



Did you know?

...that in a real-life setting, faecal calprotectin (FC) home testing performed well at predicting endoscopic disease activity in patients with IBD?

The first real-world study on the use of FC home test in IBD patients on maintenance anti-TNF therapy indicated:¹

1. Reliable alternative to lab FC testing

761
µg/g

median FC value significantly higher for patients requiring treatment modification **VS** 108 µg/g for those maintained on stable treatment (p<0.0001)

2. Exceptional performance compared to other biomarkers*

AUROC:
0.78

for FC **VS** 0.43–0.70 for other biomarkers*

FC levels >413 µg/g identified as optimal indicator of endoscopic active disease[†]

3. High compliance rates[‡]

90%

FC has been proposed and validated as a biomarker for the Treat-to-Target strategy^{2–4}

N=72

“Home monitoring of disease activity [and drug levels] will be a paradigm shift in management of IBD, because it will place in the patient’s hands the opportunity to assess their disease activity and to have a better understanding of what’s going on when they have symptoms or concerns about their disease control”²

Prof David Rubin, University of Chicago, USA

*C-reactive protein, haemoglobin, erythrocyte sedimentation rate, platelets, white blood cells

[†]disease considered active if endoscopic Mayo score was ≥2 in UC or Simple Endoscopic Score (SES-CD) >6 for CD

[‡]defined as consent and participation in the FC measurement protocol

AUROC: area under the receiver operating characteristic curve (where values closer to 1 indicate greater predictive accuracy); CD: Crohn’s disease; FC: faecal calprotectin; SES: Simple Endoscopic Score; UC: ulcerative colitis

1. Orfanoudaki E et al. Eur J Gastroenterol Hepatol 2021, Jul 19.

2. King J. GI & Hepatology News. August 20, 2021.

3. Peyrin-Biroulet L et al. Am J Gastroenterol 2015;110:1324–38.

4. Colombel JF et al. Lancet 2017;390:2779–89.