ECCO 2026 Clinical and AI / ML Preview

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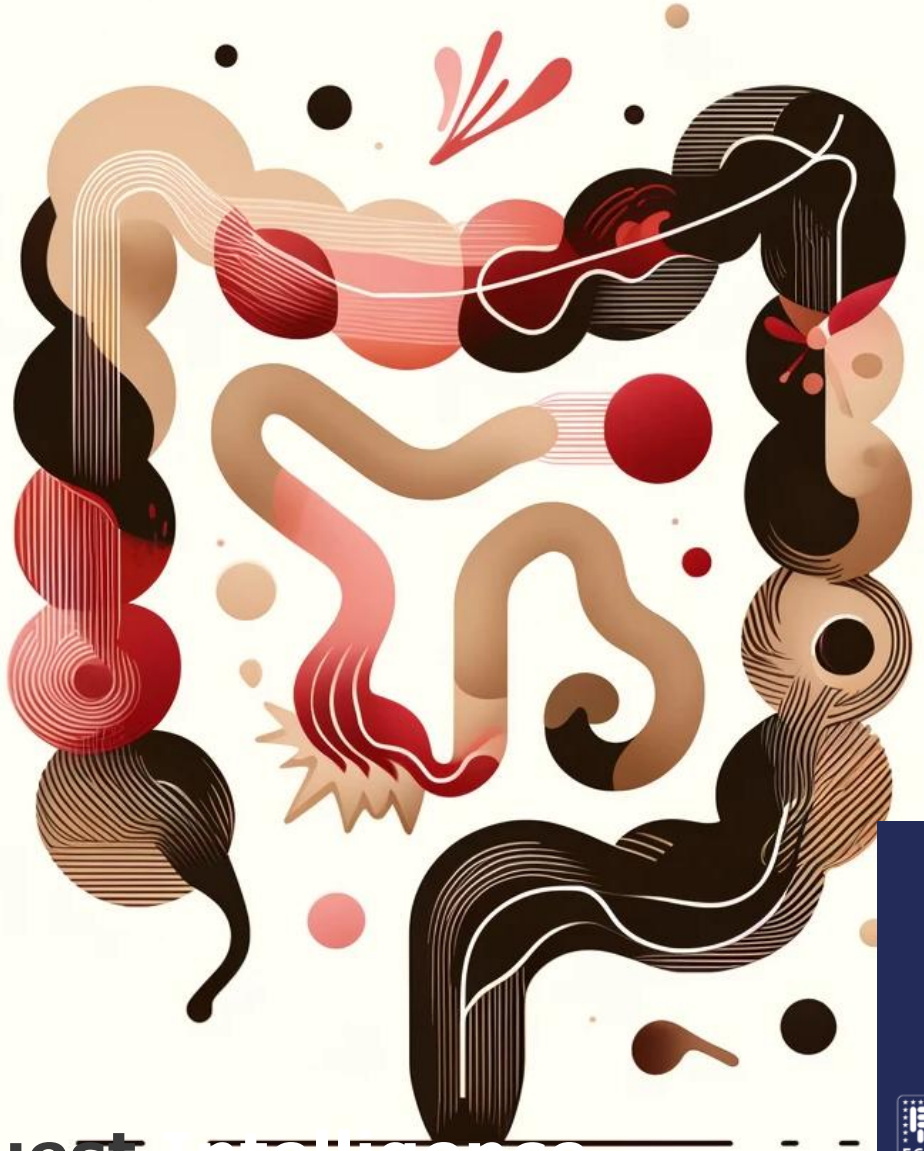

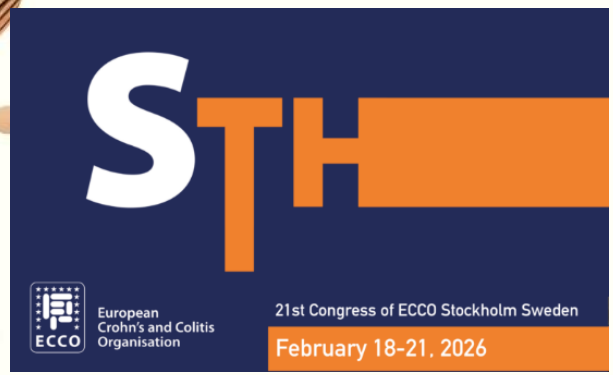

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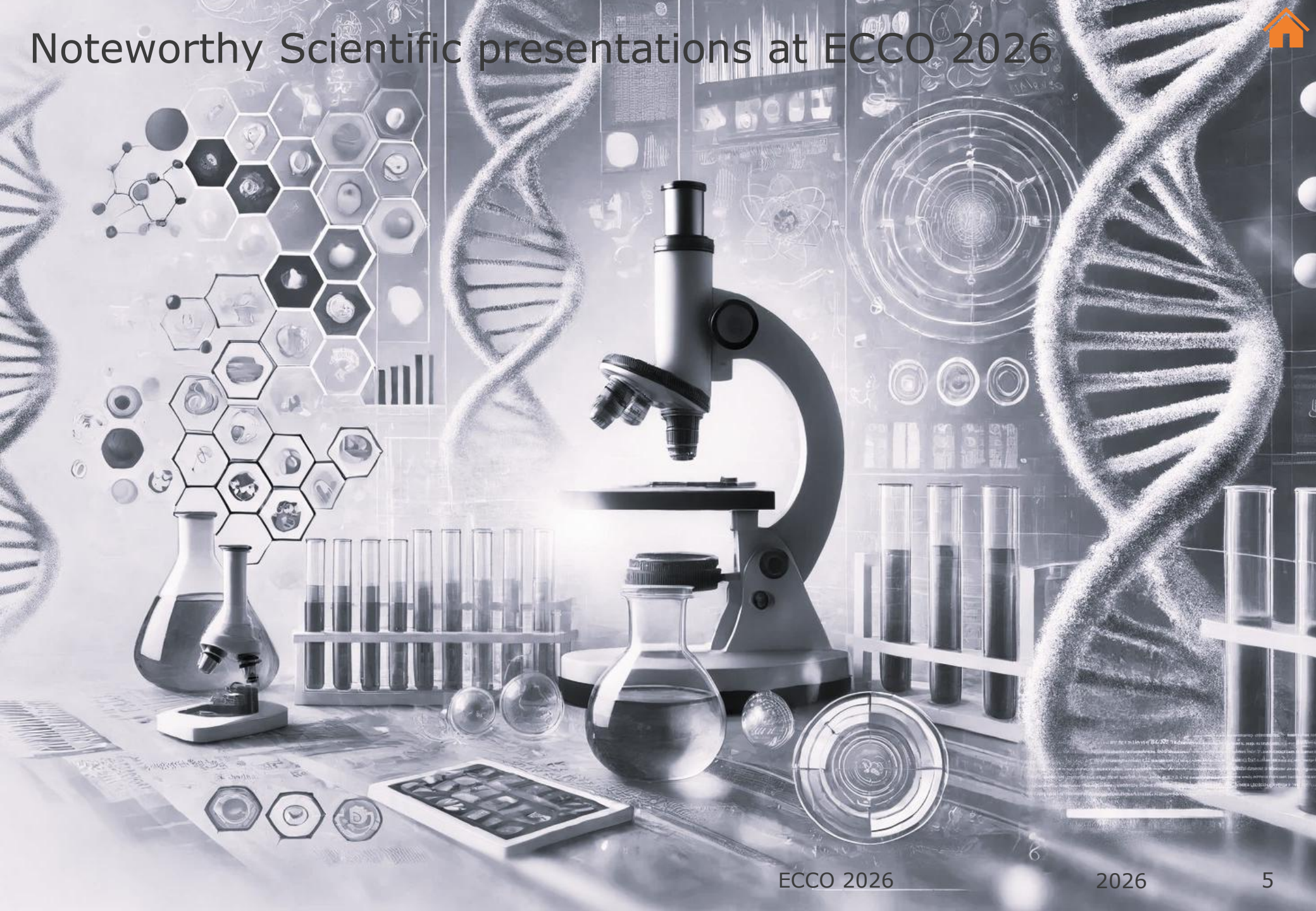
ECCO 2026 – General Overview

- **Groundbreaking Research:** The ECCO 2026 conference will showcase cutting-edge findings in the treatment and management of inflammatory bowel diseases (IBD)
- **Focus on Early Diagnosis:** New advancements in diagnostic tools and biomarkers for IBD detection will be highlighted
- **Therapeutic Innovations:** The conference will emphasize novel drug therapies, including biologics and small molecules
- **Global Collaboration:** Leading IBD specialists from across the world will collaborate to discuss treatment protocols and patient outcomes
- **Patient-Centered Care:** The integration of patient feedback in treatment regimens will be a central topic
- **Future Research Directions:** Innovative clinical trials and future research trajectories in IBD management will be discussed.

ECCO 2026– Conference Themes

- **Biologics and Targeted Therapies:** Emerging biologics and targeted therapies for IBD will be explored, focusing on efficacy and long-term safety
- **Microbiome and Disease Pathogenesis:** The role of the gut microbiome in IBD will be further examined as a potential therapeutic target
- **Personalized Medicine:** The integration of genetic and molecular profiles to develop tailored treatment plans will be a key area of discussion
- **Disease Remission and Monitoring:** New strategies for achieving long-term disease remission and improving monitoring protocols will be addressed
- **Surgical Innovations:** Advances in surgical techniques for complex IBD cases, including perianal fistulas, will be explored
- **Mental Health and IBD:** The impact of IBD on mental health and the development of supportive interventions will be a significant focus

Noteworthy Scientific presentations at ECCO 2026



Key Topics From Notable Presentations (1/6)

- **Treatment Efficacy and Safety:** Combination therapies and novel small molecules, such as obefazimod, risankizumab, and picankibart, will reshape UC and CD treatment, offering superior clinical remission rates, sustained disease control, and long-term benefits

  - Combination Therapy of Upadacitinib (UPA) and Vedolizumab (VDZ) for UC: In a multicenter study, UPA+VDZ combination therapy outperformed VDZ monotherapy in moderate-to-severe UC patients, achieving higher clinical, endoscopic, and histologic remission rates by week 8

  - Risankizumab's Efficacy in Crohn's Disease (CD): The risankizumab study showed early clinical and transmural efficacy in CD patients, with 79.2% achieving clinical response at week 12, demonstrating its potential for real-world use in routine clinical practice

  - Long-Term Efficacy of Mirikizumab in CD: Mirikizumab's reinduction therapy provided high long-term remission rates in CD patients, with significant improvements in inflammatory biomarkers, showing its sustained efficacy over 3 years of treatment

Key Topics From Notable Presentations (2/6)

- **Biologic and Small Molecule Therapies**: Ustekinumab, AVB-114, mirikizumab, and upadacitinib will offer promising long-term therapeutic benefits in treating complex UC and Crohn's disease cases, significantly improving remission rates and disease management outcomes

  - Ustekinumab (UST) for Perianal Fistulizing Crohn's Disease (CD): The USTAP trial demonstrated that UST significantly outperforms placebo in fistulizing perianal CD, achieving 62% combined remission at 12 weeks, supporting UST's role in treatment for this challenging condition

  - STOMP2 Trial on AVB-114 for Crohn's Perianal Fistulas: The STOMP2 trial highlighted the promising efficacy of AVB-114, showing 45.8% combined remission at 9 months compared to 8.3% in the standard care group, suggesting its potential as an effective add-on therapy

  - Upadacitinib (UPA) Long-Term Efficacy in Ulcerative Colitis (UC): The U-ACTIVATE phase 3 study found that UPA sustained clinical remission and endoscopic improvement over 192 weeks, with 69% of patients maintaining remission, supporting UPA's long-term effectiveness in UC management

Key Topics From Notable Presentations (3/6)

- **Clinical and Post-Surgical Management:** Integrated treatment strategies, including dietary modifications, biologics, and post-surgical interventions, will offer substantial improvements in managing IBD, emphasizing long-term remission and reducing the need for advanced therapies

  - IBDMED Program for Crohn's Disease: The IBDMED program will show that a Mediterranean diet intervention improves adherence and patient satisfaction, with country-specific dietary adjustments leading to positive outcomes in Israeli and Indian populations

  - Vedolizumab in Pediatric UC (KEPLER Phase 3 Trial): The KEPLER trial will highlight vedolizumab's effectiveness in treating pediatric UC, achieving clinical remission in 47.3% of patients by week 54, with a safety profile consistent with adult studies

  - Appendectomy in UC (ACCURE Long-Term Analysis): The ACCURE long-term study will demonstrate that appendectomy significantly reduces the need for advanced medical therapy in UC patients, proving its long-term benefit in maintaining remission without increasing neoplasia risk

Key Topics From Notable Presentations (4/6)

- **Disease Monitoring and New Technologies:** Emerging technologies like computer vision, predictive models, and advanced imaging will improve disease monitoring and trial recruitment efficiency, enhancing patient outcomes and accelerating therapeutic development for IBD

  - Computer-Vision-Based Endoscopic Severity Scoring (ARGES-CMES): The ARGES-CMES tool will standardize severity assessments across adult and pediatric UC populations, demonstrating its value in enhancing the Mayo Endoscopic Subscore (MES) and supporting treatment comparisons

  - APL-1401 for Active UC (Phase 1b Trial): APL-1401 will show promising efficacy in treating moderate-to-severe UC, with 41.7% of patients achieving histologic improvement, supporting further investigation in longer studies for its safety and efficacy

  - Multimodal Monitoring in Crohn's Disease (Risankizumab Study): The study will demonstrate that risankizumab leads to significant improvements in Crohn’s disease, with early responses observed in clinical, biochemical, and imaging markers, underlining the importance of multimodal monitoring

Key Topics From Notable Presentations (5/6)

- **Microbiome and Biomarkers:** Microbiome-based therapies and proteomic biomarkers will play a pivotal role in early Crohn's disease detection, prevention, and treatment, enhancing personalized care and enabling early interventions for better patient outcomes

  - Faecal Microbiota Transplantation (FMT) in Crohn's Disease: The FMT trial will demonstrate that FMT shows significant efficacy in improving endoscopic response in active Crohn's disease, despite similar CDAI improvements, supporting its potential as a therapeutic option for CD

  - Tasty&Healthy Diet in CD Prevention (PIONIR Trial): The PIONIR trial will highlight the effectiveness of the Tasty&Healthy diet in reducing fecal calprotectin (FC), suggesting its potential role in preventing Crohn's disease in high-risk first-degree relatives

  - Preclinical Proteomic Risk Score for Crohn's Disease (CD): The study will show that proteomic signatures reveal molecular changes before Crohn's disease onset, with a predictive risk score (PrRS) demonstrating strong potential for early CD detection and intervention

Key Topics From Notable Presentations (6/6)

- **Patient Quality of Life and Social Aspects:** Interventions targeting fatigue, including Obefazimod, significantly improve both the disease-specific and overall QoL in IBD patients, showcasing the importance of comprehensive management strategies for IBD-related symptoms

  - Impact of Obefazimod on Quality of Life (QoL) in UC Patients: Obefazimod significantly improved both disease-specific and overall QoL in UC patients, showing enhanced scores on the IBDQ and EQ-5D-5L, thus supporting its clinical utility for improving patient well-being

  - Fatigue Management in IBD with Obefazimod: Obefazimod demonstrated efficacy in reducing fatigue, improving both fatigue scales and overall quality of life in UC patients, indicating its potential to address fatigue as a significant symptom in IBD management

  - Sexual Dysfunction in IBD and the Role of Fatigue: Fatigue was a key contributor to sexual dysfunction in IBD patients, particularly affecting women, highlighting the importance of addressing fatigue to improve sexual health and overall quality of life in IBD management

Focus of Key Industry-Sponsored Sessions at ECCO 2026 (1/3)

- **AbbVie:**
  - Focus Areas: IL-23i in IBD, durable disease control
  - Sessions will explore the impact of IL-23 inhibitors and JAK inhibitors in achieving durable disease control, emphasizing the role of early intervention in IBD management for improved long-term outcomes
- **Johnson & Johnson:**
  - Focus Areas: Crohn's disease treatment, IL-23 in UC
  - Discussions will focus on practical insights for remission in Crohn's disease with IL-23 targeting therapies, as well as navigating IL-23 in clinical practice for ulcerative colitis treatment
- **Takeda**
  - Focus Areas: Disease modification in UC, Crohn's disease treatment
  - Presentations will highlight pathways to disease modification in ulcerative colitis, as well as strategies for improving treatment outcomes in Crohn's disease

Focus of Key Industry-Sponsored Sessions at ECCO 2026 (2/3)

- **Eli Lilly:**
  - Focus Areas: IL-23p19 for IBD, long-term remission
  - Sessions will discuss the role of mirikizumab in sustained disease control, strategies for achieving long-term remission in IBD, and how disease modification can go beyond inflammation
- **Abivax:**
  - Focus Areas: Obefazimod mechanism in IBD
  - Discussions will focus on practical insights for remission in Crohn's disease with IL-23 targeting therapies, as well as navigating IL-23 in clinical practice for ulcerative colitis treatment
- **Medtronic:**
  - Focus Areas: Capsule endoscopy for Crohn's disease monitoring
  - Presentations will cover new insights from capsule endoscopy studies in guiding treat-to-target strategies for Crohn's disease, providing a more precise approach to monitoring disease activity

Focus of Key Industry-Sponsored Sessions at ECCO 2026 (3/3)

- **Pfizer:**
  - Focus Areas: UC treatment expansion
  - Sessions will focus on expanding patient treatment options for ulcerative colitis, with a particular emphasis on personalized approaches and long-term management strategies
- **Celltrion:**
  - Focus Areas: Subcutaneous infliximab management
  - The session will discuss the benefits of subcutaneous infliximab in patient management, focusing on practical insights and strategies for improving treatment adherence and outcomes
- **MSD:**
  - Focus Areas: TL1A in IBD, immunity and tissue repair
  - Presentations will explore the role of TL1A in IBD, focusing on its impact on immunity and tissue repair, and its potential to move treatment beyond just inflammation control

Notable Presentations And Late-breaking Sessions At ECCO 2026

Notable Presentations At ECCO 2026
Treatment Efficacy and Safety (1/4)

Date	Title	Author	Summary
19 Feb 2026	Efficacy and safety of vedolizumab combined with upadacitinib as an 8-week induction strategy in moderate-to-severe ulcerative colitis: a multicenter, randomized controlled trial	Jiayin Yao	• **Introduction:** The study explores a combination therapy using upadacitinib (UPA) and vedolizumab (VDZ) to surpass this ceiling by employing a 'hit-hard-and-early' strategy. • **Methodology:** A multicenter, randomized, open-label trial (NCT06095596) compared combination therapy (UPA+VDZ) with VDZ monotherapy in moderate-to-severe UC patients. The primary endpoint was endoscopic remission at week 8, with secondary endpoints including clinical remission and histologic-endoscopic mucosal improvement. • **Results:** Combination therapy showed superior results: 37.5% achieved endoscopic remission vs 15.1% in monotherapy (P=0.007). Clinical remission and histologic-endoscopic mucosal improvement were also higher in the combination group (66.7% vs 40.0%, P=0.013). • **Conclusions:** Eight-week UPA+VDZ induction outperformed VDZ monotherapy in achieving early remission. The combination therapy provides a promising new strategy for overcoming the therapeutic ceiling in UC, with similar short-term safety profiles.
19 Feb 2026	Early kinetics of transmural healing in patients with Crohn's Disease treated with risankizumab: Results of the multicenter prospective SKYNETICS study	Anthony Buisson	• **Introduction:** This study aimed to evaluate the clinical, biochemical, and transmural efficacy of risankizumab in real-life practice for treating Crohn's disease (CD). The focus was on transmural healing, an important therapeutic goal. • **Methodology:** In this academic multicenter prospective study, 101 adult CD patients initiated risankizumab (600 mg IV at weeks 0, 4, and 8, followed by 360 mg every 8 weeks). Ultrasound was used to assess transmural response at weeks 0, 4, and 12. Secondary endpoints included clinical response, clinical remission, and biochemical response. • **Results:** At week 12, 79.2% achieved clinical response, and 38.0% reached clinical remission. Transmural response rates were 28.5% (IBUS-SAS), 14.3% (BUSS), and 54.3% (us-C-score). Transmural remission was achieved in 8.5% of patients. • **Conclusions:** Risankizumab demonstrated early clinical, biochemical, and transmural efficacy in unselected CD patients, including those with prior anti-TNF exposure, supporting its potential in routine clinical practice.

Notable Presentations At ECCO 2026 Treatment Efficacy and Safety (2/4)

Date	Title	Author	Summary
19 Feb 2026	Mirikizumab Demonstrated Long-Term Efficacy and Favorable Safety in Week 52 Endoscopic Non-Responders with Crohn's disease: 3-year VIVID-2 Open-Label Extension Interim Results	David Laharie	• **Introduction:** This report focuses on endoscopic non-responders from the Phase 3 VIVID-1 study, who received reinduction with MIRI at the start of the second year of treatment. • **Methodology:** In VIVID-1, patients received MIRI induction followed by maintenance dosing. Those who were endoscopic non-responders at week 52 received reinduction with MIRI IV and continued maintenance. Outcomes were assessed at week 152, including CDAI remission, corticosteroid-free CDAI remission, and bowel urgency improvement. • **Results:** At week 152, 78.8% of non-responders achieved CDAI remission, and 76.1% achieved corticosteroid-free CDAI remission. Improvements in bowel urgency were also observed. Patients who achieved remission at week 52 maintained outcomes, and inflammatory biomarkers improved further. • **Conclusions:** Mirikizumab reinduction followed by continued maintenance treatment showed high long-term remission rates in endoscopic non-responders, with significant improvements in inflammatory biomarkers. The safety profile remained consistent over 3 years.
20 Feb 2026	Efficacy and Safety Up to 3 Years of Risankizumab Maintenance Treatment in Patients With Moderately to Severely Active Ulcerative Colitis: Interim Results from Phase 3 COMMAND Open-Label Extension Study	Raja Atreya	• **Introduction:** This analysis reports 96-week data from the COMMAND open-label extension (OLE) study. • **Methodology:** Patients who completed 52 weeks of maintenance or responded to induction therapy were treated with RZB180 or RZB360 for 96 weeks. Efficacy was assessed with clinical remission and endoscopic improvement at weeks 0 and 96. • **Results:** Clinical remission was sustained, with lower efficacy in those with inadequate response to advanced therapy (AT-IR). No new safety concerns were identified. • **Conclusions:** Long-term RZB treatment provides sustained benefits and maintains a consistent safety profile in UC patients.

Notable Presentations At ECCO 2026 Treatment Efficacy and Safety (3/4)

Date	Title	Author	Summary
20 Feb 2026	Obefazimod induction therapy for moderately to severely active ulcerative colitis: pooled analysis of inflammatory biomarkers from the two ABTECT Phase 3 double-blind, placebo-controlled induction trials	Britta Siegmund	• **Introduction:** Obefazimod (Obe) is an oral, once-daily small molecule that enhances microRNA-124 expression. It has shown promising results in Phase 2 and Phase 3 ABTECT trials for moderate-to-severe ulcerative colitis (UC), achieving improvements in clinical, endoscopic, and histologic endpoints. • **Methodology:** In the ABTECT trials, patients with moderate-to-severe UC were randomized to receive Obe 25 mg, Obe 50 mg, or placebo for 8 weeks. This post hoc analysis assessed changes in inflammatory biomarkers, hs-CRP and fecal calprotectin (FCP), from baseline to Week 8. • **Results:** Both Obe doses significantly reduced FCP and hs-CRP levels by Week 8 compared to placebo. A higher proportion of patients achieved FCP reductions (<150 µg/g) and hs-CRP normalization with Obe treatments. • **Conclusions:** Obefazimod rapidly reduced inflammatory biomarkers in UC patients, with both doses showing significant improvements compared to placebo, supporting its potential as a treatment for moderate-to-severe UC.
20 Feb 2026	Efficacy and safety of picankibart in patients with moderately to severely active ulcerative colitis: a randomised, double-blind, placebo-controlled phase 2 trial	Shanshan Huang	• **Introduction:** This trial evaluates its efficacy and safety as both induction and maintenance therapy, comparing it to placebo. • **Methodology:** In this phase 2, double-blind, placebo-controlled trial, patients received intravenous picankibart (200 mg or 600 mg) or placebo during the induction phase (weeks 0, 4, 8). Patients with clinical response continued maintenance therapy (subcutaneous picankibart 200 mg every 4 or 8 weeks). • **Results:** At week 12, picankibart 200 mg and 600 mg showed significantly higher clinical remission rates than placebo. At week 52, 46.9% (4-week) and 48.5% (8-week) of picankibart patients maintained remission, compared to 18.2% on placebo. • **Conclusions:** Picankibart demonstrated efficacy and safety as induction and maintenance therapy for UC, supporting progression to phase 3 trials. The most common adverse event was upper respiratory tract infection.

Notable Presentations At ECCO 2026
Treatment Efficacy and Safety (4/4)

Date	Title	Author	Summary
20 Feb 2026	Efficacy of etrasimod in biologic/Janus kinase inhibitor-naïve patients with mildly to moderately active Ulcerative Colitis: results from the GLADIATOR trial	Andres Yarur	• **Introduction:** This subgroup analysis from the GLADIATOR trial evaluates its efficacy in patients without prior biologic or JAK inhibitor exposure. • **Methodology:** In this phase 2, double-blind trial, patients with mild-to-moderate UC were randomized to etrasimod (2 mg daily) or placebo for 52 weeks. Efficacy was assessed at weeks 12 and 52, including clinical remission, endoscopic improvement, and sustained remission. • **Results:** At Week 12, etrasimod significantly outperformed placebo in clinical remission (30.8% vs 10.9%), endoscopic improvement (45.2% vs 19.6%), and symptomatic remission (38.5% vs 21.7%). Sustained clinical remission at Week 52 was also significantly higher (19.2% vs 4.3%). • **Conclusions:** Etrasimod demonstrated significant efficacy in patients with mild-to-moderate UC and no prior biologic/JAKi exposure, supporting its early use in UC treatment. The safety profile was consistent with prior data.
20 Feb 2026	Impact of baseline disease duration on the efficacy of once-daily oral obefazimod in moderately to severely active ulcerative colitis: week 8 results from the ABTECT-1 and ABTECT-2 Phase 3, double-blind, placebo-controlled induction trials	Geert D'Haens	• **Introduction:** Obefazimod (Obe), a small molecule enhancing microRNA-124, shows efficacy in moderate-to-severe ulcerative colitis (UC). This analysis from the ABTECT Phase 3 trials evaluates the impact of baseline disease duration on Obe's efficacy. • **Methodology:** Patients were stratified by baseline disease duration: <2 years, 2-10 years, or ≥10 years. They were randomized to receive Obe (25 mg or 50 mg) or placebo for 8 weeks. Endpoints included clinical remission, endoscopic improvement, and histo-endoscopic mucosal improvement. • **Results:** Across all disease duration subgroups, Obe significantly outperformed placebo in clinical remission. A trend showed better efficacy in patients with shorter disease duration, although differences were not significant. • **Conclusions:** Disease duration did not significantly affect Obe's efficacy in UC, indicating its potential for use across various stages of UC.

Notable Presentations At ECCO 2026
Clinical and Post-Surgical Management (1/4)

Date	Title	Author	Summary
19 Feb 2026	The Mediterranean diet in patients with early Crohn's disease - feasibility and drivers of adherence in Israel and India: Results from the IBDMED randomized controlled trial	Shelly Shakhman	• **Introduction:** The Mediterranean diet (MED) is recommended for patients with inflammatory bowel disease (IBD), but its feasibility across diverse populations is unclear. The IBDMED program, a tailored MED-based nutritional education, was evaluated for its applicability in Israel (ISR) and India (IND). • **Methodology:** Patients with mild-to-moderate Crohn's disease were randomized to the IBDMED intervention or standard dietary counseling. The program included dietitian consultations, mobile app guidance, and wearables for lifestyle monitoring. Adherence was measured using a predefined score, and patient feedback was collected at week 8. • **Results:** Both groups showed improved adherence, with the IBDMED group having a greater increase (+3.6 vs +1.2). Dietary changes were country-specific, with increased fruit and yogurt intake in ISR and whole grains, legumes, and nuts in IND. High patient satisfaction was reported, with 87% of IBDMED participants expressing contentment. • **Conclusions:** The IBDMED program was culturally adaptable and effective in enhancing adherence and dietary changes in both ISR and IND, with positive collateral benefits observed in patients' families.
19 Feb 2026	Efficacy and safety of intravenous vedolizumab in paediatric patients with moderate-to-severe Ulcerative Colitis: Results from the KEPLER phase 3 trial	Dan Turner	• **Introduction:** The KEPLER phase 3 trial evaluated vedolizumab (VDZ), an anti-α4β7 integrin biologic, for children and adolescents with moderately to severely active UC. • **Methodology:** This single-arm trial enrolled patients aged 2-17 years with moderate-to-severe UC and prior therapy failure. VDZ was administered intravenously during a 14-week induction and 40-week randomized maintenance period. Primary endpoints included clinical remission at Week 54. • **Results:** At Week 54, 47.3% of patients achieved clinical remission, with similar rates in low-dose (LD) and high-dose (HD) groups. At Week 14, 34.7% achieved clinical remission. The safety profile was consistent with adult studies. • **Conclusions:** VDZ was effective and well-tolerated for pediatric UC patients, with similar efficacy observed in adult populations. No new safety signals were identified.

Notable Presentations At ECCO 2026
Clinical and Post-Surgical Management (2/4)

Date	Title	Author	Summary
19 Feb 2026	Dedicated Joint Inflammatory Bowel Disease-Antenatal clinics are associated with better pregnancy and neonatal outcomes in patients with active Inflammatory Bowel Disease during pregnancy: results from a large UK multi-centre cohort	Krishna Shah	• **Introduction:** This study identifies predictors for such outcomes to inform targeted interventions for pregnant IBD patients. • **Methodology:** This multi-center retrospective cohort study included pregnant patients with active IBD from 16 UK sites. Adverse outcomes were assessed, including IBD-related hospitalizations, surgeries, and pregnancy complications. Logistic regression analyzed predictors, adjusting for maternal age, BMI, and smoking status. • **Results:** Adverse IBD outcomes occurred in 23.1% of pregnancies, with prior bowel resection, biologic exposure, and corticosteroid or biologic initiation during pregnancy as key predictors. Adverse pregnancy outcomes occurred in 33.3%, with active disease and emergency C-sections linked to higher risks. • **Conclusions:** Active IBD during pregnancy poses significant risks. Management in a dedicated IBD-antenatal clinic reduced adverse outcomes, supporting a multidisciplinary approach as standard care for pregnant IBD patients.
19 Feb 2026	Post-Operative Crohn's Disease Outcomes in Children (The POPCORN trial): a prospective comparative non-interventional multi-center open study from the Porto Group of ESPGHAN	Manar Matar	• **Introduction:** This study evaluates long-term outcomes in children post-surgery and the effect of prophylactic biologic/anti-TNF therapy on disease recurrence. • **Methodology:** This prospective, multi-center study followed children after ileocecal resection, monitoring clinical activity, use of post-op prophylactic therapy, and endoscopic recurrence over 24 months. Primary outcomes included endoscopic recurrence and clinical relapse (PCDAI ≥10 points). • **Results:** Endoscopic recurrence occurred in 58% of patients, with 13% experiencing clinical relapse in the first year. Postoperative biologic therapy reduced endoscopic recurrence risk (HR=0.58, p=0.005). Younger age at diagnosis, penetrating phenotype, perianal disease, and residual disease were risk factors for recurrence. • **Conclusions:** Postoperative recurrence in children with CD is common, but prophylactic biologic therapy significantly reduces the risk of endoscopic recurrence. Early intervention and careful monitoring are crucial for improving long-term outcomes.

Notable Presentations At ECCO 2026
Clinical and Post-Surgical Management (3/4)

Date	Title	Author	Summary
20 Feb 2026	Changes in patient education programme for Inflammatory Bowel Disease patients in France: results of a national survey.	J. Moreau	• **Introduction:** This survey assesses the evolution of PE programs in IBD centres in France, comparing current practices with previous findings from the 2019 survey. • **Methodology:** A questionnaire was sent to 57 active IBD centres in France. It covered topics such as the integration of PE in the care pathway, the role of expert patients, staff training, and the main subjects covered in workshops. • **Results:** 50 centres (87.7%) responded. The number of approved centres increased from 10 to 50, and trained nurses grew from 60 to 323. Expert patients were integrated into 60% of centres, and more than 90% of participants were satisfied with the workshops. However, challenges include insufficient long-term funding and a low number of expert patients in the teams. • **Conclusions:** PE in IBD has significantly improved, benefiting thousands of patients. However, better promotion, systematic integration of expert patients, and expansion of PE in private practice are needed. A European-wide survey is recommended for further insights.
20 Feb 2026	The effect of intensive physical exercise on fatigue and quality of life in patients with quiescent inflammatory bowel disease: a multicentre randomised controlled trial (ENERGIZE-IBD trial)	J. Hendriks	• **Introduction:** This study evaluates the effectiveness of a 12-week supervised exercise program for managing fatigue and improving quality of life (HRQoL) in IBD patients. • **Methodology:** In a multicenter randomized controlled trial, 100 adults with quiescent IBD and chronic fatigue were randomized to an intervention (exercise program) or control group. Primary outcomes included fatigue (IBD-F) and HRQoL (IBDQ) at 12 weeks. Secondary outcomes included anxiety, depression, fitness, and body composition. • **Results:** The intervention group showed significant reductions in fatigue ($p=0.014$) and improvements in HRQoL ($p=0.024$). Anxiety decreased ($p=0.02$), and physical fitness improved, including cardiorespiratory fitness and reduced body fat ($p=0.024$). No significant differences were seen in depressive symptoms or sleep quality. • **Conclusions:** A 12-week supervised exercise program significantly reduced fatigue, improved HRQoL, and enhanced physical fitness in IBD patients with chronic fatigue. Exercise could be an effective strategy for managing IBD-related fatigue.

Notable Presentations At ECCO 2026
Clinical and Post-Surgical Management (4/4)

Date	Title	Author	Summary
21 Feb 2026	Long-term outcomes after appendectomy for maintenance of remission in ulcerative colitis: Five-year NL-results from the ACCURE randomized controlled trial.	Isabelle Van Dijk	• **Introduction:** The ACCURE trial showed that appendectomy reduced clinical relapses in ulcerative colitis (UC) patients in remission. This long-term analysis evaluates the effectiveness of laparoscopic appendectomy over 5 years in maintaining UC remission. • **Methodology:** Dutch participants from the ACCURE trial were followed for 5 years. The primary outcome was the initiation of advanced medical therapy, with secondary outcomes including colectomy and colorectal neoplasia. Cox regression was used for time-to-event analysis, adjusting for confounders. • **Results:** Appendectomy patients had significantly fewer instances of advanced therapy initiation (8.8% vs 25.3%, p=0.004). Three colectomies were required, all in the control group. No increased risk of neoplasia was observed. • **Conclusions:** Appendectomy significantly reduced the need for advanced medical therapy in UC patients, supporting its long-term benefit in maintaining remission without increasing neoplasia risk.

Notable Presentations At ECCO 2026 Microbiome and Biomarkers (1/3)

Date	Title	Author	Summary
20 Feb 2026	Faecal microbiota transplantation for active Crohn's disease: The MIRO (Microbial Restoration) randomised placebo-controlled trial.	Sasha Fehily	• **Introduction:** Faecal microbiota transplantation (FMT) holds potential as a therapeutic option for Crohn's disease (CD), given the role of the microbiota in disease pathogenesis. This study assesses FMT's efficacy and safety in active CD. • **Methodology:** A randomised, double-blind, placebo-controlled trial was conducted in patients with active CD. After a 3-week dietary optimisation and 1-week antibiotic therapy, patients received FMT or placebo for 8 weeks. Primary outcomes were clinical response (CDAI decrease ≥100 points) and secondary outcomes included endoscopic response and biomarkers. • **Results:** In the modified intention-to-treat (mITT) analysis, 57.1% of FMT patients achieved clinical response versus 45.5% in placebo (p=0.296). Endoscopic response was significantly better in the FMT group (53.3% vs 23.5%, p=0.047). Biomarker reduction did not differ between groups. • **Conclusions:** FMT showed promising therapeutic benefits over placebo, particularly in endoscopic response. The donor effect was significant, and while CDAI improvement was not significant, FMT remains a promising treatment for active CD.
20 Feb 2026	The Tasty&Healthy whole food diet improves calprotectin in high risk first-degree relatives of patients with Crohn's disease (FDRs): The PIONIR randomized controlled prevention cross-over trial	Dan Turner	• **Introduction:** The PIONIR RCT explores the Tasty&Healthy (T&H) diet in high-risk first-degree relatives (FDRs) for Crohn's disease (CD), aiming to improve biomarkers like fecal calprotectin (FC). • **Methodology:** FDRs with elevated FC were randomized to T&H or habitual diet for 8 weeks, with FC measured every 4 weeks. Generalized estimating equations (GEE) analyzed treatment effects. • **Results:** T&H significantly reduced FC (p<0.001). 54% of T&H participants had FC <50 µg/g at week 8. • **Conclusions:** The T&H diet significantly reduced inflammation, suggesting potential for CD prevention. Larger trials are needed for long-term effects.

Notable Presentations At ECCO 2026 Microbiome and Biomarkers (2/3)

Date	Title	Author	Summary
20 Feb 2026	The gastrointestinal microbiome is associated with endoscopic disease activity in newly-diagnosed Crohn's Disease: Results from the PROFILE trial	G. Young	• **Introduction:** The PROFILE trial explores the association between the gastrointestinal microbiome and disease activity in newly diagnosed Crohn's disease patients, with a focus on symptomatic, endoscopic, and biochemical measures. • **Methodology:** Stool samples from 456 participants were collected and sequenced. Associations between microbiome features and disease activity (stool frequency, abdominal pain, SES-CD, CRP, fecal calprotectin) were analyzed using statistical methods. • **Results:** Microbial richness was lower in patients with higher stool frequency and greater SES-CD scores. Specific microbial taxa were associated with disease location and activity, with stronger links to stool frequency and endoscopic activity than CRP or fecal calprotectin. • **Conclusions:** Microbial features correlate more with stool frequency and endoscopic activity than traditional biomarkers. Future research should explore microbial signatures by disease location.
20 Feb 2026	A Randomized Controlled Trial of Alginate intake after Fecal Microbiota Transplantation in Ulcerative Colitis: Evidence for Taurine-Producing Gut Microbiota–Mediated Mucosal Healing	R. Odakura	• **Introduction:** This study explores the effectiveness of post-antibiotic fecal microbiota transplantation (A-FMT) combined with alginate supplementation in enhancing therapeutic outcomes for ulcerative colitis (UC) patients. Previous studies showed A-FMT's efficacy, but its enhancement through alginate, a polysaccharide, remains unexplored. • **Methodology:** In this randomized, double-blind trial, UC patients received A-FMT followed by alginate or placebo for 8 weeks. Clinical response and remission were assessed using the Total Mayo Score (TMS), and gut microbiota was analyzed using 16S rRNA sequencing. Mechanistic studies were conducted in mice models. • **Results:** While no significant difference in remission rates was found, the alginate group showed greater histological improvement. Bacteroidota abundance increased in alginate responders, correlating with higher fecal taurine levels, which were linked to enhanced epithelial repair in both mice and organoid models. • **Conclusions:** Alginate supplementation enhances A-FMT's therapeutic effect by modulating taurine metabolism and promoting mucosal healing. This suggests a promising adjunctive therapy for IBD, leveraging dietary fiber-microbiota interactions.

Notable Presentations At ECCO 2026
Microbiome and Biomarkers (3/3)

Date	Title	Author	Summary
20 Feb 2026	Longitudinal analysis of changes in gut microbiota and microRNA expression between active and remission phases in patients with ulcerative colitis	C.S. Eun	• **Introduction:** This study explores longitudinal changes in microbiota and miRNA expression during the active and quiescent phases of UC. • **Methodology:** Eleven UC patients and seven healthy controls were enrolled. Colonic tissue samples were collected during both active and quiescent UC phases for microbiota and miRNA analysis. Microbiota was assessed via 16S rRNA sequencing, and miRNA expression was analyzed using microarrays. • **Results:** Distinct gut microbiota compositions were observed in UC patients compared to controls. However, phase-specific differences were less pronounced. miRNA expression showed significant phase-specific changes, with distinct upregulation and downregulation of miRNAs between active and quiescent UC. • **Conclusions:** Microbiota differences were more prominent between UC patients and controls than between active and quiescent UC. miRNA expression profiles were phase-specific, suggesting miRNAs as sensitive indicators of disease activity in UC.
21 Feb 2026	Time-Trajectory Analysis Reveals the Evolution of Serum Proteomics During the Preclinical Phase of Crohn's Disease	Rirong Chen	• **Introduction:** This study uses serum proteomics across three cohorts to map the preclinical molecular trajectory and develop a predictive proteomic risk score (PrRS). • **Methodology:** The study integrated data from three cohorts (GEM, PREDICTS, UK Biobank), analyzing 2,034 serum samples using Olink® HT. Conditional logistic regression assessed protein associations, and machine learning developed the PrRS. • **Results:** 73 proteins were linked to CD risk, with 108 showing dynamic changes over time. The PrRS, using 11 validated proteins, predicted CD onset with AUCs of 0.806 in GEM and 0.751 in PREDICTS. • **Conclusions:** Proteomic signatures reveal molecular changes in the preclinical phase of CD, and the PrRS enables risk prediction, offering a framework for early intervention and stratification.

Notable Presentations At ECCO 2026
Biologic and Small Molecule Therapies (1/4)

Date	Title	Author	Summary
19 Feb 2026	Ustekinumab for Fistulizing Perianal Crohn's Disease: week-48 results from the USTAP Randomized Placebo-ControlledTrial	Pauline Wils	• **Introduction:** The USTAP trial evaluated ustekinumab (UST) for active draining perianal fistulas in a multicenter, randomized, placebo-controlled design. • **Methodology:** Patients with draining perianal fistulas were randomized to UST or placebo, with UST administered at 6 mg/kg IV initially, followed by 90 mg SC every 8 weeks. Primary endpoints included combined clinical and radiological remission at week 12. • **Results:** At week 12, 62% of UST patients achieved combined remission vs 25% in placebo. Clinical remission was 69% vs 31%, and radiological remission was 87.5% vs 75%. At week 48, 50% of UST-treated patients maintained remission. • **Conclusions:** UST showed significant short-term clinical benefit in fistulizing perianal CD, particularly in patients with prior anti-TNF exposure. Treatment persistence was higher in the UST group, supporting its use for this condition.
19 Feb 2026	Expanded Primary Analysis of the Randomized, Wait-List Controlled STOMP2 Trial Evaluating AVB-114 in Persistent Crohn's Perianal Fistulas	David Schwartz	• **Introduction:** The STOMP2 trial aimed to evaluate the efficacy of AVB-114, an implantable autologous cell therapy, as an add-on treatment for patients with persistent Crohn's perianal fistulas. It incorporated wait-list controlled elements to enhance the evaluation. • **Methodology:** Patients with single perianal fistula tracts and prior treatment failure were randomized to standard care (SoC) or AVB-114 implantation. The primary endpoint was combined fistula remission at 9 months, defined by MRI, visual closure, and no drainage. • **Results:** At 9 months, AVB-114 achieved 45.8% combined remission vs 8.3% for SoC (p=0.0078). Clinical remission was similar, with a 38% difference. Perianal disease activity decreased more in the AVB-114 groups. • **Conclusions:** AVB-114 demonstrated significant efficacy in treating perianal fistulas in Crohn's disease, with mild and infrequent adverse events. These results support AVB-114 as a promising therapy.

Notable Presentations At ECCO 2026
Biologic and Small Molecule Therapies (2/4)

Date	Title	Author	Summary
20 Feb 2026	Efficacy and Safety of Upadacitinib After 5 Years of Treatment in Patients With Moderately to Severely Active Ulcerative Colitis: Interim Analysis From the Phase 3 U-ACTIVATE Open-Label Extension Study	Remo Panaccione	• **Introduction:** U-ACTIVATE is a phase 3 long-term extension study evaluating the efficacy and safety of upadacitinib (UPA), a selective Janus kinase inhibitor, for moderately to severely active ulcerative colitis (UC). This interim analysis includes patients who responded to 8 weeks of UPA induction therapy. • **Methodology:** Patients who achieved clinical remission after UPA induction were rerandomized to placebo or UPA maintenance therapy (15 mg or 30 mg QD) for 52 weeks, followed by 192 weeks of open-label treatment. Efficacy and safety were assessed at LTE week 192. • **Results:** At LTE week 192, over 69% of patients in both UPA groups maintained clinical remission and achieved endoscopic improvement. UPA30 showed 80% endoscopic remission maintenance. Safety outcomes were consistent with prior analyses, with no new safety signals. • **Conclusions:** UPA demonstrated sustained clinical remission and endoscopic improvement over 5 years. The safety profile remained consistent, supporting UPA's long-term use in UC treatment.
20 Feb 2026	Mirikizumab Long-term Safety in IBD: Integrated Analysis of the UC and CD Phase 3 Studies	Alissa Walsh	• **Introduction:** This pooled safety analysis from Phase 3 trials evaluates MIRI's long-term safety profile across both conditions. • **Methodology:** Data from 2404 adults with moderately to severely active UC (1371 patients) and CD (1033 patients) were pooled. Patients received MIRI for up to 4 years. Safety outcomes were assessed by year of treatment and expressed in exposure-adjusted incidence rates (EAIRs). • **Results:** Across 5967.9 patient years of exposure, TEAEs occurred at a rate of 114.6 events per 100 PYR, decreasing over time. Serious adverse events (SAEs) also decreased, with no increase in infections, major cardiac events, malignancies, or hepatic events over 4 years. • **Conclusions:** The long-term safety profile of MIRI in both UC and CD is favorable, with no new safety signals. The incidence of key safety events remained stable over 4 years of treatment.

Notable Presentations At ECCO 2026
Biologic and Small Molecule Therapies (3/4)

Date	Title	Author	Summary
20 Feb 2026	Evaluation of a mental care app-based fatigue management program for patients with inflammatory bowel disease in remission: A randomised controlled trial protocol	M. Tanaka	• **Introduction:** This study evaluates the effectiveness of a mental care app based on cognitive-behavioral therapy (CBT) for managing fatigue in IBD patients in remission. • **Methodology:** This open-label, waiting-list controlled RCT involves adults with Crohn's disease or ulcerative colitis in remission and mild fatigue. Participants are randomized to either an intervention group receiving a 7-week CBT-based program or a waiting-list control group. Primary and secondary outcomes include fatigue and self-efficacy for IBD self-management. • **Results:** As of October 29, 387 patients were invited, and 272 met eligibility criteria. Recruitment is ongoing, and participants are currently undergoing the intervention to manage fatigue through the mental care app. • **Conclusions:** This study will assess whether a CBT-based mental care app can reduce fatigue and improve self-efficacy in IBD patients, potentially offering a scalable solution for IBD care.
20 Feb 2026	Combination of Fecal Microbiota Transplantation and Exclusion Diet for Induction and Maintenance in Mild-to-Moderate Crohn's Disease: A Randomized Sham-Controlled Trial	U. Arora	• **Introduction:** Faecal microbiota transplantation (FMT) combined with the Crohn's Disease Exclusion Diet (CDED) has potential for treating Crohn's disease (CD), targeting dysbiosis. This trial evaluates the efficacy of combining FMT with CDED in active CD patients. • **Methodology:** Adults with mild-to-moderate CD were randomized to FMT or sham (saline) while receiving CDED. Clinical and endoscopic remission were primary endpoints, assessed at weeks 12 and 52. A modified intention-to-treat (mITT) analysis was used. • **Results:** At week 12, 76.5% of FMT patients achieved clinical remission vs 46.2% in the sham group (p=0.13). At week 52, FMT led to higher clinical and endoscopic remission rates, with 41.2% achieving combined clinical-endoscopic response vs 0% in sham (p=0.01). • **Conclusions:** Combining FMT with CDED showed promising results, with a significant clinical-endoscopic response at 52 weeks, supporting its potential for treating mild-to-moderate CD.

Notable Presentations At ECCO 2026
Biologic and Small Molecule Therapies (4/4)

Date	Title	Author	Summary
20 Feb 2026	Efficacy and safety of vedolizumab in early Crohn's Disease: final results from the prospective, multicenter, interventional EARLY CD study	J. Liu	• **Introduction:** Early intervention with advanced therapies in Crohn's disease (CD) improves outcomes. This study evaluates the efficacy and safety of vedolizumab (VDZ) in patients with early CD. • **Methodology:** This prospective, single-arm study enrolled patients diagnosed with CD within 18 months, with moderate-to-severe disease. Patients received VDZ for up to 50 weeks. Primary endpoints were clinical (CDAI ≤ 150) and endoscopic remission (SES-CD ≤ 4) at week 52. • **Results:** At week 52, 67.1% of patients achieved clinical remission and 47.0% achieved endoscopic remission. Significant improvements in symptoms and quality of life were observed, with a mucosal healing rate of 52.6%. • **Conclusions:** VDZ as initial advanced therapy showed high remission rates and early improvements in early CD. The safety profile was consistent, supporting VDZ's use for early intervention.
20 Feb 2026	Mirikizumab treatment decreases Ulcerative Colitis-related surgery and hospitalisation rates: 4-year LUCENT studies results	F. Magro	• **Introduction:** Mirikizumab (MIRI), an anti-IL-23 monoclonal antibody, has shown efficacy and safety in treating moderate-to-severe ulcerative colitis (UC). This analysis focuses on UC-related hospitalizations and surgeries over 4 years of MIRI treatment. • **Methodology:** Patients in the LUCENT-1 and LUCENT-2 trials were treated with MIRI or placebo. Those achieving clinical response entered LUCENT-3 for long-term treatment. UC-related hospitalizations and surgeries were tracked through week 212. • **Results:** In LUCENT-3, 316 MIRI-treated patients had 835 patient-years of exposure. One UC-related hospitalization occurred, with no surgeries reported, maintaining the trend of reduced hospitalizations from LUCENT-1 and LUCENT-2. • **Conclusions:** MIRI demonstrated sustained long-term efficacy, reducing UC-related hospitalizations and surgeries over 4 years, supporting its disease-modifying potential in UC management.

Notable Presentations At ECCO 2026
Patient Quality of Life and Social Aspects (1/4)

Date	Title	Author	Summary
20 Feb 2026	Improvements in patient-reported, disease-specific and overall quality-of-life among patients with moderately to severely active ulcerative colitis (UC) treated with obefazimod induction therapy: pooled results from the 8-week ABTECT-1 and ABTECT-2 Phase 3, double-blind, placebo-controlled induction trials	Filip J. Baert	• **Introduction:** Obefazimod (Obe) is an investigational therapy for moderately to severely active ulcerative colitis (UC), designed to enhance microRNA-124 expression. This study evaluates its impact on disease-specific and overall quality of life (QoL) in UC patients. • **Methodology:** Patients in the ABTECT-1 and ABTECT-2 Phase 3 trials were randomized to receive Obe (50 mg or 25 mg) or placebo for 8 weeks. Disease-specific QoL was assessed with the IBDQ, and overall QoL with the EQ-5D-5L. • **Results:** Obe-treated patients showed significant improvements in IBDQ scores (Δ25.97 for Obe-50, $p<0.0001$) and EQ-5D-5L Index scores (Δ0.10 for Obe-50, $p<0.0001$) compared to placebo. More Obe-treated patients achieved meaningful QoL changes. • **Conclusions:** Obe significantly improved both disease-specific and overall QoL in UC patients, supporting its potential for clinical use in this population.
20 Feb 2026	Improvements in patient-reported fatigue among patients with moderately to severely active ulcerative colitis (UC) treated with obefazimod induction therapy: pooled results from the 8-week ABTECT-1 and ABTECT-2 Phase 3, double-blind, placebo-controlled induction trials	Marla C Dubinsky	• **Introduction:** This study evaluates its efficacy in reducing patient-reported fatigue, a major quality of life concern in UC. • **Methodology:** In the ABTECT-1 and ABTECT-2 Phase 3 trials, patients were randomized to receive Obe 50 mg, Obe 25 mg, or placebo for 8 weeks. Fatigue was measured using the FACIT-F and Fatigue NRS scales. • **Results:** Obe-treated patients showed significant improvement in fatigue compared to placebo. The Obe-50 and Obe-25 groups had higher mean FACIT-F scores and greater fatigue remission rates ($p<0.05$). Significant improvements in Fatigue NRS scores were also observed. • **Conclusions:** Obefazimod significantly reduced fatigue in UC patients, improving both disease-specific and overall quality of life, with effects seen across both doses.

Notable Presentations At ECCO 2026
Patient Quality of Life and Social Aspects (2/4)

Date	Title	Author	Summary
20 Feb 2026	Fatigue as an independent determinant of sexual dysfunction in remission-phase Inflammatory Bowel Disease, regardless of sex or disease subtype	C. Sgamato	• **Introduction:** Sexual dysfunction (SD) is prevalent in inflammatory bowel disease (IBD) patients, though it is rarely addressed in routine care. The factors contributing to SD in IBD are unclear, with fatigue and body image being potential contributors. • **Methodology:** 100 IBD patients (48 CD, 52 UC) in remission were enrolled. Data on demographics, quality of life, fatigue, anxiety, depression, and sexual health were collected. SD was assessed using the FSFI for women and IIEF-5 for men. • **Results:** SD was found in 61% of patients, more prevalent in women (73% vs 50%). Fatigue was a strong predictor of SD, along with older age and unemployment in men. In women, severe fatigue was the main predictor. • **Conclusions:** Fatigue significantly contributes to SD in IBD, highlighting the need for targeted, multidisciplinary interventions to improve quality of life and disease outcomes in IBD patients.
20 Feb 2026	Fecal incontinence and sexual distress significantly impact quality of life in ulcerative proctitis: results from the prospective multicenter SNAP-UP study	R.J. Pierik	• **Introduction:** Ulcerative proctitis (UP) significantly impacts quality of life (QoL), yet the specific effects of symptoms like bowel urgency and fecal incontinence on QoL remain underexplored. This study investigates the QoL of UP patients and identifies key factors contributing to impairment. • **Methodology:** 108 UP patients were assessed using digital questionnaires evaluating disease activity, bowel urgency, fecal incontinence, and sexual distress. QoL was measured using the EQ-5D-5L, compared to healthy controls and patients with more extensive UC. • **Results:** UP patients reported significantly lower QoL compared to healthy controls. Bowel incontinence and sexual distress were key factors associated with impaired QoL ($p<0.05$). • **Conclusions:** UP patients experience significant symptom burden, with fecal incontinence and sexual distress significantly reducing QoL. These factors should be routinely assessed, and targeted interventions should be considered.

Notable Presentations At ECCO 2026
Patient Quality of Life and Social Aspects (3/4)

Date	Title	Author	Summary
20 Feb 2026	A randomised controlled trial of IBD-BOOST, a digital facilitator-supported self-management intervention, for fatigue, pain and urgency/ faecal incontinence: a cost-effective treatment option.	A. Hart	• **Introduction:** The IBD-BOOST program aimed to address the unmet needs of fatigue, pain, and fecal incontinence (FI) in IBD patients through a digital, self-management intervention. • **Methodology:** The study included 780 participants from a national survey and randomized them to either the IBD-BOOST intervention or care as usual (CAU). Primary outcomes were quality of life (UK-IBDQ) and global symptom relief (GRSR) at 6 months. • **Results:** While no significant differences were observed between arms, participants who adhered to the intervention showed improved QoL. The intervention was cost-effective, with substantial savings per quality-adjusted life year (QALY). • **Conclusions:** The IBD-BOOST program was cost-effective and beneficial for engaged patients, despite not meeting primary endpoints. It highlights the value of psychological interventions in managing IBD-related symptoms.
20 Feb 2026	Participation in a peer support group improves sexual dysfunction in IBD patients: results of an interventional study	L. Bourget	• **Introduction:** This study evaluates the impact of a peer support group on sexual function in IBD patients. • **Methodology:** Patients were randomly assigned to a peer support group focused on intimacy and body image or a control group. Sexual function was assessed before and after six months using the IIEF for men and FSFI for women. • **Results:** The intervention group showed significant improvements in sexual function (+4.92 vs. -9.28, p=0.02) and clinically meaningful improvement in 22% versus 6% in controls (p=0.04). • **Conclusions:** Peer support for intimacy and body image improved sexual function in IBD patients, especially those with baseline sexual dysfunction. This highlights the potential of psychological interventions for IBD-related sexual health.

Notable Presentations At ECCO 2026
Patient Quality of Life and Social Aspects (4/4)

Date	Title	Author	Summary
20 Feb 2026	Willingness to switch from optimized intravenous to subcutaneous infliximab in IBD: baseline characteristics from the AMARETTO trial.	A. Moens	• **Introduction:** This analysis focuses on patient characteristics influencing the decision to switch. • **Methodology:** 275 IBD patients in steroid-free clinical and biological remission were enrolled. Patients chose to continue IV IFX or switch to SC IFX, randomized to weekly or bi-weekly dosing. The study analyzed baseline characteristics and patient reasons for switching or not. • **Results:** Younger patients were more likely to switch to SC IFX. Motivations for switching included reduced hospital visits (60%) and time savings (58%). Reasons for not switching were fear of change (52%) and concerns about disease relapse (24%). • **Conclusions:** Younger age influenced the decision to switch to SC IFX. Practical motivations for switching were common, while fear of change and disease relapse concerns were the main reasons for reluctance. The trial will further assess SC dosing's effectiveness.
20 Feb 2026	Fecal incontinence and sexual distress significantly impact quality of life in ulcerative proctitis: results from the prospective multicenter SNAP-UP study	R.J. Pierik	• **Introduction:** Ulcerative proctitis (UP) significantly impacts quality of life (QoL), yet the specific effects of symptoms like bowel urgency and fecal incontinence on QoL remain underexplored. This study investigates the QoL of UP patients and identifies key factors contributing to impairment. • **Methodology:** 108 UP patients were assessed using digital questionnaires evaluating disease activity, bowel urgency, fecal incontinence, and sexual distress. QoL was measured using the EQ-5D-5L, compared to healthy controls and patients with more extensive UC. • **Results:** UP patients reported significantly lower QoL compared to healthy controls. Bowel incontinence and sexual distress were key factors associated with impaired QoL ($p<0.05$). • **Conclusions:** UP patients experience significant symptom burden, with fecal incontinence and sexual distress significantly reducing QoL. These factors should be routinely assessed, and targeted interventions should be considered.

Notable Presentations At ECCO 2026
Disease Monitoring and New Technologies (1/3)

Date	Title	Author	Summary
20 Feb 2026	Computer vision endoscopy scoring for ulcerative colitis disease severity (ARGES-CMES): A comparison between adult and paediatric clinical trials	N. Alves	• **Introduction:** Accurate severity scoring in paediatric UC is essential for disease management. ARGES-CMES, a computer-vision-based tool, enhances the Mayo endoscopic subscore (MES). • **Methodology:** Data from UNIFI and UNIFI-JR trials were analyzed using ARGES-CMES to assess endoscopic severity at baseline, week 8, and week 52. • **Results:** CMES scores showed similar improvements in both adult and paediatric populations. The q12w dosing in UNIFI-JR led to higher CMES scores than q8w. • **Conclusions:** ARGES-CMES standardizes severity assessment and supports treatment comparisons across age groups.
20 Feb 2026	First-in-human Phase 1b Study of the Dopamine β-Hydroxylase Inhibitor APL-1401 in Patients with Moderate-to-Severe ULCERATIVE COLITIS: Pharmacokinetics and Preliminary Results	X. Liu	• **Introduction:** APL-1401, a dopamine β-hydroxylase inhibitor, shows anti-inflammatory effects in ulcerative colitis (UC). This phase 1b trial assessed its safety, tolerability, pharmacokinetics (PK), and efficacy in active UC. • **Methodology:** Adults with moderate-to-severe UC were randomized to receive APL-1401 or placebo for 4 weeks. Primary endpoints were adverse events (AEs), and secondary endpoints assessed clinical and histologic response. • **Results:** APL-1401 showed promising efficacy, with 41.7% achieving histologic improvement. The 120 mg cohort had superior responses. Rash was the most common AESI. • **Conclusions:** APL-1401 (120 mg) demonstrated tolerability and efficacy, supporting further evaluation in longer studies.

Notable Presentations At ECCO 2026
Disease Monitoring and New Technologies (2/3)

Date	Title	Author	Summary
20 Feb 2026	Accelerating enrollment in phase 2 and 3 Inflammatory Bowel Disease trials through an innovative site network	L. Peyrin-Biroulet	• **Introduction:** Recruitment for IBD randomized controlled trials (RCTs) has declined over the years, increasing trial costs and delaying therapy availability. This study aimed to assess site performance in IBD RCTs across a global network. • **Methodology:** Data from Phase 2 and 3 IBD RCTs (April 2024–October 2025) were analyzed, with sites integrated into a clinical trial network providing standardized processes, training, and tools to improve enrollment efficiency. • **Results:** The network showed a weighted average randomization rate of 0.34, significantly higher than 2020 benchmarks (0.10). Site activation and randomization were faster than industry standards. • **Conclusions:** The network model offers a scalable solution to IBD trial recruitment challenges, accelerating novel therapy development for patients.
20 Feb 2026	Real-World Evaluation of Crohn's Disease Activity During Risankizumab Induction Using Ultrasound Assessment: Preliminary Results from the AN-IBD Network	C.M. Palmisano	• **Introduction:** Risankizumab, an anti-IL-23 monoclonal antibody, shows promise in moderate-to-severe Crohn's disease (CD). Real-world data combining clinical, biochemical, and imaging tools like BUSS remain limited. • **Methodology:** Adult CD patients receiving risankizumab induction (600 mg at weeks 0, 4, and 8) across 19 IBD centers were analyzed for clinical, biochemical, and ultrasound responses at baseline and week 12. • **Results:** 47.3% achieved steroid-free remission. BUSS scores decreased significantly ($p<0.001$), with better outcomes in combined responders. • **Conclusions:** Risankizumab demonstrated early improvements in CD, highlighting the value of multimodal monitoring in real-world practice.

Key Industry Sponsored Sessions Information

ECCO 2026 Key Industry Sponsored Sessions Information (1/3)

Date	Sponsor	Title
19 Feb 2026	Abbvie	The IL-23i effect in IBD: riding the wave to durable disease control
19 Feb 2026	Johnson & Johnson	Mission remission: practical insights for Crohn's disease in the IL-23 era
19 Feb 2026	Takeda	The verdict on ulcerative colitis: is there a pathway to disease modification?
19 Feb 2026	Eli Lilly	Selecting an IL23p19 for durable long-term benefits: the role of mirikizumab in sustained disease control
19 Feb 2026	ALFASIGMA	A clearer picture: evolving perspectives in moderately active UC
19 Feb 2026	Abivax	Obefazimod in focus: revolutionizing IBD through a new mechanism of action
19 Feb 2026	Dr. Falk	Back to the future 2: advancing the plot with established therapies

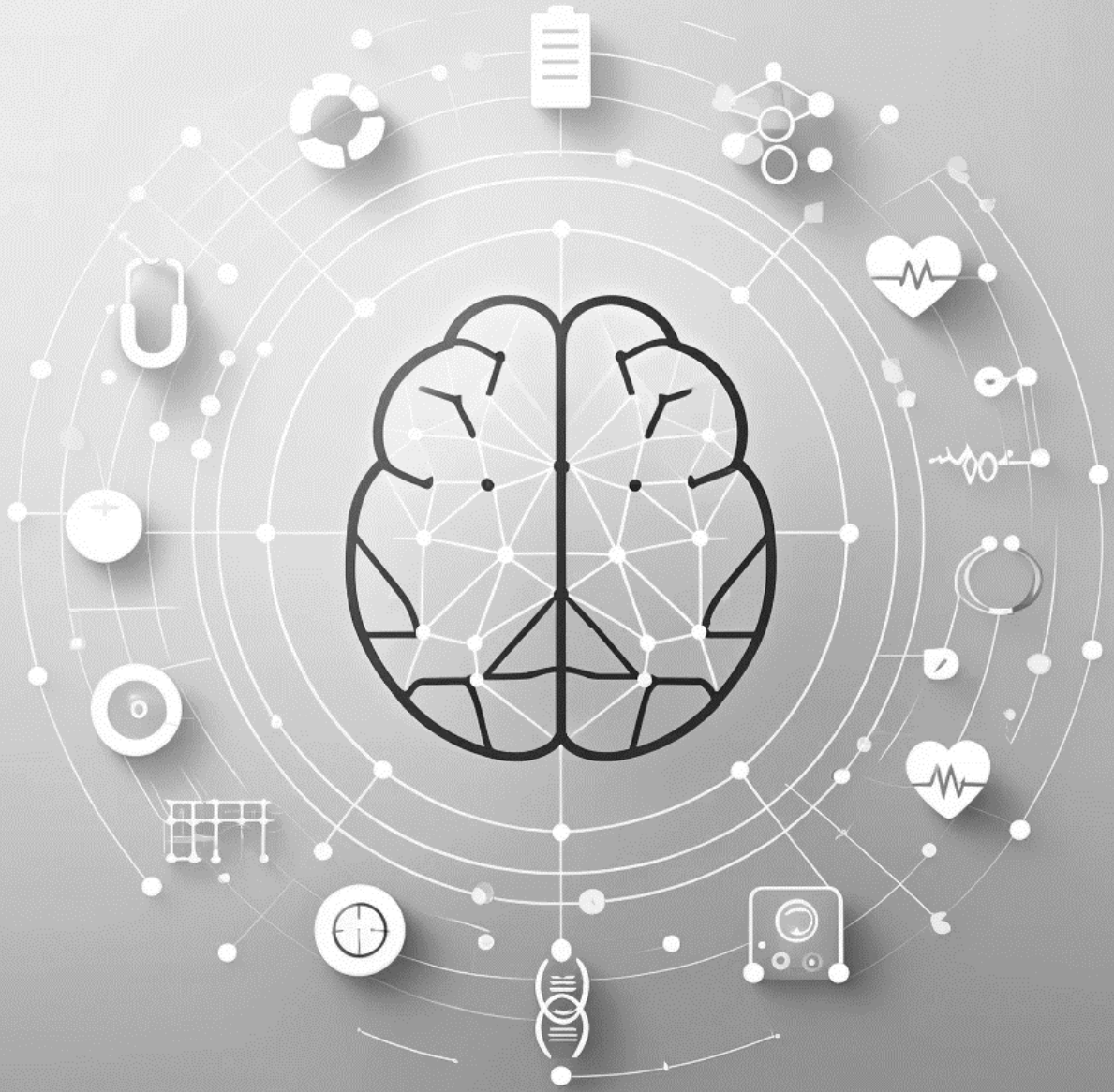
ECCO 2026 Key Industry Sponsored Sessions Information (2/3)

Date	Sponsor	Title
19 Feb 2026	Nestle Health Science	The best of both worlds: combining diet with drugs for the management of Crohn's Disease
20 Feb 2026	Abbvie	Turning the tide: impact of earlier use of JAKi in IBD
20 Feb 2026	Johnson & Johnson	Charting the UC horizon: navigating IL-23 in clinical practice
20 Feb 2026	Takeda	Raising the bar in Crohn's disease treatment: finding a path to improved outcomes
20 Feb 2026	Eli Lilly	The journey starts now: rethinking remission with a focus on long-term outcomes in IBD
20 Feb 2026	Eli Lilly	Entering the era of disease modification in IBD: beyond treating inflammation
20 Feb 2026	Pfizer	Knowing me, knowing UC: expanding options for patient treatment in UC

ECCO 2026 Key Industry Sponsored Sessions Information (3/3)

Date	Sponsor	Title
20 Feb 2026	Medtronic	Guiding treat-to-target in crohn's disease: new insights from two capsule endoscopy studies
20 Feb 2026	Eli Lilly	Delivering durable efficacy in UC with mirikizumab. Where long-term data meets real-world evidence in UC.
20 Feb 2026	EOS 2021	then, now, and next: a journey through probiotic science
20 Feb 2026	Celltrion	Enhancing patient management with subcutaneous infliximab: practical insights & discussion
20 Feb 2026	MSD	Lunchtime Satellite Symposium LS8: Moving beyond inflammation: TL1A at the intersection of immunity and tissue repair in IBD

Noteworthy AI / ML presentations at ECCO 2026



Themes from key AI / ML presentations at ECCO 2026 (1/2)

- **AI and machine learning will play a transformative role in enhancing non-invasive disease monitoring, predicting treatment responses, and personalizing IBD management, ultimately improving clinical outcomes and precision medicine in IBD care.**
- Check out the key AI / ML themes at ECCO 2026 below:
- **Non-invasive Disease Monitoring via AI Models:**
  - AI-driven models using Raman spectroscopy and machine learning (ML) will predict major adverse outcomes (MAOs) in IBD by analyzing plasma data and tissue samples, enhancing non-invasive disease monitoring
- **AI in Precision Medicine and Biomarker Identification:**
  - ML models will identify novel immune signatures and biomarkers, particularly circulating immune cells and immune repertoire, to improve the diagnosis and management of IBD
- **AI for Endoscopic Severity Prediction in UC:**
  - ML models using peripheral blood transcriptomes will predict endoscopic severity in ulcerative colitis (UC) with high accuracy (AUC 0.81-0.87), paving the way for non-invasive monitoring

Themes from key AI / ML presentations at ECCO 2026 (2/2)

- **AI in Personalized IBD Drug Response Prediction:**
  - Machine learning models will predict patient-specific drug responses, improving clinical trial efficiency and precision medicine by leveraging patient data such as transcriptomics and clinical outcomes
- **AI in Capsule Endoscopy and Colonoscopy Assessment:**
  - AI models for capsule endoscopy and colonoscopy will provide accurate, real-time disease assessments, with applications in Crohn's disease (CD) and UC to improve diagnostic precision and clinical decision-making
- **AI for Predicting Disease Progression and Recurrence:**
  - AI models like the Time-Aware CD Progression Prediction Model (TACDPPM) will forecast disease progression, surgery, and treatment outcomes in Crohn’s disease, achieving high prediction accuracy (AUROC 0.729-0.979)
- **Improved Diagnostic Precision with AI-Enhanced Endoscopic Tools:**
  - AI tools will significantly enhance the accuracy of endoscopic procedures, including capsule endoscopy and colonoscopy, enabling quicker, more reliable detection of disease severity and complications, especially in Crohn’s disease and UC

Noteworthy AI / ML presentations at ECCO 2026

Notable Presentations At ECCO 2026
AI / ML (1/12)

Date	Title	Author	Summary
20 Feb 2026	Machine Learning-Driven Raman Spectroscopy, Validated by Metabolomics, Identifies Novel Non-Invasive Biomarkers of Barrier Integrity and Outcomes in Inflammatory Bowel Disease	Marietta Iacucci	• **Introduction**: Intestinal barrier healing is a key therapeutic goal in inflammatory bowel disease (IBD), but assessing it non-invasively is challenging. Raman spectroscopy (RS), combined with machine learning (ML), provides molecular signatures linked to barrier status, aiming to predict major adverse outcomes (MAOs). • **Methodology:** Seventy-eight participants were enrolled (42 CD, 28 UC, 8 controls). Plasma RS data, tissue RS via endoscopy, and metabolomics were used to assess barrier integrity. ML models based on LASSO logistic regression identified predictors of barrier healing and MAOs. • **Results:** ML models accurately identified predictors, with RS peaks related to protein and lipid metabolism correlating with epithelial impairment. Disease-stratified analyses showed unique biological signatures in CD and UC, with distinct metabolic pathways predicting MAOs. • **Conclusions:** ML-enhanced plasma RS can identify non-invasive biomarkers for barrier integrity and predict IBD outcomes, paving the way for precision medicine.
20 Feb 2026	ChatIBD: AI Companion for Inflammatory Bowel Disease (IBD) Clinicians	Beatriz Gros	• **Introduction**: IBD management is complex, with evolving treatments and uneven access to expertise. • **Methodology:** ChatIBD is an AI tool that provides evidence-based answers by combining over 30 clinical guidelines and retrieval-augmented generation. It supports multilingual access and includes an integrated dosing database aligned with EMA guidelines. • **Results:** Since its launch in October 2025, ChatIBD handled 2,642 queries in 19 languages, with >95% accuracy. • **Conclusions:** ChatIBD reduces care variability, empowers clinicians, and improves IBD outcomes, with potential for global expansion to other specialties.

Notable Presentations At ECCO 2026
AI / ML (2/12)

Date	Title	Author	Summary
20 Feb 2026	Discovery and external validation of machine learning-derived blood gene signatures for predicting endoscopic disease severity in Ulcerative Colitis	John P Thomas	• **Introduction**: Non-invasive prediction of endoscopic severity in UC remains difficult, as clinical indicators often fail to distinguish disease severity. • **Methodology:** Peripheral blood transcriptomes of UC patients (n=182) were analyzed to identify differentially expressed genes (DEGs) related to disease severity. ML models (LASSO, Random Forest, XGBoost) selected key DEGs for prediction. Predictive performance was evaluated using AUC in the discovery cohort and external validation in a larger cohort (n=386). • **Results:** ML models discriminated endoscopic severity with AUC 0.81-0.87, outperforming symptom-based models. Validation confirmed findings, with combined models achieving AUC 0.80-0.81. • **Conclusions:** ML-derived blood signatures predict UC endoscopic severity, aiding non-invasive precision monitoring.
20 Feb 2026	Optimizing colonoscopy timing in IBD using multimodal AI integrating UR-CARE	S. Louis	• **Introduction**: Colonic IBD patients are at higher risk for colorectal cancer (CRC), necessitating regular surveillance. Timing of colonoscopies is influenced by disease activity, comorbidities, and PSC. • **Methodology:** An AI algorithm was developed based on IBD CRC surveillance guidelines. It integrates structured data from EMRs, databases, and patient-reported updates via digital questionnaires to recommend personalized colonoscopy timing. • **Results:** The AI system successfully provided timely recommendations and flagged incomplete data, prompting earlier colonoscopy if needed. It also alerted clinicians of upcoming follow-ups via red flag notifications. • **Conclusions:** A nurse-led AI algorithm improves colonoscopy interval determination, enhancing CRC prevention and proactive patient management. A prospective study will assess its clinical impact.

Notable Presentations At ECCO 2026
AI / ML (3/12)

Date	Title	Author	Summary
20 Feb 2026	Machine Learning Enables Deep Immunophenotyping of Inflammatory Bowel Disease Using Single-Cell Transcriptomic and Immune Repertoire Signatures in Peripheral Blood Mononuclear Cells	J.M. Gubatan	• **Introduction**: IBD, including UC and CD, is characterized by immune dysregulation. Blood-based biomarkers for diagnosing IBD are lacking, prompting investigation into circulating immune cells and immune repertoire. • **Methodology:** Deep immunophenotyping using scRNA-seq with TCR and BCR sequencing was performed on PBMCs from 87 UC, 127 CD patients, and 35 controls. Machine learning (ML) models identified diagnostic classifiers and inferred cell-cell interactions. • **Results:** ML models discriminated UC and CD from controls with high accuracy (AUC 0.87–0.90). Identified cell types, including IgA plasma B cells, TRegs, and Th17, were predictive of disease severity. • **Conclusions:** ML-driven immune profiling offers a blood-based diagnostic tool for IBD, revealing novel immune signatures and cell interactions involved in disease pathogenesis.
20 Feb 2026	Redefining treat-to-target in Crohn's disease: a pan-intestinal, multidevice deep learning model for the detection and differentiation of ulcers and erosions in capsule endoscopy	F. Mendes	• **Introduction**: Pan-intestinal capsule endoscopy (PCE) offers a minimally invasive approach to evaluate both the small bowel and colon in Crohn's disease, but challenges remain due to lengthy reading times and observer variability. AI, particularly convolutional neural networks (CNNs), can aid in diagnosing ulcers and erosions. • **Methodology:** The study used 195,955 frames from 1,585 exams across six capsule endoscopy devices, differentiating ulcers and erosions based on Saurin classification. The AI model was developed and tested using accuracy, sensitivity, and specificity metrics. • **Results:** The AI model identified normal mucosa with 86.6% accuracy, and ulcers/erosions with 86.6% accuracy, achieving high sensitivity for ulcers with high bleeding potential (98.6%). • **Conclusions:** The AI model for PCE accurately detects ulcers and erosions and stratifies them by clinical significance, offering potential to enhance Crohn's disease management. Further clinical validation is required.

Notable Presentations At ECCO 2026
AI / ML (4/12)

Date	Title	Author	Summary
20 Feb 2026	A prospective FAIR-compliant video databank for artificial intelligence model training in Inflammatory Bowel Disease	M. Oleksiw	• **Introduction**: AI has potential to improve endoscopic diagnosis and outcome assessment in IBD, but current databases lack large, labeled datasets with clinical context for AI model development. • **Methodology:** A prospective video databank was created at Montreal University Hospital (NCT06822616), following FAIR principles. High-quality, de-identified endoscopic videos with optimized technical specifications (1920x1080 resolution, 60fps) were linked with structured clinical data, including endoscopic scores (SES-CD, MES) and biopsy findings. • **Results:** As of October 2025, 8,512 procedures were recorded, with detailed data on 1,207 colonoscopies. Polyps were detected in 22.8% of cases, contributing to 537 documented polyps. • **Conclusions:** This databank provides a scalable, high-quality foundation for AI-driven precision medicine in IBD, with plans for expansion and incorporation of multi-omics data.
20 Feb 2026	A Novel 3+1 Paradigm for Central Reading in Ulcerative Colitis: Integrating AI to Optimize Clinical Trials and Decrease Adjudication with Human Supervision	A. Juhasz	• **Introduction**: The 2+1 Mayo endoscopic workflow in UC trials requires adjudication in 40% of cases. AI can reduce variability but needs human oversight. • **Methodology:** A 3+1 workflow was tested, combining dual human reads with an AI reader (aiR) for adjudication. Discordant cases were resolved by AI, with full adjudication for significant discrepancies. • **Results:** The 3+1 workflow showed near-perfect agreement with 2+1 (QWK=0.94) and reduced adjudication from 47.6% to 7.9%. AI achieved high accuracy for eligibility and treatment response. • **Conclusions:** The 3+1 AI model improves efficiency and reduces reader burden without compromising quality.

Notable Presentations At ECCO 2026
AI / ML (5/12)

Date	Title	Author	Summary
20 Feb 2026	Deep Learning Model for Mayo Score Classification from Colonoscopy Images: Validation with CRP, Histological Activity, and Endoscopist Agreement	G. Dağcı	• **Introduction**: An AI model was developed to automatically assign Mayo 0–3 scores to colonoscopy images in UC patients, compared with CRP, histology, and observer assessments. • **Methodology:** In a retrospective study, 4000 colonoscopy frames from 150 UC patients were analyzed. EfficientNet-B0 was used to develop the model, which was trained on 80% of the data and validated on 20%. • **Results:** The model achieved 61.8% accuracy, with a macro-AUC of 0.94. It showed strong correlation with CRP (ρ = 0.6) and high agreement with histology and observer assessments. • **Conclusions:** The AI model accurately assessed mucosal healing, showing potential for clinical decision support.
20 Feb 2026	Facing the valley of death in Inflammatory Bowel Disease: a machine learning approach to predict the clinical efficacy of drug candidates from preclinical data	A. Fouché	• **Introduction**: A significant gap exists between preclinical and clinical drug development in IBD, with many promising candidates failing in clinical trials. This study develops a machine learning model to predict drug response based on patient and preclinical data. • **Methodology:** The model operates in two modes: Target Mode (using patient transcriptomics and drug targets) and Preclinical-reinforced Mode (incorporating animal model data). Predictions for TNFi drugs were compared with clinical outcomes in IBD patients, using AUROC, sensitivity, and specificity. • **Results:** The model predicted remission rates with high accuracy in both UC (31% predicted vs. 35% observed) and CD (59% predicted vs. 53% observed). The Preclinical-reinforced Mode improved prediction accuracy. • **Conclusions:** The model offers a method for early drug response prediction, enhancing patient selection and trial efficiency in IBD drug development.

Notable Presentations At ECCO 2026
AI / ML (6/12)

Date	Title	Author	Summary
20 Feb 2026	Transformer-Based Time-Aware Artificial Intelligence Model for Predicting Crohn's Disease Progression in Multicenter Longitudinal Cohorts	B. Wang	• **Introduction**: Crohn's disease (CD) prediction models often rely on baseline data, limiting their ability to predict disease progression dynamically. • **Methodology:** The Time-Aware CD Progression Prediction Model (TACDPPM) uses longitudinal EHRs to predict disease behavior, surgery, and treatment outcomes. It was trained on 761 internal patients and validated across 244 external patients. • **Results:** TACDPPM outperformed LSTM, GRU, and conventional models, achieving AUROC values from 0.729 to 0.979 for various predictions over 1-, 3-, and 5-year periods. • **Conclusions:** TACDPPM offers superior predictions but may be impacted by patient heterogeneity and incomplete data.
20 Feb 2026	Narrow Band Imaging versus Artificial Intelligence for colonic surveillance in Inflammatory Bowel Disease: a prospective, randomized, crossover study. Results from the CLEAR-IBD (Colorectal Lesion Evaluation Assisted by Real-time AI in Inflammatory Bowel Disease) trial	X. Serra-Ruiz	• **Introduction**: CRC is a complication in long-standing UC and CD. Guidelines recommend colonoscopy modalities like dye-based chromoendoscopy, NBI, and HD white light for CRC surveillance. AI can assist in real-time polyp and adenoma detection, but studies in IBD populations are limited. • **Methodology:** A prospective, single-centre, cross-over study compared the ENDO-AID CADe system (AI) with NBI for detecting neoplastic lesions. The primary outcome was the neoplasia miss rate (NMR) in UC and CD patients undergoing CRC surveillance. • **Results:** AI demonstrated a 18% NMR compared to 45% for NBI (p=0.17). Both methods had similar exploration times. • **Conclusions:** AI is an effective alternative to NBI for detecting neoplastic lesions in IBD.

Notable Presentations At ECCO 2026
AI / ML (7/12)

Date	Title	Author	Summary
20 Feb 2026	Development and validation of an artificial intelligence – based support for automatic measurement of bowel wall thickness in adult inflammatory bowel disease using intestinal ultrasound	G. Maconi	• **Introduction**: Intestinal ultrasound (IUS) is used for non-invasive monitoring of IBD. Bowel wall thickness (BWT) is a key marker of inflammation. We developed an AI model, BowelAssist (BA), to automatically measure BWT and bowel wall layers. • **Methodology:** A deep learning system (BA) was trained on 9000 IUS images and 3000 videos from 711 patients. Validation was performed on 35 patients, with assessments compared to manual measurements. Performance was evaluated using Pearson's correlation, ICC, and Bland–Altman analysis. • **Results:** BA showed excellent agreement with manual BWT measurements (r = 0.94, ICC = 0.97) and high sensitivity (90%) for detecting pathological thickening. • **Conclusions:** The AI model provides accurate, reproducible BWT measurements, supporting its use in IBD disease activity and transmural healing assessment.
20 Feb 2026	Deep Learning Model Utilizing Stool Images to Predict Clinical Outcomes of Advanced Therapies in Patients with Moderate to Severe Ulcerative Colitis	E.S. Kim	• **Introduction**: Early biomarkers to predict long-term outcomes of advanced therapies in UC are lacking. We evaluated whether a deep learning model (DLSUC), based on smartphone stool images, can predict clinical outcomes in UC patients initiating advanced therapies. • **Methodology:** Patients with moderate to severe UC starting biologics or small-molecule therapies submitted weekly stool images for three months. Relapse risk was assessed using Kaplan–Meier analysis, comparing relapse rates between DLSUC-active versus inactive groups. • **Results:** 22 patients (39.3%) relapsed during follow-up. DLSUC-identified active patients had significantly higher relapse risk (log-rank p < 0.0001). • **Conclusions:** DLSUC, using stool images, is a practical, non-invasive tool to predict clinical outcomes in UC patients, complementing existing biomarkers for personalized treatment.

Notable Presentations At ECCO 2026
AI / ML (8/12)

Date	Title	Author	Summary
20 Feb 2026	Artificial Intelligence versus conventional scoring for assessing small bowel capsule endoscopy cleanliness in Crohn's disease	R. Rouveyre	• **Introduction**: Evaluating small bowel cleanliness in capsule endoscopy (SBCE) is crucial but challenging. This study compared the AI-based AXAROlite® tool with the KODA score for cleanliness assessment in Crohn's disease (CD) patients. • **Methodology:** 142 CD patients undergoing SBCE were assessed by both KODA and AXAROlite®. Correlation, agreement, and diagnostic performance were compared. • **Results:** AXAROlite® showed strong correlation with KODA (ρ=0.61) and excellent diagnostic accuracy (AUROC=0.85) for detecting adequate cleanliness. • **Conclusions:** AXAROlite® is a rapid, accurate, and automated tool, comparable to KODA, offering potential for streamlining SBCE workflows.
20 Feb 2026	Deep learning for automated and objective in vivo assessment of intestinal epithelial barrier in IBD using probe-based confocal laser endomicroscopy	D. Noviello	• **Introduction**: pCLE enables real-time assessment of intestinal barrier integrity, but non-standardized interpretation limits clinical use. This study developed deep learning models to automate pCLE image analysis for barrier integrity. • **Methodology:** Model 1 (ResNet50-based) filtered frames, and Model 2 (dual-branch CNN) classified leakage or healing. Models were optimized for colonic and ileal datasets. • **Results:** Model 1 achieved 99% accuracy; Model 2 reached 90-91% accuracy for leakage assessment. Video analysis showed AUCs of 0.94 and 0.87. • **Conclusions:** This AI framework automates barrier dysfunction quantification in IBD using pCLE, demonstrating strong clinical potential.

Notable Presentations At ECCO 2026
AI / ML (9/12)

Date	Title	Author	Summary
20 Feb 2026	Unmasking IBS: a deep learning model for Functional Disease detection in patients with suspected Inflammatory Bowel Disease	M. Saraiva	• **Introduction**: IBS, diagnosed using Rome IV criteria, lacks clear biomarkers. Many patients undergo colonoscopy with no abnormalities, causing diagnostic delays. AI could detect subtle mucosal patterns in IBS. • **Methodology:** 183,543 frames from 242 colonoscopies were used to train a deep learning model. The model was evaluated on accuracy, precision, recall, and F1-score to differentiate IBS-confirmed patients from non-IBS patients. • **Results:** The model achieved 97.1% accuracy and 79.5% F1-score for identifying IBS frames. • **Conclusions:** AI can detect endoscopic patterns suggestive of IBS, transforming diagnosis with image-assisted assessment during colonoscopy.
20 Feb 2026	Moving beyond frames: Spatio-Temporal AI enables Full-Video Assessment of inflammation in Ulcerative Colitis	M. Iacucci	• **Introduction**: Accurate UC assessment is challenging due to interobserver variability in VCE. SpatioMIL, a deep learning model integrating spatial and temporal attention, addresses this by detecting patchy inflammation • **Methodology:** SpatioMIL was trained on 784 colonoscopy videos and externally validated on 148 PICaSSO and 51 BHM videos. It detects inflammation and evaluates endoscopic remission using the Mayo Endoscopic Score. • **Results:** The model showed high sensitivity (93.6%), specificity (90.4%), and accuracy (92.4%) in the LIMUC cohort, with strong performance in external validation. • **Conclusions:** SpatioMIL reliably detects inflammation in UC, offering a robust, generalizable tool for clinical assessment.

Notable Presentations At ECCO 2026
AI / ML (10/12)

Date	Title	Author	Summary
20 Feb 2026	Agreement between six artificial intelligence systems, physicians, and ECCO guidelines in inflammatory bowel disease management	D. Aillaud	• **Introduction**: IBD management requires complex decisions, with AI tools potentially standardizing care. This study compared six AI systems and physician recommendations with ECCO guidelines in IBD management. • **Methodology:** 110 IBD cases were analyzed using six AI systems. Therapies proposed by the AI systems were compared to those prescribed by physicians and ECCO guidelines across 13 therapeutic domains. • **Results:** AI systems showed high concordance with ECCO, especially for antibiotics, diagnostics, symptom management, and anti-IL-23 therapy. AI alignment was highest for ChatGPT-5o, Gemini, and OpenEvidence, but discrepancies were found in biologic choices. • **Conclusions:** AI can support guideline adherence and reduce disparities, but clinical expertise remains crucial for complex therapeutic decisions.
20 Feb 2026	Prediction of Endoscopic Restenosis after Endoscopic Balloon Dilation in Patients with Crohn's Disease: A Machine Learning Approach	T. Su	• **Introduction**: AI can support guideline adherence and reduce disparities, but clinical expertise remains crucial for complex therapeutic decisions. • **Methodology:** AI can support guideline adherence and reduce disparities, but clinical expertise remains crucial for complex therapeutic decisions. • **Results:** Restenosis occurred in 53% of patients. Key factors included glucocorticoid use, stenosis position, technical success, and albumin levels. CoxPH and LASSO models showed the best performance. • **Conclusions:** The ML-based model effectively predicts restenosis risk, enhancing clinical decision-making after EBD treatment.

Notable Presentations At ECCO 2026
AI / ML (11/12)

Date	Title	Author	Summary
20 Feb 2026	Unsupervised machine learning to identify distinct CDAI-based response patterns to guselkumab in participants with Crohn's disease: Post hoc analysis of the pooled GRAVITI and GALAXI 2/3 studies	S.W. Schreiber	• **Introduction**: This study used AI and machine learning (ML) to analyze individual treatment responses in GUS-treated CD patients, aiming to optimize personalized therapy. • **Methodology:** Unsupervised ML with latent class trajectory modeling analyzed CDAI scores from three Phase 3 GUS trials (GRAVITI, GALAXI 2, and 3) to identify response clusters. • **Results:** Five distinct response clusters were identified. Similar patterns were observed across trials. Baseline factors like CRP and fecal calprotectin correlated with response trajectories • **Conclusions:** ML detected dynamic response patterns in GUS-treated patients, providing insights for personalized long-term IBD treatment.
20 Feb 2026	Rapid Urbanisation and IBD Prevalence in Rural India: Insights from a Satellite Based Deep Learning Index	R. Banerjee	• **Introduction**: Rapid urbanization in India offers a unique opportunity to study its impact on IBD prevalence, using satellite-derived data and deep learning models to quantify urbanicity changes. • **Methodology:** A rural outreach program in Telangana surveyed 120,122 individuals across 163 villages. IBD prevalence was correlated with a Deep Learning Urbanicity Index (DLUI), derived from satellite data (2013-2023), reflecting urban development. • **Results:** The median DLUI increased from 0.4 in 2013 to 0.8 in 2023. Villages with higher urbanization showed significantly higher IBD prevalence (18/100,000 vs. 4/100,000). • **Conclusions:** Rapid urbanization is strongly linked to increased IBD prevalence, with a 2.5-fold higher prevalence in the most urbanized villages.

Notable Presentations At ECCO 2026
AI / ML (12/12)

Date	Title	Author	Summary
20 Feb 2026	Explore key genes of Crohn's disease based on glycerophospholipid metabolism: A comprehensive analysis utilizing mendelian randomization, multi-omics integration, machine learning, and SHAP methodology	C. Chen	• **Introduction**: The causes of Crohn's disease (CD) remain unclear. This study used Mendelian randomization (MR), multi-omics, machine learning (ML), and SHAP to identify CD-related metabolites, inflammatory factors, and key genes. • **Methodology:** MR analysis on 1400 serum metabolites and 91 inflammatory factors identified phospholipids causally related to CD. scRNA-seq data were analyzed, and hub genes were identified using LASSO regression and ML models. SHAP was used to interpret model results. • **Results:** MR found certain phospholipids linked to CD risk reduction. Three hub genes (G0S2, S100A8, PLAUR) were identified with strong model contributions and confirmed by qRT-PCR. • **Conclusions:** Specific phospholipids and genes could serve as novel diagnostic and therapeutic targets for CD.
20 Feb 2026	IBD, IBS, and Functional Dyspepsia: Differentiating The Spectrum via Microbiome based Machine Learning Approach	M. Thakur	• **Introduction**: Gut microbiome alterations are linked to both inflammatory and functional gastrointestinal disorders. This study compared microbial profiles across healthy controls (HC), IBS, IBD, and FD in a large Indian cohort. • **Methodology:** 522 individuals were enrolled, including 90 HC, 194 IBS, 180 FD, and 58 IBD patients. Fecal DNA was analyzed using 16S-V4 sequencing and machine learning (XGBoost) was applied for disease classification and IBS subtyping. • **Results:** Proteobacteria abundance increased from HC to IBD, while Actinobacteria decreased. ML models differentiated IBD from non-IBD with >80% AUC, and IBS subtypes showed 76% accuracy. • **Conclusions:** The study highlights a microbiome spectrum and demonstrates ML's diagnostic utility in microbiome profiling for personalized therapies

Strategic Insights and Strategy Development is our focus