Invited Lecture | 内科

2026年11月20日(金) 12:50 ~ 13:20 | 第1会場（2F コンベンションホール1）

Invited Lecture 2

Moderator: Akira Sugita (Yokohama Municipal Citizen’s Hospital, Japan)

[IL-2] Latest Advances and Future Directions in IBD: Precision Medicine

*Stefan Wolfgang Schreiber (1. Department Medicine I, University Hospital Schleswig-Holstein, Kiel University, Germany)

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Inflammatory bowel disease (IBD) care is moving from symptom-driven escalation toward early, trajectory-guided disease control. Recent work on treatment-response trajectories shows that the first weeks after starting an advanced therapy already contain critical information: rapid and sustained improvement identifies patients likely to achieve long-term comprehensive disease control, whereas slow response trajectories mark patients not achieving disease control and other deep endpoints and therefore being at higher risk of relapse, residual inflammation and damage.

This changes the therapeutic concept. Instead of waiting for late treatment failure, early clinical, biochemical, endoscopic and molecular signals should be integrated to decide whether to continue, optimise, combine or switch therapy. Comprehensive disease control becomes the relevant target: patient-reported remission, biomarker normalisation, endoscopic and histological healing, steroid-free stability that leads to favorable long-term outcomes and hence preserved function and avoidance of hospitalisation, surgery and damage.

Early use of biologics is part of this shift. In Crohn’s disease and ulcerative colitis, earlier deployment of effective advanced therapies results in higher numbers of favorable response trajectories and may therefore the disease process before chronic tissue injury and therapeutic refractoriness develop. The GUIDE-IBD study has successfully tested whether molecular-medicine care, integrating omics data and expert algorithmic interpretation, can improve week-52 comprehensive disease control compared with best standard care.

The future of precision medicine in IBD will combine baseline risk, response trajectories, pharmacodynamic molecular readouts and patient-centred digital monitoring into adaptive treatment algorithms. The goal is to recognise early whether the individual patient is on the right path long before it is done today.

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