Dear ECCO members,
Dear IBD National Study Group Representatives,
Dear colleagues,

**Ileocecal resection in patients with Crohn's disease** (CD) is a common event which has particular implications in the management of the disease because of its nature of potential "reset" on the disease course. On the one hand, this theoretical "reset" may tempt clinicians to withhold IBD medication after surgery. However, **postoperative disease recurrence (POR)** rates are high (up to 70% 1 year post-surgery). For this reason, on the other hand some clinicians systematically (re)initiate medical treatment shortly after surgery as prophylaxis.
For those patients with multiple risk factors such as perianal disease, extensive small bowel disease with repeated resection, persistent smoking… most clinicians will agree postoperative medical prophylaxis is warranted. However, for the remainder of patients, the vast majority of this patient population, there is no consensus considering the best postoperative strategy.

It is very well known that the majority of patients after surgery will develop endoscopic postoperative recurrence (ePOR) and that the severity of the endoscopic lesions in this context has a prognostic value. Nonetheless, there is still no consistent data to affirm which is the best strategy to avoid this ePOR at short term. In addition, it is unknown which strategy is the best to avoid surgical POR (sPOR) and clinical POR (cPOR) at long term.

With this email, the IBD-unit of the University Hospital Ghent would like to ask different European IBD centres to collaborate on this topic in a retrospective, multi-centre observational cohort study. The aim of this study is to compare the incidence of ePOR at short term in CD patients after ileocecal resection with two different strategies: prophylactic early postoperative initiation of medical treatment ("pro-active approach") *vs.* treatment driven by postoperative endoscopic findings ("reactive approach").

Each participating centre will be requested to retrospectively collect data on patients that underwent ileocaecal resection.

The amended study protocol has been reviewed extensively by the Clinical Committee (ClinCom) of ECCO. The initial study was also approved by the Ethical Committee of the University Hospital Ghent (UZ Gent - Belgium) on 05/03/2021.

**Who can collaborate?**

- IBD centres which kept track of Crohn's patients that underwent ileocecal resection over at least the past decade.
- IBD centers who are willing to fill out completely and correctly an electronic clinical research form (eCRF) through REDCap® software for all included patients.

- IBD centers who are willing to verify themselves if approval by their local ethical committee and informed consent of the patient is mandatory in their jurisdiction for a retrospective non interventional study. If so, the IBD center will be responsible for the submission to the local ethical committee as well as collection of the informed consent. As mentioned, the study was already approved by the Ethical Committee of University Hospital Ghent (Belgium) on 05/03/2021.
- IBD centres who are willing to do everything to avoid missing data as much as possible by contacting patients, colleague gastroenterologists, general practitioners and any other physicians in charge of the patient.

**If you are interested in collaboration to this study**, please contact Triana.LobatonOrtega@uzgent.be and Jeroen.Geldof@uzgent.be by June 30, 2021.
If you need ethical approval and informed consent of each patient, and when you will expect this. Please also forward this email to other IBD centres in your country.

We will aim for the submission of an abstract for ECCO 2022 and a full manuscript shortly thereafter. The publication list will take into account the number of patients included in the study. Most likely, not all participants will be included in the main author's list, but everyone will be mentioned as collaborator.

We truly hope that this retrospective study will become a success and might lead to an intense collaboration.

Looking forward,

Dr. Jeroen Geldof

Prof. dr. Triana Lobaton

IBD unit

University Hospital Ghent

Belgium