ECCO Fellowship

Biopsy-Based Single-Cell Profiling of Ulcerative Colitis and Crohn's Disease Reveals Shared Inflammatory Architecture and Disease-Specific Immune Pathways

Awardee: Paola Pibiri
University of Groningen, University Medical Center Groningen, Department of Gastroenterology and Hepatology, Groningen, The Netherlands

AIM OF THE RESEARCH

To improve understanding of molecular differences between Ulcerative Colitis (UC) and Crohn's Disease (CD), we aimed to harmonise multiple gut mucosal single-cell RNA sequencing (scRNA-seq) datasets and perform a large-scale meta-analysis of inflamed and non-inflamed tissue. The broader goal was to define shared versus disease-specific inflammatory mechanisms and build a framework for future cross-cohort integration.

METHODOLOGY THAT WAS USED IN THE RESEARCH

A standardised computational workflow was developed for preprocessing, harmonisation and downstream analysis of gut mucosal scRNA-seq data, including cell-type annotation, differential abundance and gene expression analyses, pathway enrichment and cell–cell communication inference. The original fellowship plan included broader cross-centre harmonisation through the host institution. In practice, full integration across all intended external datasets proved infeasible within the fellowship period because of differences in tissue sampling, experimental protocols and data availability/readiness. We therefore completed the final meta-analysis using two CD and two UC datasets that could be robustly harmonised and compared within the project timeline.

MAIN FINDINGS/RESULTS OF THE RESEARCH

We generated disease-specific atlases comprising more than 405,000 cells from approximately 190 patients with CD and 313,000 cells from approximately 72 patients with UC. Across both diseases, inflammation followed a shared remodelling program marked by epithelial cell loss, expansion of immune populations and activation of immune-related pathways. Despite this common inflammatory framework, immune execution diverged by disease: CD8+ T cells declined in inflamed CD but expanded in UC; B cells showed innate/stress response enrichment in CD versus adaptive/humoral programs in UC; and monocytes showed strong JAK-STAT enrichment only in UC.

CONCLUSIONS AND PERCEIVED IMPACT OF THE FINDINGS

UC and CD share a common inflammation-associated tissue remodelling program but diverge in the immune pathways and cellular interactions that dominate the inflamed mucosa. The fellowship enabled development of a harmonised analytical framework and generated a substantial integrative dataset that supports phenotype-specific biological interpretation in IBD.

PLAN OF PUBLICATION

A manuscript is in preparation for submission to the Journal of Crohn's and Colitis, and the work has also been submitted in abstract form to UEGW 2026.

ECCO Fellowship

Effect of diet on disease development and faecal microbiota transplantation efficacy in humanized SAMP/Yit and DSS mice models

Awardee: Sara Deleu
Università Cattolica del Sacro Cuore, Dipartimento di Medicina e Chirurgia Traslazionale, Roma, Italy

AIM OF THE RESEARCH

Faecal microbiota transplantation (FMT) shows promise for Ulcerative Colitis (UC), but evidence in Crohn's Disease (CD) remains limited and overall outcomes vary due to donor and patient factors. As diet shapes the gut microbiome, we investigated how dietary interventions and different FMT formulations influence disease activity in preclinical UC and CD mouse models.

METHODOLOGY THAT WAS USED IN THE RESEARCH

Ileitis-prone SAMP and C57BL/6 mice (n_{tot}=157; 4–8/group) were treated with broad-spectrum antibiotics and humanized with respective CD or UC microbiota. Animals were randomized to Western, Mediterranean or control diets and received either healthy single-donor FMT (only C57BL/6), multidonor FMT or sham. After one week, acute colitis was induced using DSS (2%, 7 days), followed by 7 days of recovery. Disease activity indices were assessed and analysed as AUC, microscopic inflammation was scored, and faecal samples were collected for 16S sequencing.

MAIN FINDINGS/RESULTS OF THE RESEARCH

Across both models, Mediterranean diet consistently reduced disease activity, whereas Western diet worsened outcomes. Independent from diet, FMT improved disease activity in SAMP and C57BL/6 mice, though effects were donor-dependent in the UC model. Donor 1 outperformed other single donors across all diets, whereas donors 2, 3 and multidonor FMT showed variable, diet-contingent responses. In SAMP mice, FMT decreased microscopic colitis severity but unexpectedly worsened ileitis. Mediterranean diet tended to reduce ileitis severity compared to Western diet. C57BL/6 mice showed reduced alpha diversity after antibiotic pretreatment, which restored after humanization, and was significantly higher in Mediterranean-fed mice after DSS recovery. Similar trends were observed after DSS recovery for Mediterranean-fed SAMP mice. No differences in alpha diversity were observed by FMT origin.

CONCLUSIONS AND PERCEIVED IMPACT OF THE FINDINGS

FMT and a Mediterranean diet independently reduce disease activity in humanized IBD mouse models, with diet strongly modulating the microbiome. FMT effects are donor-dependent in UC and site-specific, improving colitis in SAMP mice while potentially worsening ileitis. Further analyses are needed to clarify the mechanisms.

PLAN OF PUBLICATION

This work will lead to multiple publications with a first manuscript in preparation for submission in JCC (Q3-2026) entitled "Mediterranean diet improves disease activity and microbial diversity, while donor-dependent FMT independently reduces disease activity in humanized UC mice".

ECCO Fellowship

Circulating tumour DNA and artificial intelligence as screening tools for dysplasia in Inflammatory Bowel Disease

Awardee: Brecht Hens
UZ Brussel, Belgium

AIM OF THE RESEARCH

The original project aimed to improve IBD-associated dysplasia surveillance through ctDNA biomarkers and AI-assisted colonoscopy. During the fellowship, the research scope expanded to additionally address the impact of disease location in Crohn's Disease (CD).

METHODOLOGY THAT WAS USED IN THE RESEARCH

At Amsterdam UMC, a dedicated biobank was established for patients with colitis-associated dysplasia undergoing resection, including tissue, blood and stool collection as well as endoscopic imaging, with IRB approval obtained. The biobank now contains sufficient material for validation of tissue, blood and faeces biomarker development and validation for dysplasia detection, which is currently ongoing at Amsterdam UMC. Given the long accrual timeline required, the analytical phases were transitioned to PhD candidates within the host group. This allowed the fellowship also to focus on CD disease location, currently encompassing: (1) a retrospective cohort study on postoperative outcomes in CD patients with a permanent ileostomy, (2) an international Delphi consensus on capsule endoscopy in CD and (3) a post-hoc analysis of the LOVE CD trial on vedolizumab response by disease location.

MAIN FINDINGS/RESULTS OF THE RESEARCH

The ileostomy cohort study described postoperative disease evolution in CD patients with a long-term ileostomy, with findings on recurrence patterns and healthcare utilisation (published in Inflammatory Bowel Diseases, 2025). The Delphi consensus has been completed and the publication is in development. Preliminary results of the LOVE CD post-hoc analysis suggest that ileal and colonic CD respond equally well to vedolizumab, challenging the concept of ileal disease as universally refractory to treatment.

CONCLUSIONS AND PERCEIVED IMPACT OF THE FINDINGS

The dysplasia biobank established at Amsterdam UMC provides a lasting platform for future biomarker and endoscopy research. The CD location work fills a tangible clinical gap: disease location is routinely recorded yet understudied as a driver of outcomes or treatment response. Together, these outputs demonstrate the value of international fellowship environments in generating both long-term infrastructure and actionable clinical insights.

PLAN OF PUBLICATION

1. Postoperative outcomes in CD with long-term ileostomy — published, Inflammatory Bowel Diseases (doi: 10.1093/ibd/izaf153)

2. Delphi consensus on capsule endoscopy in CD, ongoing

3. LOVE CD post-hoc analysis on disease location and vedolizumab response — manuscript in preparation

ECCO Fellowship

Defining the Role of Invariant Natural Killer T (iNKT) Cells in Perianal Fistula

Awardee: Sulak Anandabaskaran
Imperial College London

AIM OF THE RESEARCH

Perianal fistulising Crohn's Disease (pCD) is associated with significant morbidity, poor healing outcomes, and impaired quality of life. Prior multiparameter flow cytometry studies of peripheral blood and fistula-derived immune cells demonstrated expansion of invariant natural killer T (iNKT) cells within fistula tissue, including a $CD161^{+}$ $CD8^{-}$ $CD4^{-}$ IL-22-producing subset implicated in epithelial-to-mesenchymal transition and extracellular matrix remodelling. Despite these findings, the role of iNKTs in human Inflammatory Bowel Disease remains poorly defined. This study aimed to further characterise iNKT cells within perianal fistulas at single-cell resolution.

METHODOLOGY THAT WAS USED IN THE RESEARCH

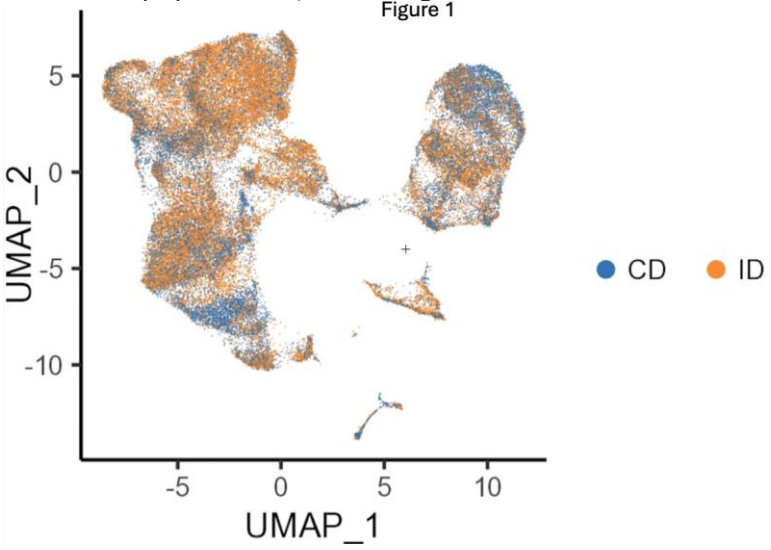
Immune cells were isolated from fistula curettage samples (n=5) and paired peripheral blood from patients with pCD or idiopathic fistulising disease. Multiparameter flow cytometry using CD1d tetramer and iNKT TCR ($V\alpha24$-$J\alpha18$) markers demonstrated consistently low iNKT yield (0–408 events per 2×10^{6} cells). Subsequent fluorescence-activated cell sorting (FACS) in additional samples (n=3) yielded insufficient cell numbers (5–31 cells) for downstream single-cell analysis.

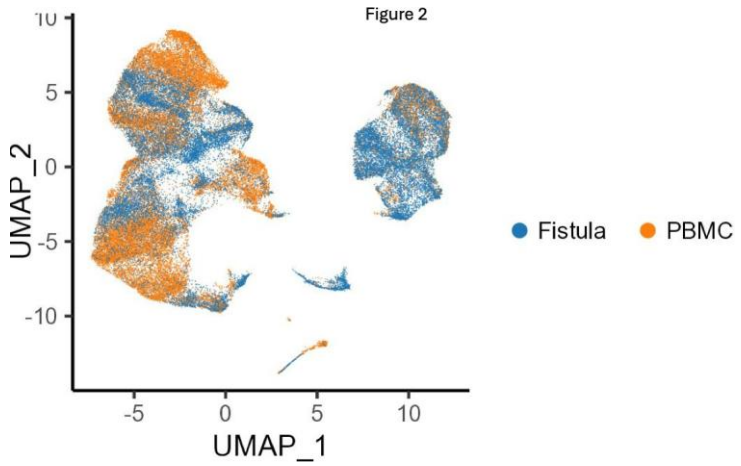
Given the rarity of this population, the methodology was revised to perform single-cell RNA sequencing (scRNA-seq) on FACS-sorted $CD45^{+}$ immune cells from seven fistula samples (four pCD, three idiopathic) with paired peripheral blood, enabling unbiased profiling of the immune microenvironment and identification of iNKT cells within a broader cellular context.

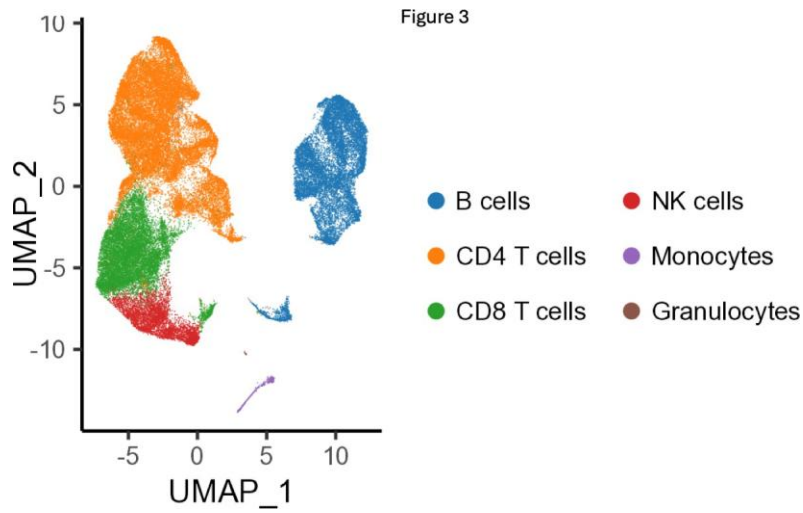
MAIN FINDINGS/RESULTS OF THE RESEARCH

scRNA-seq demonstrated substantial overlap in immune cell composition between idiopathic and pCD fistulas (Figure 1), with clear differences between tissue-derived and peripheral blood immune populations (Figure 2). Unsupervised clustering identified six immune cell populations, including a distinct NKT cell subset (Figure 3).

Figure 1







CONCLUSIONS AND PERCEIVED IMPACT OF THE FINDINGS

These findings support a shared immune architecture across fistula aetiologies while highlighting tissue-specific immune adaptations. They provide a foundation for further interrogation of immune pathways driving fistula pathogenesis and for the development of targeted therapeutic strategies.

PLAN OF PUBLICATION

This work has directly informed subsequent studies in an expanded cohort (n=19; 12 pCD, 7 idiopathic), including upadacitinib treatment-exposed samples, and has been presented at ECCO 2026 (received Y-ECCO Award), with a manuscript currently under review.

N-ECCO Research Grant

Self-care in patients affected with inflammatory bowel disease and mutuality in nursing: N-ECCO Grant

Awardee: Daniele Napolitano
CEMAD, Fondazione Policlinico Gemelli IRCCS, Rome, Italy

AIM OF THE RESEARCH

The aim of this research was to investigate self-care behaviours and psychosocial determinants in adult IBD patients, with a specific focus on nurse–patient mutuality and resilience as key relational and behavioural components of chronic disease management. Grounded in the Middle-Range Theory of Self-Care of Chronic Illness, the project sought to generate evidence to support nursing-led, patient-centred models of care. A key objective was the adoption of a longitudinal perspective to examine how self-care and nurse–patient mutuality evolve over time and how these processes influence patient outcomes, specifically quality of life and resilience.

METHODOLOGY THAT WAS USED IN THE RESEARCH

This multicentre observational study was conducted within the national IBD-SELF programme and involved nine Italian IBD units. Adult IBD outpatients were consecutively enrolled after routine clinical visits. These findings informed the ongoing longitudinal component, based on repeated assessments to examine temporal changes. Data were collected using validated instruments, including the Self-Care of Chronic Illness Inventory and the Nurse–Patient Mutuality in Chronic Illness Scale. Disease activity was assessed using established clinical indices and laboratory measures of inflammatory activity. Multivariable and longitudinal analytical approaches were applied.

MAIN FINDINGS/RESULTS OF THE RESEARCH

A total of 452 IBD patients enrolled. Cross-sectional analyses indicated adequate self-care maintenance and monitoring but lower self-care management, especially in Crohn's Disease; disease activity was inversely associated with self-care, self-care management positively predicted resilience and nurse–patient mutuality was high, particularly in Ulcerative Colitis. Preliminary longitudinal evidence suggests that self-care varies over time, linked to disease fluctuations and the continuity of the nurse–patient relationship.

CONCLUSIONS AND PERCEIVED IMPACT OF THE FINDINGS

The findings highlight self-care and relational processes as central components of IBD management and reinforce the role of IBD Nurses in supporting behavioural and psychosocial outcomes. The longitudinal perspective adds clinical relevance by identifying critical periods for intervention and supports the integration of relational nursing models into routine care.

PLAN OF PUBLICATION

Project outputs include peer-reviewed publications in international journals, presentations at major scientific meetings and dedicated manuscripts reporting forthcoming longitudinal analyses of quality of life and resilience in relation to self-care and mutuality.

The following list summarises the publications and scientific outputs generated within the framework of the N-ECCO Grant, specifying the use of N-ECCO funds for article processing charges where applicable.

1. Napolitano D, Cilluffo S, Amatucci V, et al. Self-care in patients with inflammatory bowel disease: a descriptive cross-sectional multicenter study. Crohns Colitis 2025;360:7(4). doi:10.1093/crocol/otaf061

The publication fees for this article were fully covered by N-ECCO grant funds.

2. Napolitano D, Cilluffo S, Marini A, et al. Exploring nurse–patient mutuality in inflammatory bowel disease: a multicenter cross-sectional study. BMC Nursing 2025. https://doi.org/10.1186/s12912-025-04215-1

The publication fees for this article were fully covered by N-ECCO grant funds.

3. Napolitano D, Bozzetti M, Lo Cascio A, et al. Resilience and self-care in patients with inflammatory bowel disease: a multicentre cross sectional study in outpatient settings. J Clin Med. 2025;14(11):3868. doi:10.3390/jcm14113868

No N-ECCO funds were used to cover the publication costs for this article.

4. Napolitano D, Bozzetti M, Lo Cascio A, Scaldaferri F, et al. DDW 2025 Abstract Mo1249: N-ECCO Grant – Self-care behaviours and resilience in patients with inflammatory bowel disease: a cross-sectional observational study. Gastroenterology 2025;169(1). doi:10.1016/S0016-5085(25)03362-1

The publication fees and travel for this abstract were fully covered by N-ECCO grant funds.

N-ECCO Research Grant

Developing and Feasibility Testing of a Web-Based Intervention to Enhance Psychosocial Wellbeing and Resilience in Family Members of Individuals with Inflammatory Bowel Disease: A Mixed-Methods Study

Awardee: Parichat Thapwong
Chiang Mai University, Chiang Mai, Thailand

AIM OF THE RESEARCH

This study aimed to translate a co-designed support prototype into a web-based intervention and to assess its feasibility, usability and acceptability for enhancement of psychosocial wellbeing and resilience in family members of people with IBD.

METHODOLOGY THAT WAS USED IN THE RESEARCH

This project built on prior co-design work identifying unmet needs among family members, including access to reliable information and emotional/peer support. ECCO funding supported digital development of the FamilyBridge programme and feasibility evaluation.
The intervention was developed as a secure online platform offering layered psychoeducation, moderated peer-support spaces, self-care resources and signposting to trusted information. Development was guided by a co-produced logic model and informed by the Extended Common-Sense Model, COM-B and Family Systems Theory, providing a clear theoretical foundation and behavioural targets.
A mixed-methods feasibility randomised controlled trial with a wait-list control design was conducted. Of 155 individuals expressing interest, 88 (56.8%) were screened and 60 enrolled (40 intervention; 20 wait-list). Engagement metrics, usability ratings, retention and qualitative feedback were collected to assess feasibility and acceptability.

MAIN FINDINGS/RESULTS OF THE RESEARCH

Recruitment targets were achieved (60 participants), usability was high (mean System Usability Scale 79.15/100) and no adverse events occurred, demonstrating acceptability, safety and procedural feasibility. Retention and sustained engagement were below progression thresholds (benchmarks used to determine readiness for a full trial). Participants reported caregiving demands, limited reminders and low forum activity as barriers to continued use. Questionnaire completion and qualitative feedback supported refinement of intervention features and study procedures.

CONCLUSIONS AND PERCEIVED IMPACT OF THE FINDINGS

A family-centred digital intervention for relatives of people with IBD is feasible, usable and acceptable. Findings support progression to a fully powered trial and highlight the need for enhanced engagement strategies. FamilyBridge represents the first tailored, theory-informed digital support programme for families affected by IBD and provides a scalable model to improve coping, resilience and wellbeing.

PLAN OF PUBLICATION

Presented at ECCO 2024; two manuscripts in preparation.

N-ECCO Research Grant

The impact of inflammatory bowel disease on sexual health: excluding depressive disorders in a cross-sectional comparison with a non-IBD population

Awardee: Zahira Pérez
Hospital Vall d'Hebron, Barcelona, Spain

AIM OF THE RESEARCH

Sexual dysfunction (SD) is common in patients with Inflammatory Bowel Disease (IBD); however, previous studies have often been confounded by concurrent clinical depression. To better understand the specific impact of IBD on sexual health, this study excluded participants with depression, assessing sexual function and desire in the absence of this confounder.

METHODOLOGY THAT WAS USED IN THE RESEARCH

Adults with confirmed IBD or non-IBD aged from 18 to 80 years were recruited, excluding those with a Hospital Anxiety and Depression Scale (HADS-D) score of >10. Sexual function was assessed using validated tools: International Index of Erectile Function (IIEF, cut off ≤43 for dysfunction) for men, Female Sexual Function Index (FSFI, cut off ≤26 for dysfunction) for women and the Sexual Desire Inventory (SDI) for all participants. Disease activity was assessed with standard indices for Crohn's Disease and Ulcerative Colitis.

MAIN FINDINGS/RESULTS OF THE RESEARCH

Among 575 participants (419 IBD, 156 non-IBD), the prevalence of SD was significantly higher in women with IBD compared to non-IBD (37.0% vs 19.7%; p=0.010), with SD being characterised by impaired desire and arousal and greater pain. Overall prevalence of SD in men with IBD did not differ from that in controls. Crucially, disease activity drove severe dysfunction: women with active IBD reached a 70.0% prevalence of SD (vs 31.7% among those in remission; p=0.001), the disease profoundly impacting desire and lubrication in the 36- to 50-year age bracket. In men, active disease impaired erectile function, specifically in older individuals (51–80 years; p=0.037). Furthermore, perianal Crohn's Disease in women significantly worsened dyspareunia (p=0.012).

CONCLUSIONS AND PERCEIVED IMPACT OF THE FINDINGS

Independent of clinical depression, active IBD is a major driver of sexual dysfunction. Flares exacerbate dyspareunia and diminish desire in women and cause erectile impairment in older men. Proactive, sex- and age-tailored sexual health screening during active disease is essential.

PLAN OF PUBLICATION

We plan to submit to Gastroenterology, with Clinical Gastroenterology as an alternative. Leveraging our extensive dataset, a second manuscript detailing QoL differences between Crohn's Disease and Ulcerative Colitis is planned for JCC.

N-ECCO Research Grant

Caring and management of patients with Inflammatory Bowel Disease: a focus on specialist nursing interventions" project

Awardee: Rosanna Irene Comoretto
University of Turin, Department of Public Health and Pediatrics, Italy

AIM OF THE RESEARCH

The aim of this project was to assess the impact of specialist nursing interventions on the management and care of patients with Inflammatory Bowel Disease (IBD), with a particular focus on clinical outcomes and health-related quality of life (QoL).

METHODOLOGY THAT WAS USED IN THE RESEARCH

A systematic literature review was conducted to identify studies evaluating different models of specialist nursing care in IBD. The original plan included a network meta-analysis (NMA) to compare multiple interventions. However, due to substantial heterogeneity in study designs, interventions and outcome measures, as well as limited data suitable for quantitative synthesis, an NMA proved not to be feasible. Therefore, the study evolved into a systematic review with partial quantitative synthesis.

MAIN FINDINGS/RESULTS OF THE RESEARCH

The review identified a wide range of specialist nursing interventions, including nurse-led telephone advice lines and virtual clinics, nurse-led follow-up and the integration of IBD specialist nurses within multidisciplinary teams. Despite high variability across studies, the presence of specialist nurses was consistently associated with improved outcomes, including reduced hospital admissions/readmissions, fewer disease flares, decreased use of outpatient and general practitioner consultations, improved patient-reported QoL and potential cost savings.

CONCLUSIONS AND PERCEIVED IMPACT OF THE FINDINGS

Despite methodological limitations, the findings support the important role of IBD specialist nurses in improving patient outcomes and optimising healthcare resource use. These results reinforce the value of integrating specialist nursing roles into IBD care pathways and highlight the need for more standardised research. Overall, this project provides a comprehensive synthesis of current evidence and helps clarify the role and impact of specialist nursing interventions in IBD care.

PLAN OF PUBLICATION

A manuscript reporting these findings is currently being finalised for submission to a peer-reviewed journal.

D-ECCO Research Grant

Metabolic profile and dietary patterns during early life and risk of inflammatory bowel disease

Awardee: Maiara Brusco de Freitas
Department of Clinical Medicine, Faculty of Medicine, Aalborg University Copenhagen, Denmark

AIM OF THE RESEARCH

To assess how maternal dietary exposures during pregnancy influence offspring risk of Inflammatory Bowel Disease (IBD).

METHODOLOGY THAT WAS USED IN THE RESEARCH

Using data from the Danish National Birth Cohort, including mid-pregnancy food frequency questionnaires linked to national health registries, we characterised maternal dietary patterns (k-means clustering), ultra-processed food intake (UPF, NOVA classification), fish consumption (fish, fish-derived omega-3 polyunsaturated fatty acids [PUFAs]) and, in addition to the original aims, evaluated organic food consumption.

MAIN FINDINGS/RESULTS OF THE RESEARCH

Among approximately 60,000 mother–child pairs, 0.3% of children developed IBD before age 18 years. A diverse pattern, characterised by high intake across multiple food groups, compared to a Western pattern was associated with a lower risk of paediatric-onset IBD (HR 0.55; 95% CI 0.31–0.97), while maternal ultra-processed food intake showed no clear association. Average (0.65; 0.45–0.94) and high (0.61; 0.41–0.89) total fish intake was associated with lower paediatric-onset IBD risk, with high intake also linked to reduced Crohn's Disease (CD) risk (0.52; 0.30–0.89). Lean fish intake was associated with lower CD risk at high intake (0.47; 0.27–0.80) and lower Ulcerative Colitis (UC) risk at average intake (0.42; 0.23–0.77). Higher fish-derived omega-3 PUFA intake was associated with reduced paediatric-onset IBD risk (0.66; 0.44–0.98). Frequent maternal organic food consumption was linked to lower CD risk (0.40; 0.17–0.94), driven mainly by egg (0.58; 0.37–0.90) and dairy (0.56; 0.35–0.90) intake.

CONCLUSIONS AND PERCEIVED IMPACT OF THE FINDINGS

In this nationwide prospective study, a diverse maternal diet and higher fish intake during pregnancy were associated with a lower risk of paediatric-onset IBD, while organic food consumption was linked to reduced CD risk; overall, UPF intake showed no clear influence.

PLAN OF PUBLICATION

Four articles were planned. Two—on dietary patterns and organic food consumption—have been published, while two are currently under submission. In addition, four abstracts were presented at the ECCO 2025 and 2026 Congresses.

D-ECCO Research Grant

Combination treatment with partial enteral nutrition and biologics as induction therapy for adults with active ileocolonic Crohn's disease: a pilot study

Awardee: Meropi Kontogianni
Harokopio University of Athens

AIM OF THE RESEARCH

Combination therapies for active Crohn's Disease (CD) to improve response to biologics and to mitigate secondary loss of response remain of interest. Partial enteral nutrition (PEN) at high volume (>50% energy requirements) has been suggested to prolong remission compared to unrestricted diet (UD). The aim of the present study was to compare clinical remission/response rates to standard treatment with adalimumab (ADA) in a group of CD patients on UD and another group on 50% PEN.

METHODOLOGY THAT WAS USED IN THE RESEARCH

Patients with active CD from three referral hospitals in Athens, Greece randomly received 50% PEN or UD, in addition to ADA, for 6 weeks. At baseline, 6 and 12 weeks, adherence to PEN and dietary intake was recorded. Body weight and handgrip strength were also measured, as was health-related quality of life (QoL) as assessed by SIBDQ and CRP levels. Faecal samples were sent to a collaboration centre in Glasgow for future analyses of calprotectin and microbiome. The proportion of patients who entered clinical remission by week 12 was recorded.

MAIN FINDINGS/RESULTS OF THE RESEARCH

Thirty-two patients with active CD were referred for screening and 24 entered the study and were randomised to the PEN (n=13) or the UD (n=11) group. Seven patients were also excluded from the analysis. According to per protocol analysis, no differences were observed between the PEN and the UD group regarding body mass index, handgrip strength, CRP levels and remission rates throughout the study (all p between groups >0.05), nor were there any differences in SIBDQ scores.

CONCLUSIONS AND PERCEIVED IMPACT OF THE FINDINGS

Preliminary results indicated no differences between the PEN and the UD group in terms of disease remission rates and overall QoL over the 12-week period. Further analyses will be conducted in order to investigate changes in blood and faecal biomarkers and gut composition at weeks 6 and 12.