

Title:

Monitoring inflammatory activity in inflammatory bowel disease: not too far, not too close

Authors:

Rodrigo Quera, Paulina Núñez, Francisca Carvajal, Gonzalo Pizarro

DOI: 10.17235/reed.2025.11467/2025

Link: [PubMed \(Epub ahead of print\)](#)

Please cite this article as:

Quera Rodrigo, Núñez Paulina, Carvajal Francisca, Pizarro Gonzalo. Monitoring inflammatory activity in inflammatory bowel disease: not too far, not too close. Rev Esp Enferm Dig 2025. doi: 10.17235/reed.2025.11467/2025.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Monitoring inflammatory activity in inflammatory bowel disease: not too far, not too close

Rodrigo Quera¹, Paulina Núñez MD¹, Francisca Carvajal MD², Gonzalo Pizarro¹

¹Universidad de los Andes, Programa de Enfermedad Inflamatoria Intestinal, Clínica Universidad de Los Andes, Santiago Chile.

²Servicio de Gastroenterología, Clínica Indisa, Santiago Chile.

Registro ORCID:

Rodrigo Quera: 0000-0001-5854-0526

Paulina Núñez: 0000-0001-5854-0526

Francisca Carvajal: 0009-0007-4947-2024

Gonzalo Pizarro: 0009-0006-9991-9616

Corresponding author: Rodrigo Quera, Clínica Universidad de los Andes. Avenida la Plaza 2501, Santiago de Chile, e-mail rquera@clinicauandes.cl

Conflicts of interest: The authors declare they have no conflicts of interest regarding this article

Keywords: Monitoring. Target-based treatment. Inflammatory bowel disease.

To the Editor,

We read with great interest the article by Huguet JM et al., "*Assessing inflammatory bowel disease monitoring procedures in Spain: insights from the IBD-PODCAST study*," recently published in *Revista Española de Enfermedades Digestivas* (1). This multicenter, non-interventional study included 396 patients with inflammatory bowel disease (IBD) from 14 healthcare centers across Spain. The findings highlight persistent gaps in the early identification of disease activity, timely therapeutic intervention, and close monitoring patients with IBD-key components of treat-to-target strategy outlined by the STRIDE-II guidelines (2).

In this study, fecal calprotectin (FC) was measured in 44.9% of patients with Crohn's disease (CD) and 47.5% with ulcerative colitis (UC). Furthermore, endoscopic evaluation was carried out in 18.9% of CD patients and in 28% of UC patients (1).

A recently published study by our group, which included 104 IBD patients with endoscopically confirmed flares, reported that 69% underwent FC testing to assess intermediate-term goals and 80% had a colonoscopy to assess the long-term outcomes (3). Unlike our study, Huguet JM et al. included, albeit at low frequency, intestinal ultrasound as a tool to monitor inflammatory activity (1). This modality is gaining recognition as a cost-effective, noninvasive method with high concordance with endoscopic findings (4).

The low adherence of colonoscopy in the study by Huguet JM et al. (1) may be attributed to by different factors including discomfort related to bowel preparation, fear of complications, sedation requirements, and the financial burden. A recent prospective study supports rectoscopy with biopsies as a valid alternative to rectosigmoidoscopy for assessing mucosal healing in UC patients (5).

Finally, treatment adjustments were made in up to 67% of patients in the IBD-PODCAST study, depending on the measure considered (1). In our study, therapy was modified in

38% to 46% of patients, aligned with predefined treatment targets (3).

In conclusion, the advent of novel therapies and monitoring tools- such FC and intestinal ultrasound- has revolutionized IBD management. These advance have facilitated the implementation of a treat-to- target strategy and a mored personalized, goal-directed therapeutic approach.

References:

1. Huguet JM, Gómez Delgado E, Rubio S, et al. Assessing inflammatory bowel disease monitoring procedures in Spain: insights from the IBD-PODCAST study. *Rev Esp Enferm Dig.* 2025 Jun 27.
2. Turner D, Ricciuto A, Lewis A, et al. STRIDE-II: An update on the Selecting Therapeutic Targets in Inflammatory Bowel Disease (STRIDE) initiative of the International Organization for the Study of IBD (IOIBD): Determining therapeutic goals for treat-to target strategies in IBD. *Gastroenterology.* 2021;160:1570-83.
3. Carvajal F, Herrera K, Núñez P, et al. Challenges in adherence to STRIDE-II: Perspectives from gastroenterologists and patients with inflammatory bowel disease. *Gastroenterol Hepatol.* 2025 Apr 3:502440. doi: 10.1016/j.gastrohep.2025.502440..
4. Kucharzik T, Allocca M, Torres J, Taylor SA. Role of non-invasive imaging in the diagnosis and management of patients with suspected and established Inflammatory Bowel Disease. *Gastroenterology.* 2025 Jun 6.
5. Yzet C, Moreau C, Chatelain D, et al. Rectal and rectosigmoid endoscopy to Assess endoscopic and histological remission in Ulcerative Colitis: A prospective study. *Inflamm Bowel Dis.* 2025 May 24.