluated in chronic colitis. • **Methodology:** A T-cell transfer colitis model in mice tested ISM012-042 (10/30 mpk), anti-TNF-α, or combinations, given preventively or therapeutically. Outcomes included clinical scores, colon pathology, cytokines, and T-cell subsets. • **Results:** ISM012-042 reduced disease activity, cytokines (IL-6, IFN-γ, TNF-α, IL-17A), and fibrosis, while preserving colon integrity. Combination therapy enhanced effects. • **Conclusions:** SM012-042 showed strong preventive and therapeutic efficacy, supporting its potential as a novel IBD therapy.
05 Oct 2025	A DOUBLE-BLIND, RANDOMIZED, PLACEBO-CONTROLLED, SINGLE-CENTER, PILOT STUDY EVALUATING THE EFFICACY OF A SYNBIOTIC FORMULATION IN MODULATING GUT MICROBIOTA BIODIVERSITY IN PATIENTS WITH MILD-TO-MODERATE UC IN CLINICAL AND ENDOSCOPIC REMISSION	Bianca Bartocci	• **Introduction:** Dysbiosis contributes to UC progression, and synbiotics may support remission. This proof-of-concept trial tested a synbiotic with Boswellia, Quercetin, Bromelain, Vit. D3, Lactobacillus GG, inulin, FOS, and tryptophan alongside 5-ASA. • **Methodology:** Twenty-six UC patients in remission were randomized to 5-ASA + placebo or 5-ASA + synbiotic for 6 months. Outcomes included Mayo scores, PGWBI, GSRS, and microbiota analysis • **Results:** Microbiota diversity showed no significant shifts. Three patients flared, with no between-group difference. Synbiotic patients reported improved psychological well-being and GI symptoms. No adverse events occurred. • **Conclusions:** Synbiotic add-on improved quality of life but did not alter microbiota, supporting further investigation

Notable Presentations at UEG Week 2025
IBD – Early Drug Discovery / First-in-Human (2/2)

Date	Title	Author	Summary
07 Oct 2025	ISM5411, A NOVEL GUT-RESTRICTIVE PROLYL HYDROXYLASE-2 INHIBITOR FOR INFLAMMATORY BOWEL DISEASE: RANDOMIZED, DOUBLE-BLINDED, PLACEBO-CONTROLLED FIRST-IN-HUMAN PHASE I STUDY TO EVALUATE SAFETY, TOLERABILITY AND PK PROFILES	Carol Satler	• **Introduction:** ISM5411, a gut-restricted PHD2 inhibitor, stabilizes HIF-1α to enhance mucosal barrier integrity and reduce inflammation. Preclinical models showed efficacy without systemic EPO or VEGF elevation. • **Methodology:** In the first-in-human, randomized, placebo-controlled Phase I study (Australia), 76 healthy subjects received single doses (50–1000 mg) or multiple doses (200–800 mg QD ×14 days). Safety, PK, and biomarkers (EPO, VEGF) were assessed. • **Results:** ISM5411 was well tolerated; no SAEs occurred. TEAEs (all grade 1) occurred in 25% of ISM5411 vs 55% placebo. Drug was gut-restricted, excreted >30% in feces, with minimal systemic exposure. EPO changes were within normal range; VEGF showed no trend. • **Conclusions:** ISM5411 was safe, well tolerated, and confirmed gut restriction, supporting advancement into Phase 2a UC trials.
07 Oct 2025	INTERIM PHASE 1 RESULTS FOR SPY002, A NOVEL HALF-LIFE EXTENDED MONOCLONAL ANTIBODY TARGETING TL1A, SUGGEST A POTENTIAL FOR Q3M OR Q6M MAINTENANCE DOSING FOR INFLAMMATORY BOWEL DISEASE	Joshua Friedman	• **Introduction:** TL1A plays a central role in IBD pathology, with TNFSF15 variants linked to disease susceptibility. SPY002, a fully human IgG1 monoclonal antibody with a YTE-modified Fc domain, targets TL1A–DR3 interaction, aiming to extend half-life and enhance therapeutic potential • **Methodology:** In the Phase 1 randomized, placebo-controlled SPY002-101 study, healthy volunteers received single ascending doses (100–1500 mg SC/IV). Safety, PK, PD, and ADA were assessed. • **Results:** SPY002 showed dose-proportional PK, with ~3-fold half-life extension. Soluble TL1A suppression was achieved at 100 mg SC and maintained over time. Safety data indicated good tolerability, with only mild, unrelated adverse events. • **Conclusions:** SPY002 demonstrated favorable PK, effective TL1A suppression, and safety, supporting advancement to IBD and rheumatology trials with potential Q3–6-month dosing.

Notable Presentations at UEG Week 2025
IBD – Endoscopy & Surgery (1/2)

Date	Title	Author	Summary
04 Oct 2025	SURGICAL TREATMENT OF HEMORRHOIDAL DISEASE IN INFLAMMATORY BOWEL DISEASE: RESULTS FROM THE HEAD-IBD MULTICENTRE RETROSPECTIVE COHORT STUDY	Carla Felice	• **Introduction:** Surgical treatment of hemorrhoidal disease (HD) in inflammatory bowel disease (IBD) is controversial due to wound healing and flare concerns, especially in Crohn's disease (CD). • **Methodology:** The multicenter retrospective HEAD-IBD study analyzed 36 IBD patients (21 UC, 15 CD) undergoing HD surgery between 2004–2024, with ≥1 year follow-up. Data included IBD activity, procedures, and complications. • **Results:** Open hemorrhoidectomy predominated (66% UC, 73% CD). No complications were observed in CD. In UC, 14% developed early/mid-term complications and one had a flare. Continence was preserved except one UC case. • **Conclusions:** Surgery for HD in IBD is safe, with low complication rates. Complications occurred only in UC, underscoring the need for close preoperative assessment.
05 Oct 2025	EFFICACY OF ADVANCED THERAPIES FOR THE TREATMENT OF REFRACTORY POUCHITIS IN PATIENTS WITH ILEAL-POUCH-ANAL ANASTOMOSIS (IPAA): A MULTICENTRE ITALIAN REAL-LIFE EXPERIENCE	Anna Maria Carvalhas Gabrielli	• **Introduction:** Chronic pouchitis (CP) after IPAA for ulcerative colitis occurs in up to 20% of patients and often requires advanced therapy. • **Methodology:** A multicenter Italian retrospective study included 77 patients (88 therapeutic lines) treated with biologics or small molecules for CP. Clinical and endoscopic responses (PDAI/mPDAI) and remission rates were assessed at 6 and 12 months. • **Results:** Clinical response was 51% at 6 months and 57% at 12 months, with remission in 61%. Infliximab showed numerically higher response (70% at 12 months). Endoscopic remission occurred in 32%. IPAA failure was rare (3 cases). • **Conclusions:** Advanced therapies achieve meaningful remission in CP, with infliximab showing superior trends.

Notable Presentations at UEG Week 2025
IBD – Endoscopy & Surgery (2/2)

Date	Title	Author	Summary
06 Oct 2025	PREVENTION OF POST-OPERATIVE RECURRENCE IN CROHN'S DISEASE: REAL-LIFE EFFICACY OF USTEKINUMAB AND VEDOLIZUMAB	Angelo Del Gaudio	• **Introduction:** Preventing postoperative recurrence (POR) in Crohn's disease after ileocolonic resection remains a challenge. The role of ustekinumab (UST) and vedolizumab (VEDO) in this setting is under investigation. • **Methodology:** A single-center retrospective study included 64 patients receiving UST (n=39) or VEDO (n=25) as first-line prophylaxis. Endoscopic evaluations were performed at 6–12 and ~24 months (Rutgeerts score). Therapy persistence at 2 years was assessed. • **Results:** Severe POR occurred in 28% (VEDO) and 25.6% (UST) at 6–12 months, decreasing to ~10% at 24 months. Persistence rates were 72% (VEDO) and 67% (UST). No safety discontinuations occurred. • **Conclusions:** UST and VEDO showed similar effectiveness and high persistence at 2 years in complex CD post-surgery.
06 Oct 2025	FEASIBILITY AND SAFETY OF ENDOSCOPIC SUBMUCOSAL DISSECTION IN INFLAMMATORY BOWEL DISEASE (ESDEUR-IBD): AN INTERIM ANALYSIS OF EUROPEAN RETROSPECTIVE STUDY	María José García	• **Introduction:** Surgical management of hemorrhoidal disease in IBD is debated, but endoscopic submucosal dissection (ESD) may represent a colectomy-sparing option. • **Methodology:** A multicenter retrospective study included 60 IBD patients (47 UC, 11 CD, 2 IBD-U) undergoing ESD for colonic dysplasia. Primary endpoints were en-bloc resection and colectomy rates. Secondary outcomes were complications, recurrence, synchronous/metachronous lesions, and IBD relapse. • **Results:** En-bloc and R0 resection were achieved in 97% and 83%, respectively. Colectomy was required in 8.3%. Complications occurred in 28% but all resolved. Local recurrence was 4.7%, new dysplasia 26%. IBD relapse incidence was 7% person-year. • **Conclusions:** ESD avoided colectomy in 90% of IBD patients, with manageable complications. Long-term surveillance remains essential.

Key Industry Sponsored Sessions Information

UEG Week 2025 Key Industry Sponsored Sessions Information (1/3)

Date	Sponsor	Title
04 Oct 2025	Reckitt	Benefits of a combination of xyloglucan and pea protein in functional intestinal disorders (Reckitt)
05 Oct 2025	AbbVie	Charting the course in IBD: Achieving early and sustained control with IL-23 inhibitors (AbbVie)
05 Oct 2025	Novo Nordisk	From Adiposity to Hepatic Health: Exploring the Pleiotropic Clinical Impact of Semaglutide (Novo Nordisk)
05 Oct 2025	Takeda	Advancing treatment efficacy in ulcerative colitis: Lessons from VARSITY and beyond (Takeda)
05 Oct 2025	Eli Lilly	Driving the evolution of treatment goals in UC management: Long-term remission with mirikizumab (Eli Lilly and Company)
05 Oct 2025	AbbVie	JAK inhibitors in IBD: Overtaking inflammation from the start (AbbVie)
05 Oct 2025	Sanofi; Regeneron	Bridging the Gap in EoE: Innovative Strategies for Seamless Transition of Care (Sanofi Regeneron)

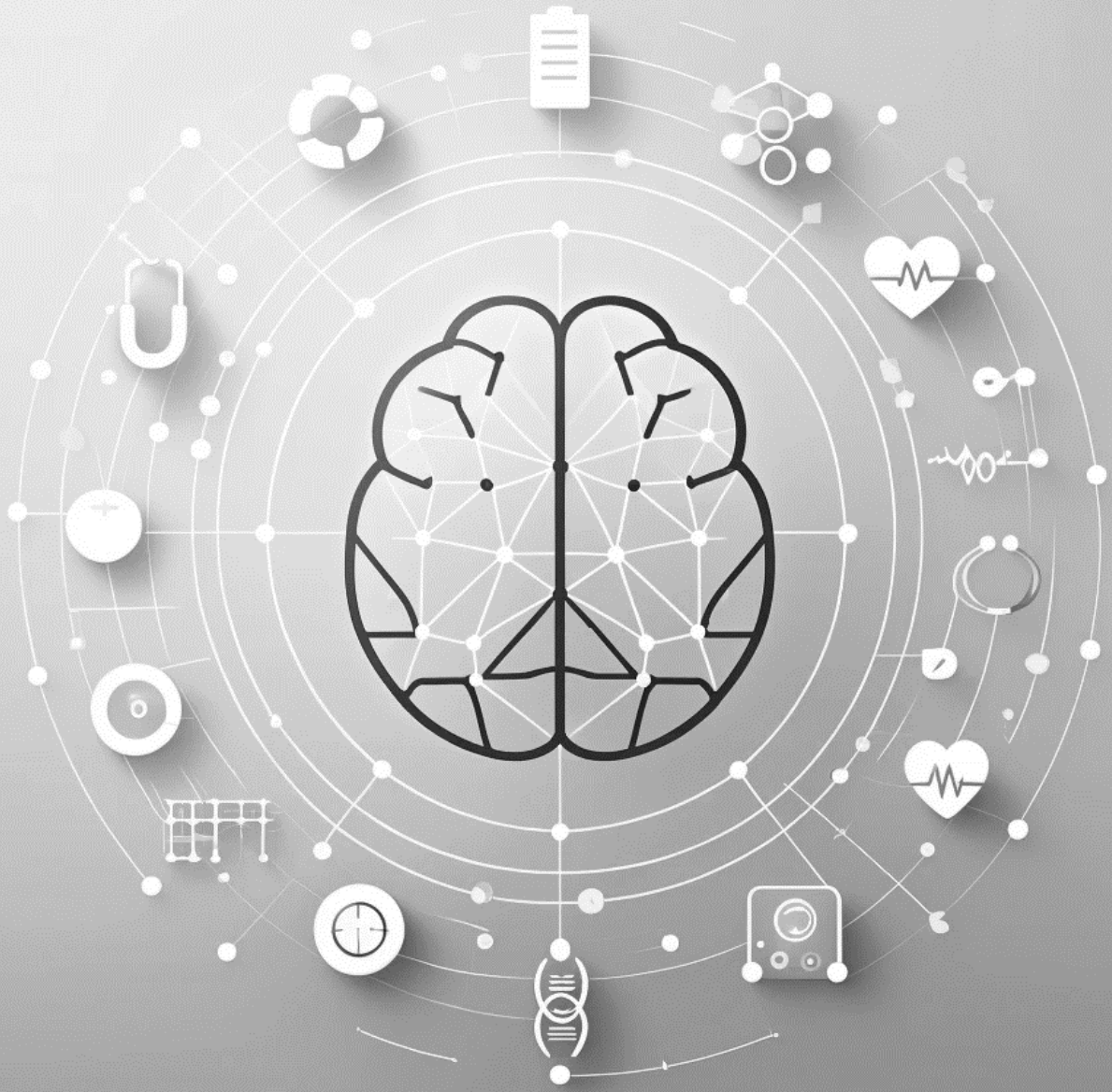
UEG Week 2025 Key Industry Sponsored Sessions Information (2/3)

Date	Sponsor	Title
05 Oct 2025	Johnson and Johnson	Navigating the IL-23 universe: breaking frontiers in ulcerative colitis (Johnson and Johnson)
05 Oct 2025	Takeda	Advanced care through gut healing in Crohn’s disease (Takeda)
05 Oct 2025	MSD	TL1A: An emerging pathway in IBD (MSD)
06 Oct 2025	Eli Lilly	Paving the way to comprehensive management in CD: Long-term remission with mirikizumab (Eli Lilly and Company)
06 Oct 2025	Sanofi	Rethinking IBD Treatment: Novel Mechanisms and the Future of IBD Therapy (Sanofi)
06 Oct 2025	Pfizer	An oral option for UC relief: evaluating treatment with an S1P receptor modulator (Pfizer Inc.)
06 Oct 2025	Johnson and Johnson	Navigating the IL-23 universe: breaking frontiers in Crohn’s disease (Johnson and Johnson)

UEG Week 2025 Key Industry Sponsored Sessions Information (3/3)

Date	Sponsor	Title
06 Oct 2025	Catalyst Medical Education, LLC	A New Era in MASH: How Disease-Specific Therapies Are Changing the Game and Best Practices for Clinical Integration (Catalyst Medical Education, LLC)
06 Oct 2025	Abivax	From Evolution to Revolution: New Mechanisms of Action in Ulcerative Colitis (Abivax)
06 Oct 2025	Celltrion	When & for Whom: Intravenous vs Subcutaneous Therapies in IBD Maintenance (Celltrion)
06 Oct 2025	Roche	Innovations in IBD Therapy: The Story of TL1A - from Discovery to Potential Future Care (F. Hoffmann-La Roche Ltd)
06 Oct 2025	Sanofi; Regeneron	Redefining EoE Treatment Success through Real-World Cases (Sanofi Regeneron)
06 Oct 2025	Gilead	Advances in PBC Management: A Simple Approach (Gilead)
07 Oct 2025	Tillotts Pharma AG	Optimal Approaches to Initial Management of Ulcerative Colitis and Clostridioides difficile Infection (Tillotts Pharma AG)

Noteworthy AI / ML presentations at UEG Week 2025



Themes from key AI / ML presentations at UEG Week 2025 (1/5)

- **At UEG Week 2025, AI/ML is expected to move from pilots to bedside across GI, delivering calibrated (AUC ~0.95+) detection, faster workflows, and personalized triage/endpoints, provided domain-trained models and robust deployment are ensured**
- Check out the key AI / ML themes at UEG Week 2025 below:
- **PUB/NVUGIB risk modeling:**
  - Logistic-regression ML is expected to outperform AIMS65/GBS/ABC (AUROC 0.989), while AI refinement should surpass Rockall/CANUKA for therapy, rebleeding, and mortality prediction
- **UGIB triage LLMs:**
  - Generic LLMs showed only moderate agreement (κ ~0.54); domain-trained models are expected to guide urgent vs delayed EGD decisions more reliably
- **Gastric cancer multi-omics:**
  - Streamlined sMOIM (7 proteins, 3 metabolites) is projected to reach AUC 0.95–0.96 and 0.93 accuracy for stage IA detection, enabling non-invasive screening

Themes from key AI / ML presentations at UEG Week 2025 (2/5)

- **Raman spectroscopy for GD/EGC:**
  - XGBoost/SVM on 1,961 spectra is expected to achieve ~77% accuracy (F1≈0.84), supporting biomolecular fingerprinting during endoscopy
- **CAG neoplasia prediction:**
  - One-Class SVM should exceed 80% sensitivity/specificity, highlighting pepsinogen-I <30 µg/L and autoantibodies as key risk features for tailored surveillance
- **UC endoscopic scoring calibration (AI-ES):**
  - Deep learning in LUCENT videos showed excellent calibration (Brier 0.066 for improvement) and is expected to standardize central reads
- **Multimodal UC response (video+WSI):**
  - Fusion modeling from the mirikizumab trial is anticipated to hit 93% Week-52 response accuracy, outperforming single modalities
- **AI histology—neutrophil density**
  - Cut-offs (<20.8 cells/mm²) are expected to predict Week-52 histologic remission with ~82% accuracy, enabling objective endpoints.

Themes from key AI / ML presentations at UEG Week 2025 (3/5)

- **Automated IUS for IBD:**
  - Segmentation error near 0.98 mm and >3 mm classification accuracy 0.77 are expected to support reproducible transmural monitoring
- **Psychiatric-risk prediction in IBD:**
  - LightGBM should anticipate disorders decades pre-onset (AUC 0.72 Crohn's; 0.87 for substance use), guiding preventive care
- **AI-designed MRGPRX2 modulators:**
  - Primate DSS colitis data (DAI 12→3 at 3 mg/kg) suggest clinical translation potential for dual-functional agents
- **Multimodal IBD vs IBS CDSS:**
  - Integrated clinical/endoscopic/histology AI is expected to deliver ~83% accuracy, with image CNN sensitivities/specificities up to 90–97%
- **Colonoscopy quality optimization:**
  - AI-assisted 6-minute withdrawal matched 9-minute miss rates and increased PDR, while trust-calibrated CADx training should reduce override-related misses.

Themes from key AI / ML presentations at UEG Week 2025 (4/5)

- **Capsule endoscopy vascular-lesion AI:**
  - Cross-device CNNs are projected to raise sensitivity to 96% and cut reading time to ~5 minutes per video
- **Anal HRA triage AI:**
  - YOLO model is expected to deliver ~95% accuracy, with HSIL recall 97.9%, enabling precision-guided treatment selection
- **Pancreatic EUS AI (solid/cystic/IPMN):**
  - Multicenter CNNs should achieve ~92% accuracy for PDAC vs PNET and ~90% for mucinous cysts and IPMN high-grade dysplasia grading
- **EUS lymph-node malignancy AI:**
  - YOLO detection/classification is expected to reach ~99% specificity and 98.8% sensitivity, streamlining staging
- **Cardiac atrophy detection:**
  - Multicenter AI is anticipated to outperform experts (AUC ~0.95–0.97; accuracy ~92%), standardizing GC risk stratification

Themes from key AI / ML presentations at UEG Week 2025 (5/5)

- **Edge deployment of CADe (ALTER-EGO):**
  - FPGA systems matched GPU sensitivity (~95.6%) yet increased false positives (1.7→8.8/min); engineering refinements are anticipated
- **Program-level decision support:**
  - EGD appropriateness LLMs (OpenEvidence/Gemini ~80% accuracy), CRC adherence prediction (AUC 0.917), and GC DPIRS/PDAC TTF2Pred are expected to personalize pathways and resource allocation

Noteworthy AI / ML presentations at UEG Week 2025

Notable Presentations at UEG Week 2025
AI / ML (1/20)

Date	Title	Author	Summary
04 Oct 2025	MACHINE LEARNING-BASED PREDICTION OF 30-DAY MORTALITY IN PEPTIC ULCER BLEEDING: COMPARISON WITH TRADITIONAL SCORING SYSTEMS	Ji Hoon Yu	• **Introduction**: Peptic ulcer bleeding (PUB) remains a leading cause of gastrointestinal morbidity and mortality. Traditional clinical scores (AIMS65, GBS, ABC, Rockall) are widely used but show variable predictive accuracy. • **Methodology:** A retrospective cohort of endoscopically confirmed PUB patients was analyzed. Clinical, laboratory, and endoscopic variables informed evaluation of five conventional scoring systems versus a logistic regression–based ML model. Performance was measured using AUROC, sensitivity, and specificity, with cut-offs defined by Youden's Index. • **Results:** ABC achieved the best traditional performance (AUROC 0.892). AIMS65 followed (0.864). The ML model outperformed all with AUROC 0.989, specificity 96.7%, and sensitivity 66.7%, demonstrating higher accuracy and better discrimination. • **Conclusions:** Machine learning, specifically logistic regression, substantially improved 30-day mortality prediction versus established scores, supporting ML integration into PUB risk stratification frameworks.
04 Oct 2025	PERIPHERAL BLOOD MULTI-OMICS BIOMARKERS ENABLE PRECISE PREDICTION AND EARLY DIAGNOSIS OF GASTRIC CANCER VIA MACHINE LEARNING	Zhi Huang	• **Introduction**: Gastric cancer (GC) remains a leading cause of cancer mortality. Early detection improves survival (>90%), yet gastroscopy is invasive and biomarkers lack sensitivity/specificity. Multi-omics approaches may enhance non-invasive prediction. • **Methodology:** Mass spectrometry–based proteomics and metabolomics were analyzed in GC (n=53) and non-GC (n=41) patients. Feature selection via LASSO identified 10 proteins and 10 metabolites. Prediction models (random forest, Voting Classifier) were built, validated (n=27), and compared. • **Results:** The 10-P model achieved AUC 0.91; 10-M, AUC 0.82. The Multi-Omics Integrated Model (MOIM) reached AUC 0.96 with accuracy 0.92, sensitivity 0.91, specificity 0.93. For stage IA GC, MOIM accuracy was 0.93. The streamlined sMOIM (7 proteins, 3 metabolites) retained high performance (AUC 0.95–0.96). • **Conclusions:** Multi-omics ML models, particularly sMOIM, demonstrated superior accuracy for GC, enabling precise, non-invasive early-stage diagnosis and supporting integration into clinical practice.

Notable Presentations at UEG Week 2025
AI / ML (2/20)

Date	Title	Author	Summary
04 Oct 2025	ARTIFICIAL INTELLIGENCE IN THE MANAGEMENT OF UPPER GASTROINTESTINAL BLEEDING: A NEW DECISION-MAKING TOOL	Chaimae Haddad Hachimi	• **Introduction**: UGIB requires rapid triage; GBS guides EGD timing but AI/LLMs may enhance decision-making. • **Methodology:** Retrospective study of 100 UGIB patients (Apr–Sep 2024). ChatGPT® (v3.5) and Google GEMINI® evaluated clinical data for urgent vs delayed EGD, compared with GBS (≥3 = urgent). Cohen's κ measured agreement. • **Results:** Median age 63; mean GBS 7.07. ChatGPT recommended urgent EGD in 48%, GEMINI in 49%. Inter-model agreement moderate (κ=0.540); concordance with gastroenterologist weak (κ≈0.22). • **Conclusions:** General LLMs lack reliability for UGIB triage; domain-trained AI is needed.
04 Oct 2025	RAMAN SPECTROSCOPY FOR DIAGNOSIS OF GASTRIC DYSPLASIA AND GASTRIC CANCER WITH BIOMARKER CORRELATIONS – A MACHINE LEARNING MODEL	Tiing-Leong Ang	• **Introduction**: Endoscopic diagnosis of GD/EGC is difficult; Raman spectroscopy offers biomolecular "fingerprinting" for objective lesion detection. • **Methodology:** Prospective Raman spectra were collected pre-resection, correlated with histopathology. HR (GD/EGC) vs LR (IM/gastritis) classification used PLS-DA VIP and theory-based ranking. XGBoost and SVM with LOOCV evaluated feature sets. • **Results:** From 1961 spectra (33 lesions), optimal overlap (192 wavenumbers) yielded 76.9% accuracy, F1=0.84. Biochemical correlations included lipids/proteins. For LGD vs IM (487 signals, 25 lesions), 100 overlapping wavenumbers achieved 74.7% accuracy, F1≈0.80. • **Conclusions:** Raman spectroscopy with AI enables accurate, non-invasive diagnosis of gastric precancerous and early cancer lesions.

Notable Presentations at UEG Week 2025
AI / ML (3/20)

Date	Title	Author	Summary
04 Oct 2025	COMPARED EFFICACY OF NUTRITIONAL SCREENING TOOLS FOR THE PREDICTION OF MALNUTRITION AND LOW FAT-FREE BODY MASS INDEX IN A COHORT OF INACTIVE/MILDLY ACTIVE INFLAMMATORY BOWEL DISEASE PATIENTS	Agnese FAVALE	• **Introduction**: IBD patients face high malnutrition risk regardless of activity. Existing Nutritional Screening Tools (NSTs) lack body composition focus and long-term predictive validation. • **Methodology:** Prospective cohort (n=66; CD=32, UC=34) in remission/mild activity underwent baseline NSTs (MUST, MIRT, MNA, NRS-2002, SaskIBD-NR) and BIA. ESPEN/GLIM criteria and low FFMI defined malnutrition. Six-month follow-up assessed predictive accuracy, sensitivity, specificity, PPV/NPV. • **Results:** Baseline: malnutrition GLIM 9%, ESPEN 26%, low FFMI 8%. At 6 months: GLIM 15%, ESPEN 48%, low FFMI 17%. MIRT showed highest sensitivity (GLIM 50%, ESPEN 40.5%). Accuracy: NRS-2002 (51.5% ESPEN), SaskIBD (75.8% GLIM, 80.3% FFMI). • **Conclusions:** MIRT demonstrated superior sensitivity, while SaskIBD-NR showed highest accuracy, suggesting complementary use for malnutrition/FFMI prediction in IBD.
04 Oct 2025	VALIDATING CALIBRATION OF AN ARTIFICIAL INTELLIGENCE ASSESSMENT OF ENDOSCOPIC SEVERITY IN ULCERATIVE COLITIS	Walter Reinisch	• **Introduction**: UC trial endpoints rely on endoscopy subscores, but inter-reader variability undermines reliability. No metric exists for reader certainty. AI-ES, a deep learning tool, offers probability-based certainty for subscore assignment. • **Methodology:** AI-ES analyzed 639 videos from a Phase 3 mirikizumab trial (NCT03518086). It predicted subscores (0–3) by highest probability. Calibration was tested using septile/decile grouping, calibration plots, and Brier scores (<0.25 = informative). • **Results:** AI-ES showed strong calibration: subscores 0 (0.037), 1 (0.082), 2 (0.162), 3 (0.112). For endoscopic improvement (0,1 vs 2,3), calibration was excellent (0.066). • **Conclusions:** AI-ES provides reliable, calibrated certainty estimates across subscores, supporting AI-based consensus workflows that may improve UC trial endpoint reliability.

Notable Presentations at UEG Week 2025
AI / ML (4/20)

Date	Title	Author	Summary
04 Oct 2025	DEVELOPMENT OF A MACHINE LEARNING MODEL FOR PREDICTING THE OCCURRENCE OF PSYCHOLOGICAL DISEASES IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE	Mina Ayad	• **Introduction**: IBD patients face elevated risk of psychiatric disorders, but predictors remain unclear. • **Methodology:** Data from 7,069 UK Biobank IBD patients were analyzed. Thirty-eight predictors (socio-demographics, surgery, disease location, biomarkers, medications) were assessed. SHAP ranked factor importance, and a LightGBM (LGBM) model predicted psychiatric disorder onset. • **Results:** A 15-predictor panel achieved AUC 0.72 for Crohn's and 0.68 for UC, predicting disorders up to 25 years pre-onset. Substance-use disorder prediction in Crohn's was highly accurate (AUC 0.87). • **Conclusions:** The LGBM model enables early, accurate psychiatric risk prediction in IBD, guiding tailored prevention and management strategies.
04 Oct 2025	DISCOVERYING DUAL FUNCTIONAL MRGPRX2 MODULATOR VIA ARTIFICIAL INTELLIGENCE	Shuguang Yuan	• **Introduction**: GPCRs are key drug targets, with MRGPRX2 overexpressed in IBD colons, making it an attractive therapeutic candidate. • **Methodology:** AI-driven drug design was applied, constructing a 3D inactive-state model of MRGPRX2. Virtual screening of 10B compounds identified hits, followed by lead optimization, in vivo validation, safety assessment, and IND-enabling studies. • **Results:** In a severe DSS-induced monkey IBD model (DAI=12), the candidate reduced inflammation markedly: 1 mg/kg lowered DAI to 5, and 3 mg/kg (DAI=3) produced near-normal mucosa. • **Conclusions:** AI successfully generated dual-functional MRGPRX2 modulators with potent efficacy in primate IBD, supporting clinical translation potential.

Notable Presentations at UEG Week 2025
AI / ML (5/20)

Date	Title	Author	Summary
04 Oct 2025	AI-BASED DECISION SUPPORT SYSTEM FOR DIAGNOSING INFLAMMATORY BOWEL DISEASES	Grant Arutyunyan	• **Introduction**: IBD is often misdiagnosed as IBS, delaying therapy and increasing complications. AI-based CDSS may enhance early, accurate diagnosis. • **Methodology:** Three databases were built (clinical-lab data, endoscopic, histopathology). MLP models analyzed clinical variables; VGG16 CNN classified images. Data integration employed Bayesian belief networks simulating diagnostic workflow. • **Results:** Clinical MLP achieved 92.7–99% accuracy for IBD vs IBS; UC/CD detection accuracy 70–86%. Endoscopic CNN: sensitivity/specificity up to 90–97%. Histopathology CNN: CD 91/95%, UC 96/95%, normal 96/93%. Integrated DSS showed 83.3% accuracy. • **Conclusions:** AI-based CDSS combining multimodal data offers strong potential for earlier IBD diagnosis, warranting broader validation.
04 Oct 2025	PREDICTION OF RELAPSE IN PATIENTS WITH ULCERATIVE COLITIS IN CLINICAL REMISSION AND MAYO ENDOSCOPIC SUB SCORE 1 USING ARTIFICIAL INTELLIGENCE (AI)-ASSISTED DIAGNOSIS OF ULTRA- MAGNIFIED ENDOSCOPY (INTERIM ANALYSIS)	Teppei OMORI	• **Introduction**: UC patients in remission with MES1 remain at relapse risk. EndoBRAIN-UC, an AI-assisted colonoscopy system, predicts histological inflammation (GS≥3.1). • **Methodology:** Fifty-five MES1 UC patients in remission underwent AI-assisted colonoscopy, biopsy, and histology. Patients were stratified as AI-Active (GS≥3.1) or AI-Healing (GS<3.1). Outcomes included AI diagnostic accuracy and 2-year relapse rates. • **Results:** AI-Active classified 65.4% of cases; biopsy confirmed GS≥3.1 in 41.8%. Sensitivity 82.6%, specificity 46.9%, NPV 78.9%. Interim 1-year relapse did not differ between AI-Active and AI-Healing (p=0.77). Trend toward higher relapse in GS≥3.1 vs GS<3.1 (p=0.06). • **Conclusions:** EndoBRAIN-UC accurately detected histological activity but showed limited relapse prediction in MES1 remission UC. Further validation is needed.

Notable Presentations at UEG Week 2025
AI / ML (6/20)

Date	Title	Author	Summary
04 Oct 2025	A DIGITAL PRESCRIPTION MOBILE APPLICATION FOR ADULTS WITH ROME IV IRRITABLE BOWEL SYNDROME: A REAL-WORLD UK STUDY	Mohsin Butt	• **Introduction**: IBS affects ~4.3% in the UK; CBT is effective but underused. Mahana™ IBS, an FDA-cleared CBT app, delivers 3 months of gut-focused therapy. • **Methodology**: Seventeen Rome IV IBS patients were offered Mahana™ plus standard care. IBS-SSS, PHQ-9, and GAD-7 were assessed at baseline and 3 months. Statistical tests evaluated symptom changes and correlations. • **Results:** Twelve patients (70.6%) completed therapy. IBS-SSS decreased significantly (321→241, P<.001); GAD-7 improved (7.2→4.7, P=.04); PHQ-9 trended down (P=.1). Clinically significant IBS reduction occurred in 64.7%. Male patients showed greater IBS-SSS improvement (P=.04). • **Conclusions:** Mahana™ IBS improved gastrointestinal and psychological outcomes, supporting its role in real-world digital IBS management.
04 Oct 2025	ARTIFICIAL INTELLIGENCE AND ANAL CANCER SCREENING: FIRST MULTICENTRIC APPLICATION OF A TRINARY MODEL FOR ANAL LESION DETECTION AND CLASSIFICATION IN HIGH-RESOLUTION ANOSCOPY	Maria João Almeida	• **Introduction**: HRA is the gold standard for HPV-related anal lesion assessment but limited by diagnostic variability. AI may enhance detection beyond binary classification. • **Methodology:** A multicenter dataset of 191,951 frames from 107 HRA procedures across five devices was annotated against histopathology. A YOLOv11-based model was trained for lesion detection and trinary classification (HSIL, LSIL, non-dysplastic). Performance was assessed using recall, precision, and accuracy. • **Results:** Overall accuracy was 95.2%. HSIL: recall 97.9%, precision 93.9%; LSIL: recall 98.9%, precision 98.5%; non-dysplastic: recall 98.7%, precision 96.0%. • **Conclusions:** This is the first AI enabling simultaneous detection and trinary classification in HRA, supporting real-world precision-guided anal lesion management.

Notable Presentations at UEG Week 2025
AI / ML (7/20)

Date	Title	Author	Summary
04 oct 2025	INSIGHTS INTO TRAINEE ENDOSCOPIST-CADX ARTIFICIAL INTELLIGENCE INTERACTION AND INFLUENCES ON DIAGNOSTIC COMPETENCY – EXPLORATORY ANALYSIS OF DATA FROM A PROSPECTIVE OBSERVATIONAL STUDY OF CADX-SUPPORTED TRAINEE ENDOSCOPIST DIAGNOSTIC COMPETENCY	Viktoriia Marko	• **Introduction**: AI-based CADx tools show strong accuracy in colonic polyp characterization but their interaction with trainees is underexplored. • **Methodology:** Prospective analysis compared CADx-supported trainees (GI Genius®) vs AI-blinded experts. Two scenarios were studied: AI "no prediction" outputs and trainee overrides of AI diagnoses. • **Results:** Of 630 lesions, CADx gave no prediction in 19.2%, linked to smaller right-colon polyps. Trainee accuracy fell by 12.8% without AI (63.6% vs 76.4%). Overrides occurred in 9% of cases; 59.6% were incorrect, mainly downgrading adenomas, raising FNR to 81.1% vs AI's 18.9%. Experts mirrored AI accuracy but with distinct error profiles. • **Conclusions:** CADx absence reduced accuracy, while inappropriate trainee overrides risked missed adenomas. Training on CADx use and human-AI trust is essential for safe integration.
04 oct 2025	CAN ARTIFICIAL INTELLIGENCE IDENTIFY HISTOLOGICAL SUBCLASSES OF HYPERPLASTIC POLYPS BASED ON THEIR ENDOSCOPIC FEATURES?	Alexander Jans	• **Introduction**: HPs share serrated crypt morphology and BRAFV600E mutations with SSLs, suggesting malignant potential. No routine HP subclassification is performed; AI may enable differentiation into MVHP vs GCHP. • **Methodology:** In a single-center retrospective trial, 238 HPs were reclassified histologically (152 GCHP, 59 MVHP, 27 mixed). Deep learning was trained on 211 non-mixed cases (70/10/20 split), with oversampling for MVHP. Endoscopic video frames (white light, i-scan) were annotated for CNN training. • **Results:** Model achieved AUC 0.817; sensitivity 80.0% (MVHP) and 78.4% (GCHP). PPV was 33.3% for MVHP and 96.7% for GCHP, reflecting low MVHP prevalence. • **Conclusions:** This proof-of-concept CNN reliably distinguished HP subtypes by endoscopic features, supporting AI's role in enhancing diagnostic precision and guiding tailored surveillance.

Notable Presentations at UEG Week 2025
AI / ML (8/20)

Date	Title	Author	Summary
04 Oct 2025	THE RESEARCH ON THE REDUCE OF ADENOMA MISS RATES THROUGH ARTIFICIAL INTELLIGENCE-ASSISTED COLORECTAL ENDOSCOPY SCREENING	Mingxin Zhang	• **Introduction**: AI-assisted colonoscopy may reduce variability in inspection quality, lower adenoma miss rates (AMRs), and shorten withdrawal time compared to standard practice • **Methodology:** Multicenter RCT (Jan–Dec 2024) randomized patients to TR-9 (traditional 9-min withdrawal) or AI-6 (AI-assisted 6-min withdrawal). Each patient underwent both methods sequentially. Outcomes: AMRs, PMRs, ADR, PDR. AI-6 subgroup analysis compared normal vs expert endoscopists. • **Results:** AI-6 was non-inferior to TR-9 for AMR (27.3% vs 30.2) and PMR (24.6% vs 29.7). ADR was similar (29.6% vs 26.8), while PDR was higher in AI-6 (47.9% vs 36.0, P<0.05). Subgroup: AI-E had lower AMR (26.4% vs 28.6, P=0.026), with no ADR/PDR differences. • **Conclusions:** AI-6 matched TR-9 in accuracy while reducing time, enhanced PDR, and minimized dependence on operator expertise. Integration into quality protocols could optimize colonoscopy performance.
04 Oct 2025	THE CLINICAL VALIDATION OF A COMPUTER-AIDED POLYP DETECTION MODEL INTEGRATED AS A PLUG-AND-PLAY ENDOSCOPY DEVICE (ALTER-EGO TRIAL)	Pieter Sinonquel	• **Introduction**: Translating GPU-based AI CADe models into cost-effective plug-and-play devices is challenging. Robustness and stability must be validated for clinical adoption. • **Methodology:** The ALTER-EGO multicenter trial in Belgium integrated a validated GPU-based colorectal polyp CADe into an FPGA-based device. Performance was assessed vs expert endoscopists, with endpoints including sensitivity, detection equivalence, false positives, and technical failures. • **Results:** Among 724 polyps, CADe detected 668 (92.1%) with sensitivity 95.6% vs 96.4% for experts. Detection was equivalent to the GPU model (Δ−0.82%, p=0.504). However, false positives rose significantly (1.7→8.8/min, p<0.001). Technical failures occurred in 49 patients (109 events). • **Conclusions:** FPGA-based CADe achieved comparable diagnostic performance to GPU systems but at the cost of higher false positive rates and reduced technical stability.

Notable Presentations at UEG Week 2025
AI / ML (9/20)

Date	Title	Author	Summary
04 Oct 2025	ARTIFICIAL INTELLIGENCE-POWERED CONTRAST-ENHANCED ENDOSCOPIC ULTRASOUND FOR DIFFERENTIAL DIAGNOSIS OF PANCREATIC ADENOCARCINOMA	Alina Liliana Constantin	• **Introduction**: CE-EUS enhances pancreatic mass characterization; AI may further refine differentiation, particularly for adenocarcinoma. • **Methodology:** An automated framework combined CNN for pancreas/tumor segmentation, ROI mapping, and TIC extraction with an FNN classifier. Metrics included perfusion indices, slopes, and temporal/intensity features. • **Results:** Analysis of 120 CE-EUS videos (88 adenocarcinoma, 32 others) showed diagnostic accuracy >95% for pancreatic adenocarcinoma. Precision and recall were excellent, confirming reliable lesion differentiation. • **Conclusions:** AI-powered CE-EUS provided robust real-time adenocarcinoma detection, outperforming conventional interpretation. Prospective validation is needed for clinical translation and integration into routine practice.
04 Oct 2025	DIGITAL TRANSFORMATION IN DIGESTIVE NURSING: ARTIFICIAL INTELLIGENCE AS A TOOL TO OPTIMIZE CLINICAL PRACTICE	Beatriz Gil-Albert Sáenz de Cabezón	• **Introduction**: AI integration in nursing may optimize patient care and decision support but faces challenges in validation, adoption, and trust. • **Methodology:** A GPT-based tool, Digestive Nursing Follow-Up, was piloted in two Spanish gastroenterology departments (IBD, GERD, IBS, advanced endoscopy). Nurses received one-hour training; usability, satisfaction, and impact were evaluated via Likert-scale surveys and feedback. • **Results:** Eighty percent found the tool easy to use; 75% reported high satisfaction. Benefits included improved efficiency, reduced repetitive tasks, and enhanced safety. Concerns focused on balancing technology with patient-centered care and the need for ongoing training. • **Conclusions:** The tool improved workflow, standardized practice, and supported autonomy, though resistance and a learning curve remain. Gradual integration with continuous training is key to sustaining efficiency and trust.

Notable Presentations at UEG Week 2025
AI / ML (10/20)

Date	Title	Author	Summary
05 Oct 2025	EVALUATING PREDICTIVE AND PROGNOSTIC RISK STRATIFICATION TOOLS FOR NON-VARICEAL UPPER GASTROINTESTINAL HEMORRHAGE: A RETROSPECTIVE COHORT ANALYSIS AT A TERTIARY CARE CENTER	Mark Daniel Kozma	• **Introduction**: Risk stratification in NVUGIB guides therapy and prognosis, yet current scores show inconsistent predictive accuracy. • **Methodology:** Retrospective study of 528 NVUGIB patients (2022–2023, Semmelweis University). Outcomes: endoscopic intervention, rebleeding, RBC transfusion, surgery/radiology, 30-day mortality. Eight scoring systems (Forrest, CANUKA, GBS, HARBINGER, NLR, RDW, Rockall pre/complete) were assessed using AUROC. • **Results:** For endoscopic therapy, Forrest performed best (AUROC 0.91). Rockall (complete) outperformed others for rebleeding (0.70) and surgery/radiology (0.72). GBS (0.80) and CANUKA (0.79) predicted transfusion well. Mortality was best estimated by CANUKA and Rockall (0.70 each). Most AUROCs ≤0.8 indicated suboptimal predictive ability. • **Conclusions:** Current scores insufficiently predict NVUGIB outcomes beyond transfusion and mortality. AI-driven refinements may enhance risk stratification reliability.
05 Oct 2025	THE FUTURE OF DIGESTIVE CARE: NURSE COACH AND NEW TECHNOLOGIES IN FUNCTIONAL NEUROGASTROENTEROLOGY	Beatriz Gil-Albert Sáenz de Cabezón	• **Introduction**: FGIDs such as IBS and functional dyspepsia impair quality of life and require biopsychosocial care. A Functional Neurogastroenterology Unit integrated nurse-led coaching, NLP, and a GPT-based AI tool to enhance communication and decision-making. • **Methodology:** From Sept 2024–Apr 2025, nurse-led consultations combined coaching, NLP, and AI support. Patient demographics, symptoms, referrals, and reflective narratives were collected in a descriptive observational study. • **Results:** Forty-eight patients (mean age 38.6; 68.7% female) were included. Common symptoms: bloating, epigastric pain, early satiety. Referrals: psychology 20.8%, psychiatry 2.1%. Narratives highlighted improved self-regulation, empowerment, and satisfaction. AI streamlined administration, aiding care focus and communication. • **Conclusions:** The integration of coaching, NLP, and AI improved emotional well-being and personalized care in FGIDs, reinforcing nursing's role in holistic management.

Notable Presentations at UEG Week 2025
AI / ML (11/20)

Date	Title	Author	Summary
06 Oct 2025	COMPARING TRIPLE RECTAL ULTRASOUND IMAGING TECHNOLOGY IN PREDICTING RECTAL HISTOENDOSCOPIC REMISSION IN ULCERATIVE COLITIS (THE TRINITY STUDY): TRANS ABDOMINAL, TRANS-PERINEAL AND ENDOSCOPIC ULTRASOUND (NCT06717906)	Partha Pal	• **Introduction**: Accurate assessment of rectal inflammation in UC is crucial. While EUS is most reliable, TPUS offers a less invasive alternative, though its accuracy versus TAS/EUS remains uncertain. • **Methodology:** In 142 UC patients, TAS, TPUS, and EUS were compared. TWT and MLS were measured on all, with MT/SMT on EUS. ROC analysis determined predictive cutoffs for endoscopic (UCEIS>1) and histologic (NI>1) activity. • **Results:** EUS outperformed all (AUC 0.94–0.96). TPUS showed moderate accuracy (AUC 0.66–0.78), TAS lowest (0.62–0.67). Correlations were strongest between TPUS and EUS (r=0.425). TPUS was limited to lower rectum but aligned better with EUS than TAS. • **Conclusions:** EUS remains gold standard; TPUS provides moderate, practical accuracy for rectal inflammation monitoring, warranting validation with standardized cutoffs to reduce reliance on invasive endoscopy.
06 Oct 2025	EXPLORING THE POTENTIAL OF ARTIFICIAL INTELLIGENCE IN ASSESSING THE RISK OF GASTRIC NEOPLASTIC LESIONS IN PATIENTS WITH CORPUS ATROPHIC GASTRITIS	Emanuele Dilaghi	• **Introduction**: CAG carries risk of gastric neoplastic lesions (GNL), requiring surveillance. AI may refine prediction by integrating clinical, endoscopic, and histological variables. • **Methodology:** From 355 CAG patients (2001–2023), 103 without baseline GNL and complete data were analyzed. Variables were ranked using Fisher score, and a One-Class SVM model identified predictors of GNL development aiming for Se/Sp >80%. • **Results:** After median 60 months, 22 patients developed GNL (13 epithelial, 9 T1gNET). Predictors included parietal-cell antibodies and pepsinogen-I <30 µg/L (both lesion types). Antral inflammation, age >60 predicted epithelial GNL; anti-thyroperoxidase antibodies, smoking, dyspepsia predicted T1gNET. Protective factors: low-dose aspirin (epithelial GNL) and H. pylori eradication (T1gNET). • **Conclusions:** This first AI-driven CAG study identified key predictors with good sensitivity/specificity. Standardization and balanced datasets are needed to optimize model performance.

Notable Presentations at UEG Week 2025
AI / ML (12/20)

Date	Title	Author	Summary
06 Oct 2025	OUTCOMES OF DEVICE ASSISTED ENDOSCOPIC FULL THICKNESS RESECTION IN GASTRODUODENAL SUBMUCOSAL LESIONS: A LARGE, MULTICENTRE STUDY	Zaheer Nabi	• **Introduction**: DA-EFTR with a dedicated gFTRD enables minimally invasive resection of challenging upper GI SELs, notably duodenal NETs, but real-world outcomes require evaluation. • **Methodology:** Multicenter retrospective analysis (Apr 2021–Aug 2024) of 131 gastroduodenal SELs treated with gFTRD. Primary endpoint: technical success. Secondary: R0 resection, procedure time, adverse events, recurrence. • **Results:** Lesions: duodenum 79.1%, stomach 20.9%, median size 12 mm. Technical success: 94%. R0 achieved in 77.9% overall; 87.2% in duodenal NETs. Median procedure: 20 min. Longer time correlated with R1 resection (p=0.001). Follow-up (17 months): 4 recurrences, all R1 NETs. Adverse events: 10.7% (1 severe bleed). • **Conclusions:** DA-EFTR with gFTRD is safe, effective, and particularly valuable for duodenal NETs. R0 resection predicts favorable outcomes; prospective trials are needed for validation.
06 Oct 2025	COMPARISON OF THE GASTRIC ENVIRONMENT BETWEEN JAPANESE AND LITHUANIAN PATIENTS WITH GASTRIC CANCER AND/OR HELICOBACTER PYLORI INFECTION USING ARTIFICIAL INTELLIGENCE	Hidekazu SUZUKI	• **Introduction**: H. pylori drives gastric carcinogenesis, but additional intragastric factors influence risk. Comparative analysis in high-incidence regions (Japan, Lithuania) may uncover determinants. • **Methodology:** A cross-national study (Japan n=90, Lithuania n=88) assessed endoscopic, histologic, and metabolic markers. SCFA profiles were measured, and B3 Analytics, an explainable AI platform, built a carcinogenesis risk model. • **Results:** Japanese patients showed age-related atrophy progression (OLGIM R^2=0.626, P<0.001), absent in Lithuanians. SCFA patterns varied, with butyrate often undetectable in Lithuania. AI clustering stratified cancer risk: Cluster 2 (44.4%) linked to age, male sex, atrophy, and notably lower CD44/CAPZA1 expression, suggesting protective biomarker roles. • **Conclusions:** Regional mucosal differences and AI-driven biomarker insights refine gastric cancer risk prediction. Explainable AI models hold promise for personalized prevention strategies.

Notable Presentations at UEG Week 2025
AI / ML (13/20)

Date	Title	Author	Summary
06 Oct 2025	AI-BUS: ARTIFICIAL INTELLIGENCE BOWEL ULTRASOUND SYSTEM	Jonatan Ruiz-Molsgaard	• **Introduction**: IBD requires close monitoring, but endoscopy is invasive. IUS is non-invasive yet operator-dependent. AI may improve reproducibility, though prior models lacked interpretability and real-world applicability. • **Methodology:** A deep-learning model was trained on 570 annotated IUS images (testing: 55) to automatically segment bowel wall and measure BWT. Expert annotations (IBUS-certified) provided gold standards. Evaluation included error vs experts, classification at 3 mm BWT threshold, and leave-one-out expert comparisons**.** • **Results:** Model deviation was 0.98 mm from expert mean, boundary error 0.44 mm. Accuracy for >3 mm threshold: 0.77 (sensitivity 0.69, specificity 0.94, κ=0.56). Leave-one-out showed model accuracy 0.74–0.80 vs experts 0.89–0.93. • **Conclusions:** The AI system achieved clinically acceptable error margins, assisting experts and trainees in IUS interpretation. Though not yet expert-level, real-world robustness supports its integration and further video-based development.
06 Oct 2025	ENDO-HISTO FOUNDATIONAL FUSION MODEL: A NOVEL ARTIFICIAL INTELLIGENCE APPROACH FOR PREDICTING HISTOLOGIC REMISSION AND EARLY RESPONSE TO THERAPY IN A PHASE 2 ULCERATIVE COLITIS CLINICAL TRIAL	Giovanni Santacroce	• **Introduction**: AI in UC can standardize disease activity assessment. Fusing endoscopic and histological data may enhance remission detection and therapy-response prediction. • **Methodology:** A multimodal AI model integrated CNN-extracted endoscopic video features and histology WSI features (BioMedCLIP + CONCH). Data: 291 videos and 291 slides from the phase 2 Mirikizumab trial. Fusion was performed via multi-head self-attention. • **Results:** Fusion outperformed single modalities for histologic remission (Se 89.7%, Sp 89.7%, Acc 89.7%). Week 52 therapy-response prediction achieved Se 98.0%, Sp 86.8%, Acc 93.1%, with substantial agreement vs central reads. • **Conclusions:** This multimodal AI model reliably predicts remission and therapy response, offering automated, standardized evaluation for UC trials and advancing precision medicine.

Notable Presentations at UEG Week 2025
AI / ML (14/20)

Date	Title	Author	Summary
06 Oct 2025	REAL-LIFE CLINICAL APPLICATION OF AN ARTIFICIAL INTELLIGENCE-ASSISTED READING TOOL FOR AUTOMATED DETECTION AND DIFFERENTIATION OF VASCULAR LESIONS IN CAPSULE ENDOSCOPY: A MULTICENTER STUDY	Joana Mota	• **Introduction**: Capsule endoscopy (CE) aids small bowel evaluation but interpretation is time-consuming and error-prone. AI may improve vascular lesion detection. • **Methodology:** Multicenter prospective study (7 centers, 4 countries) analyzed 211 CE videos from 3 devices. Standard readings were compared with AI-assisted deep learning CNN outputs for red spots/angiectasias. Discrepancies were adjudicated independently. • **Results:** AI detected 241 confirmed lesions vs 158 by standard reading. Sensitivity: 96.4% vs 67.7%; specificity: 75.7% vs 93.5%. Accuracy: 89.7% vs 76.1%. AUC-ROC: 0.93 vs 0.78. AI reduced reading time to 316 sec/video. • **Conclusions:** AI-assisted CE markedly enhances lesion detection, efficiency, and diagnostic accuracy across devices, supporting broad clinical applicability.
06 Oct 2025	DIAGNOSTIC PERFORMANCE OF AN ARTIFICIAL INTELLIGENCE MODEL FOR PREDICTING HIGH-RISK PHARYNGEAL AND ESOPHAGEAL SQUAMOUS CELL CARCINOMA PATIENTS	Koyo Kido	• **Introduction**: Pharyngeal and esophageal SCC remain difficult to detect early due to anatomical and procedural limitations; Lugol's solution is effective but irritant. AI offers potential for risk prediction through image-based lesion analysis. • **Methodology:** A Triplet Network + EfficientNet model was trained on 10,074 WLI/NBI pharyngeal images (425 cases) and validated on 4,029 images. Tested on 7,966 images (298 cases), it predicted LVL-C (≥10 lesions). Cox analysis assessed SCC risk association. • **Results:** Accuracy for LVL-C: 71.5% (WLI), 77.7% (NBI), 78.2% (combined). Sensitivity peaked at 91.2% (NBI). AI-predicted LVL-C strongly associated with SCC risk (HR=12.0 for pharyngeal, HR=4.2 for esophageal, $p<0.05$). • **Conclusions**: AI-based LVL prediction showed high sensitivity and robust risk association, supporting its role in SCC risk stratification and preventive surveillance.

Notable Presentations at UEG Week 2025
AI / ML (15/20)

Date	Title	Author	Summary
06 Oct 2025	A NOVEL ARTIFICIAL INTELLIGENCE ASSISTED WHITE LIGHT ENDOSCOPIC MODEL IN THE DIAGNOSIS OF CARDIA ATROPHY: A MULTICENTER STUDY	Yao Shen	• **Introduction**: Cardia atrophy assessment is critical in gastric cancer risk evaluation but remains challenging under endoscopy. AI may enhance detection accuracy and reduce interobserver variability. • **Methodology:** A multicenter prospective study (5 hospitals, 2012 patients total) trained and validated an AI-assisted white-light endoscopy system on 895 cases, with internal (220 patients) and external (354 patients) test cohorts. AI performance was compared against senior and junior endoscopists, with ROC and heatmap analyses. • **Results:** AI achieved high accuracy in internal (92.7%) and external (91.8%) sets, with AUCs of 0.967 and 0.953. Sensitivity, specificity, PPV, and NPV exceeded senior endoscopists across datasets. Heatmaps confirmed interpretability and diagnostic consistency. • **Conclusions:** The AI system outperformed experts in detecting cardia atrophy, supporting its integration into routine endoscopy for improved risk stratification and biopsy targeting.
06 Oct 2025	WHO PRESCRIBES UPPER GI ENDOSCOPY APPROPRIATELY? COMPARING HUMAN CLINICAL JUDGEMENT AND ARTIFICIAL INTELLIGENCE	Angelica Toppeta	• **Introduction**: Appropriate use of EGD is critical, yet prescribing practices vary. Large language models (LLMs) may aid evidence-based decision-making, though their clinical reliability remains uncertain. • **Methodology:** A cross-sectional survey across Italy compared EGD appropriateness in 10 real-world scenarios using ESGE/ASGE guidelines. Responses from 122 clinicians (specialists, residents, GPs) were benchmarked against five AI systems (ChatGPT-4.0, ChatGPT-4.5, Gemini, Claude, OpenEvidence). Accuracy was analyzed statistically. • **Results:** Specialists (65.6%) and residents (64.8%) outperformed GPs (56.8%). OpenEvidence and Gemini achieved the highest accuracy (80%, $p<0.001$), surpassing all human groups. ChatGPT-4.0 (70%) matched clinicians, Claude (60%) lagged, and ChatGPT-4.5 (50%) underperformed. • **Conclusions:** AI systems, notably OpenEvidence and Gemini, exceeded clinician accuracy in guideline-based EGD decision-making, highlighting their potential to strengthen adherence to standards and augment clinical practice

Notable Presentations at UEG Week 2025
AI / ML (16/20)

Date	Title	Author	Summary
06 Oct 2025	ARTIFICIAL INTELLIGENCE-BASED RECOGNITION OF PROCEDURAL PHASES IN ENDOSCOPIC SUBMUCOSAL DISSECTION: A FRAME-BY-FRAME ANALYSIS	Markus Scheppach	• **Introduction**: Endoscopic submucosal dissection (ESD) is technically demanding, with limited tools for objective workflow evaluation. AI offers potential for automated, standardized phase recognition to support training and quality assurance. • **Methodology:** Complete ESD videos from 49 patients (6.39M frames) were annotated into five phases. A video swin transformer with temporal sequence analysis was trained (28 cases) and validated (21 cases) for phase identification. • **Results:** Overall F1 score was 0.88. Phase-specific F1 scores: diagnostics 0.99, marking 0.89, injection 0.89, dissection 0.91, bleeding 0.52. Sensitivities reached up to 1.00, with bleeding phase underperforming due to dataset imbalance. • **Conclusions:** The AI system reliably identified most ESD phases, with limited accuracy in bleeding detection. Enhanced annotation of rare events will further optimize model robustness and clinical applicability.
06 Oct 2025	NOVEL ARTIFICIAL INTELLIGENCE-DRIVEN DETECTION LOCALISATION AND QUANTIFICATION OF NEUTROPHILS TO ASSESS DISEASE ACTIVITY AND EARLY RESPONSE TO THERAPY IN ULCERATIVE COLITIS CLINICAL TRIAL	Irene Zammarchi	• **Introduction**: Histological remission (HR) in ulcerative colitis (UC) is defined by absence of neutrophils, but quantification/localisation remain unresolved. AI offers objective and scalable assessment. • **Methodology:** A dual deep-learning system was developed: one model segmented epithelium, crypts, lamina propria; another detected neutrophils. Densities were computed, with optimal cut-offs derived from Mirikizumab phase 2 WSIs (n=303) and validated in the PICaSSO cohort. • **Results:** Optimal cut-offs: epithelium >10.1, lamina propria >30.4, overall >21.7 cells/mm², yielding 86% accuracy for active disease. HR prediction at week 52 was optimal with total neutrophil density <20.8, achieving 82% accuracy. • **Conclusions:** This AI-driven neutrophil quantification system reliably assessed histological activity and predicted therapy response, outperforming subjective scoring. It holds promise for clinical trial endpoints and routine UC management.

Notable Presentations at UEG Week 2025
AI / ML (17/20)

Date	Title	Author	Summary
06 Oct 2025	ARTIFICIAL INTELLIGENCE FOR COMPREHENSIVE PANCREATIC LESION PROFILING: MULTICENTER VALIDATION OF SOLID/CYSTIC LESION DETECTION/CHARACTERIZATION AND IPMN GRADING	Miguel Mascarenhas-Saraiva	• **Introduction**: EUS remains essential for pancreatic lesion evaluation but struggles to differentiate PDAC, PNETs, and cystic lesions, particularly stratifying IPMNs by dysplasia grade. Accurate classification is crucial for clinical management. • **Methodology:** A multicenter transatlantic study trained CNNs on 179,475 EUS images from 207 patients across 12 centers. Separate models addressed PDAC vs. PNET, mucinous vs. non-mucinous cysts, and IPMN grading (HGD/C vs. LGD), with histology as gold standard. Performance was assessed via sensitivity, specificity, accuracy, and AUC metrics. • **Results:** CNN achieved 91.8% accuracy for PDAC vs. PNET (AUC-PR: 0.982–0.977), 89.7% accuracy for mucinous cysts (AUC-PR: 0.977), and 89.8% accuracy for IPMN grading (sensitivity 97.5%, specificity 94.3%, AUC: 0.988). • **Conclusions:** This first integrative, multicenter AI model enables high-precision differentiation of solid and cystic pancreatic lesions and stratifies IPMNs, enhancing decision-making, reducing unnecessary surgery, and improving patient outcomes.
07 Oct 2025	ARTIFICIAL INTELLIGENCE IN ENDOSCOPIC ULTRASOUND FOR LYMPH NODE DETECTION AND MALIGNANCY ASSESSMENT: A MULTICENTER TRANSATLANTIC STUDY	Maria João Almeida	• **Introduction**: Accurate lymph node (LN) characterization via EUS is critical for staging and therapy planning in oncology. Traditional morphologic criteria and EUS-TA have limitations, underscoring the need for advanced diagnostic support. • **Methodology:** A multicenter dataset of 59,992 EUS images from 82 procedures across five countries was annotated and labeled against FNA/FNB or ≥6-month follow-up. A YOLO-based convolutional neural network was developed for simultaneous LN detection and malignancy classification. • **Results:** The AI model achieved sensitivity 98.8%, specificity 99.0%, precision 99.0%, NPV up to 98.8%, and overall accuracy 96.99%. Performance was robust across malignant and benign categories. • **Conclusions:** This first-in-class deep learning EUS model demonstrated excellent diagnostic accuracy for LN malignancy, supporting integration into staging workflows and personalized treatment decision-making.

Notable Presentations at UEG Week 2025
AI / ML (18/20)

Date	Title	Author	Summary
07 Oct 2025	PNI AND NRI ARE PREDICTIVE TOOLS FOR SURVIVAL IN ADVANCED PANCREATIC CANCER	Mariia Kiriukova	• **Introduction**: Advanced pancreatic cancer (PC) carries poor prognosis, with exocrine insufficiency contributing to malnutrition. Nutritional indices such as Prognostic Nutritional Index (PNI) and Nutritional Risk Index (NRI) may better stratify outcomes than traditional labs. • **Methodology:** Retrospective analysis of 158 advanced PC patients initiating chemotherapy. PNI and NRI were calculated and compared by tumor location. In 125 patients on FOLFIRINOX, indices were correlated with 12-week outcomes (death, progression, stabilization). Univariate/multivariable analyses evaluated mortality predictors. • **Results:** Head tumors had lower PNI (40.11 vs 42.01, p=0.002) and NRI (104.3 vs 110.1, p=0.004). Deceased patients showed significantly reduced PNI (p=0.044). PNI <40.25 (HR 2.51) and NRI <105.6 (HR 2.75) predicted early mortality. Multivariable analysis identified ≥2 metastatic sites as strongest mortality risk (HR 7.21). • **Conclusions:** PNI and NRI reflect nutritional compromise and predict survival in advanced PC, supporting their use as prognostic markers, though metastatic burden remains the dominant determinant.
07 Oct 2025	BEYOND ENDOSCOPY: EVALUATING NON-INVASIVE TOOLS FOR MONITORING POSTOPERATIVE CROHN'S DISEASE RECURRENCE	Luisa Bertin	• **Introduction**: Post-operative recurrence (POR) in Crohn's disease is frequent, and while ileocolonoscopy is the gold standard, its invasiveness necessitates evaluation of non-invasive markers. • **Methodology:** In a multicenter retrospective cohort (n=895), faecal calprotectin (FC) was assessed at 3, 6–12, and 18–24 months post-resection. Cross-sectional imaging (IUS, MRI) was compared with endoscopic findings using kappa statistics. • **Results:** FC showed modest accuracy at 3 and 6–12 months (AUC ~0.64–0.65), improving at 18–24 months (AUC 0.676) with lower optimal cut-offs than non-operated patients. At 18–24 months, IUS correlated better with endoscopy (κ=0.531; sensitivity 83.8%, specificity 72.7%) than MRI (κ=0.324). Radiological remission was protective against surgical recurrence (OR 0.356, p=0.003). • **Conclusions:** FC combined with IUS offers a reliable, non-invasive strategy for postoperative CD monitoring, reducing reliance on colonoscopy and emphasizing the importance of transmural healing.

Notable Presentations at UEG Week 2025
AI / ML (19/20)

Date	Title	Author	Summary
07 Oct 2025	DIGITAL PATHOLOGY-BASED DEEP LEARNING SIGNATURE PREDICTS IMMUNOTHERAPY OUTCOMES IN GASTRIC CANCER	Nan Zhang	• **Introduction**: Gastric cancer remains highly lethal, with ICIs benefiting only ~20–30% of patients. Robust predictive biomarkers are urgently needed. • **Methodology:** This study developed a Digital Pathology-based Immunotherapy Response Signature (DPIRS) using ResNet18 applied to 256×256 pixel WSI tiles from 110 GC patients treated with ICIs. The DPIRS score quantified immune-relevant features and was correlated with survival, PD-L1 expression, and TIL density. • **Results:** DPIRS demonstrated strong predictive performance (AUC >0.85). High DPIRS scores were associated with longer PFS and OS (p<0.01), increased PD-L1 expression, and enriched TIL infiltration. Multivariate Cox analysis validated DPIRS as an independent predictor. • **Conclusions:** DPIRS provides a non-invasive, AI-driven biomarker for predicting immunotherapy response in GC, supporting precision treatment strategies
07 Oct 2025	THE USE OF A MACHINE LEARNING MODEL TO ASSESS LONGITUDINAL COLORECTAL CANCER ADHERENCE AND TO PREDICT FUTURE ADHERENCE	Zohar Levi	• **Introduction**: Adherence to colorectal cancer (CRC) screening is critical, yet many individuals fail to maintain recommended intervals, limiting program effectiveness. • **Methodology:** A large retrospective cohort (n=553,180; 53.9% female) from Clalit Health was analyzed. Prior proportional time coverage (PTC), colonoscopy, fecal occult blood test data, and demographics were used to train an XGBoost model predicting low adherence (<50% PTC) over two years. • **Results:** The model achieved excellent discrimination (AUC 0.917, accuracy 83.6%). Key predictors of low adherence were prior low PTC, absence of colonoscopy, and older age at first test. • **Conclusions:** This machine-learning model enables early identification of individuals at high risk for poor CRC screening adherence, supporting targeted interventions and program optimization.

Notable Presentations at UEG Week 2025
AI / ML (20/20)

Date	Title	Author	Summary
07 Oct 2025	AN IMMUNE RESPONSIVE TUMOR MICROENVIRONMENT IMPRINTS INTO PBMCS AND ALLOWS TO PREDICT PATIENT OUTCOME USING MACHINE LEARNING IN ADVANCED PANCREATIC CANCER: LESSONS FROM THE PREDICT TRIAL	Anton Lahusen	• **Introduction**: Advanced pancreatic ductal adenocarcinoma (aPDAC) has poor prognosis, and biomarkers predicting second-line benefit are lacking. The PREDICT trial showed TTF1 did not predict TTF2, suggesting tumor immune microenvironment (TiME) features may drive outcomes. • **Methodology:** Treatment-naïve tumor samples (n=20) underwent NanoString and multiplex IHC; PBMCs from 82 patients pre–second-line were profiled via flow cytometry and RT-qPCR. A machine learning pipeline integrated immune and clinical data. Validation used an external aPDAC cohort (n=30). • **Results:** Long-TTF2 patients had immune-active TiME with $CXCR3^+$ $CD8^+$ infiltration. PBMC-based "TTF2Pred" (7 features) outperformed CA19-9/clinical models, confirmed externally. Long-TTF2 linked to $CXCR3^+$ T cells, plasmacytoid dendritic cells; short-TTF2 to platelet–leukocyte aggregates and exhausted T cells. • **Conclusions:** Immune-active TiME predicts durable second-line benefit, mirrored in PBMCs. TTF2Pred provides a minimally invasive biomarker to guide personalized PDAC therapy.
07 oct 2025	CARBON FOOTPRINT ANALYSIS OF ENDOSCOPIC DEVICE DISPOSAL STRATEGIES: TOWARDS SUSTAINABLE ENDOSCOPY	Clare Brooke	• **Introduction**: Single-use endoscopes reduce infection risk but generate high waste, raising carbon footprint concerns. • **Methodology:** Using ISO 14067, PCF was assessed for three devices under four end-of-life scenarios: incineration vs. recycling with/without box recovery. Data included composition, packaging, transport, and processing. • **Results:** Recycling both devices and boxes (PCF 2.2) achieved the lowest GWP, outperforming partial recycling and incineration. Emissions were polymer-driven; transport/disinfection effects were minimal. • **Conclusions:** Recycling with eco-design integration offers superior environmental benefits over incineration, reducing GHG emissions and retaining material value.

Strategic Insights and Strategy Development is our focus