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## Endoscopic & Histological Assessment, Correlation, & Relapse in Clinically Quiescent Ulcerative Colitis

Dr. Axelrad:

For ReachMD, this is Audio Abstracts, produced in collaboration with the Crohn's & Colitis Foundation. I'm Dr. Jordan Axelrad, and I'm an Assistant Professor of Medicine in the Division of Gastroenterology in the Department of Medicine at NYU Grossman School of Medicine in addition to being a gastroenterologist at the Inflammatory Bowel Disease Center at NYU Langone Health. I'm also a faculty member in the Vaccine Center in the Division of Infectious Diseases and Immunology at NYU Langone Health and a member of the executive council in the New York Crohn's and Colitis Organization and a member of the Crohn's and Colitis Foundation's Rising Educators, Academics, and Clinicians Helping IBD group, or REACH-IBD. Today, I'll be reviewing an article published in the Inflammatory Bowel Diseases journal titled, "Endoscopic and Histological Assessment, Correlation, and Relapse in Clinically Quiescent Ulcerative Colitis (MARQUEE);" this article came from investigators involved in the Crohn's and Colitis Foundation Clinical Research Alliance.

But before we get into the article, let's start with some background information. Inflammatory Bowel Diseases like Crohn's disease and ulcerative colitis are chronic inflammatory conditions of the gastrointestinal tract. Mucosal healing has emerged as an important treatment goal in patients with IBD. Mucosal healing, which is measured by various endoscopic scoring indices, is associated with improved outcomes, including higher rate of sustained clinical remission, corticosteroid-free clinical remission, avoidance of colectomy, decreased hospitalization, and improved quality of life. Histologic healing, on the other hand, is measured by various histologic scoring indices, and several studies have shown that it's associated with favorable clinical outcomes beyond mucosal healing and is a negative predictor of disease relapse and of colorectal neoplasia risk. It's unclear, however, which endoscopic and histological activity indices or components are most useful in assessing clinically quiescent ulcerative colitis, or UC for short, especially in the modern era of more effective biologic therapies.

That's why the MARQUEE study aimed to determine in UC patients in clinical remission the following three things: the prevalence of active endoscopic and histological disease, the correlation between endoscopic and histological scores, and the predictive power of these scores for clinical relapse. In a multicenter prospective cohort of 100 adults with UC in clinical remission undergoing surveillance colonoscopy for dysplasia, endoscopic activity was assessed using the Mayo endoscopic score, the ulcerative colitis endoscopic index of severity, and the ulcerative colitis colonoscopic index of severity; in addition, histology was assessed with the Riley index subcomponents, the total Riley score, and basal plasmacytosis.

The majority of clinically quiescent patients had evidence of endoscopic and histological disease activity. The correlations among endoscopic indices, histological subcomponents, and total score were low. Nearly one fifth of the patients relapsed clinically over 1 year, with the Riley subcomponent architectural irregularity being the most predictive factor. Given that endoscopy may underestimate the degree of inflammation in UC, this lack of association between endoscopic and histological scores was not surprising, but this extremely poor correlation was not expected.

Limitations of the MARQUEE study included the overall small sample with few relapses and inclusion of patients from tertiary care centers, in which a high proportion received immunosuppressive agents. That's why the results may not be generalizable to a community setting or to those with predominantly mild UC. The authors also suggest that larger prospective studies are needed to assess histological predictors of clinical relapse in quiescent UC.

If you're interested in this topic or others on Crohn's disease or ulcerative colitis, the Crohn's and Colitis Foundation's Inflammatory Bowel Diseases Journal provides the most impactful and cutting-edge clinical topics and research findings. For more information on the

Foundation, please visit [crohnscolitisfoundation.org](https://crohnscolitisfoundation.org).

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