

## **OP370 FECAL CALPROTECTIN AND HIGH SENSITIVITY C-REACTIVE PROTEIN LEVELS TO PREDICT MUCOSAL HEALING IN PATIENTS WITH CROHN'S DISEASE. A SUBANALYSIS OF THE STORI STUDY**

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**INTRODUCTION/OBJECTIVES:** Mucosal healing (MH) has emerged as an important endpoint in Crohn's disease (CD). Surrogate biomarkers such as fecal calprotectin (calpro) and C-reactiv protein (CRP) could be used as surrogate markers for MH. The prospective STORI cohort study has recently reported the relapse rate in CD pts stopping infliximab while being in remission under combined therapy with immunosuppressant. Crohn's Disease Endoscopy Index of Severity (CDEIS), calpro and hsCRP were assessed just before infliximab withdrawal. Because most of the pts had MH, this population offers a good opportunity to assess performance of calpro and CRP for MH prediction

**AIMS & METHODS:** 115 patients were included in the STORI study, and among them, 109 had CRP assessed at baseline, 85 had calpro, 83 had both, and all had CDEIS evaluation. Sensitivity (sen) and specificity (spe) of calpro at different cutoff values (150, 200 and 250 microg/g), hsCRP<5 mg/L and the combination of the two biomarkers were studied for prediction of CDEIS = 0 (absence of any lesions or only scars) and of CDEIS≤3.

**RESULTS:** Among 109 pts, sen of hsCRP level <5 mg to predict a CDEIS = 0 was 86% (n = 37), but spe was 29% (n = 72). Among 85 pts, sen (n = 28) and spe (n = 57) of calpro ≤150, ≤200 and ≤250 microg/g to predict CDEIS = 0 were 86% and 39%, 89% and 35%, and 89% and 33%, respectively. Combining the two markers in 83 pts, sen (n = 28) and spe (n = 55) of hsCRP<5 mg/L and calpro ≤150, ≤200 and ≤250 were 82% and 51%, 86% and 49%, and 86% and 47% respectively. To predict a CDEIS≤3 among 109 pts, hsCRP<5 mg/L had a sen of 78% (n = 86) and a spe of 39% (n = 23). Among 85 pts, sen (n = 66) and spe (n = 19) of calpro ≤150, ≤200 and ≤250 microg/g to predict a CDEIS≤3 were 77% and 58%, 80% and 53%, and 82% and 53%, respectively. Combining the two biomarkers in 83 pts, sen (n = 65) and spe (n = 18) of hsCRP<5 mg/L and calpro ≤150, ≤200 and ≤250 were 71% and 78%, 72% and 74%, and 74% and 72% respectively.

**CONCLUSION:** Combined hsCRP<5 mg/L and fecal calprotectin ≤250 microg/g can predict mucosal healing defined as a CDEIS≤3, with acceptable performance. These non-invasive tests could be used to tailor the treatment towards mucosal healing achievement.