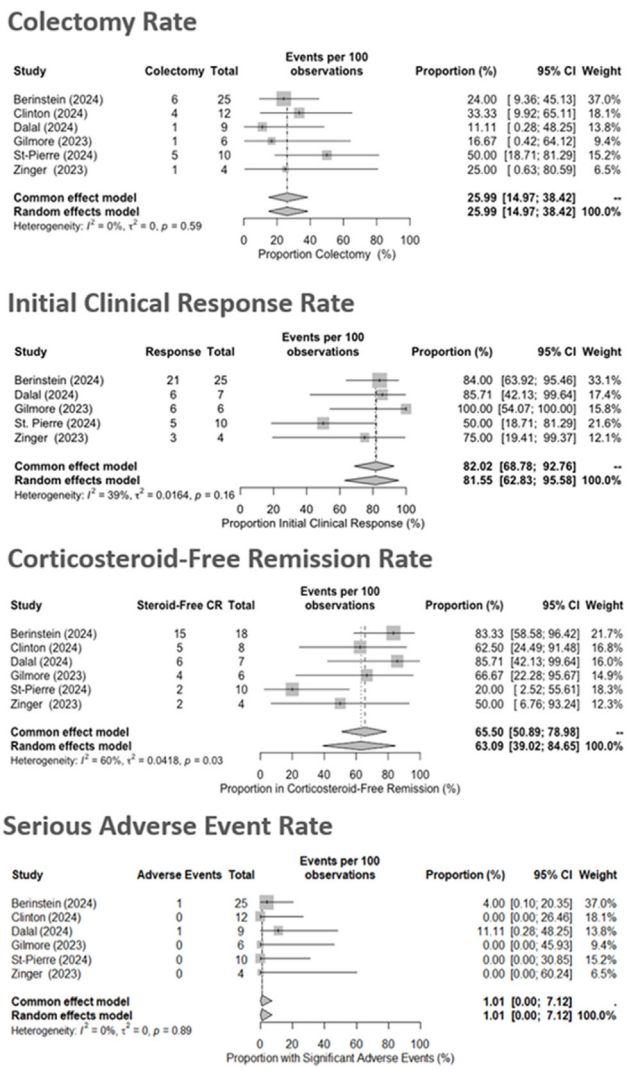

Figure 2. Forest plots of primary and secondary outcomes: colectomy rate, initial clinical response rate, corticosteroid-free remission, and rate of serious adverse events.

REAL-WORLD EXPERIENCE WITH CURCUMIN-QINGDAI IN MANAGING ADULTS WITH ACTIVE ULCERATIVE COLITIS

Jellyana Peraza, Nir Salomon, James George

BACKGROUND: Data from a placebo-controlled trial conducted in Europe and Israel demonstrated that curcumin-QingDai (CurQD) effectively induces response and remission in patients with active ulcerative colitis (UC). This study presents the outcomes of 21 patients with active UC treated with CurQD in a New York-based practice. **METHODS:** We included patients with UC who were seen at a private gastroenterology practice in New York. A baseline clinical assessment prior to treatment and at least one follow-up examination was required. Clinical activity data were extracted from electronic medical records and classified using the Simple Clinical Colitis Activity Index (SCCAI). We collected C-reactive protein (CRP), fecal calprotectin levels, and endoscopic disease severity based on the Mayo score, pre- and post-treatment when available. Information regarding previous and concurrent UC therapies was also gathered. Clinical response was defined as an improvement in SCCAI of at least 3 points. A paired t-test was used to evaluate the clinical response to therapy. **RESULTS:** A total of 21 patients were treated with CurQD. The median age of participants was 34 years (interquartile range [IQR] 27-42), with 15 (71%) being male and 19 (90%) identifying as White. Among them, three (14%) had proctitis, ten (48%) had left-sided colitis, and eight (38%) had pancolitis. At the start of treatment, four (19%) were receiving corticosteroids, eight (38%) were on oral mesalamine, four (19%) were on biologics, and three (14%) were using small molecules. Seven (33%) and three (14%) patients had not responded to at least one biologic and one small molecule, respectively. Prior to the initiation of CurQD, the mean SCCAI was 4.7 (range 1-8), the mean CRP was 5.6 mg/L (range 0.4-16), and the mean fecal calprotectin was 1771 mg/g (range 118-4980). Patients were followed for a mean of 4.8 months (range 1-17 months) from the initial assessment to the last follow-up visit. At the final follow-up, 15 (71%) patients exhibited a clinical response. The median SCCAI at the last follow-up was 1.9 (range 0-7) ($p< 0.001$), with a mean CRP of 1.76 mg/L (range 0.5-3.7) and a mean fecal calprotectin of 53 mg/g. Only three patients underwent colonoscopy before and after CurQD therapy, all three showed improvements from moderate (Mayo score 2) to mild (Mayo score 1) colitis. One patient was hospitalized due to colonic microperforation within several months of starting CurQD therapy, and two patients reported abdominal pain after beginning treatment, but no other side effects were noted. **CONCLUSIONS:** Our findings suggest that Curcumin-QingDai, whether used alone or in combination with other therapies, is likely to enhance clinical response in patients with ulcerative colitis. CurQD may represent a viable alternative for patients seeking to avoid advanced therapies or those with inadequate response.

THE USE OF CHEWED OR CRUSHED UPADACITINIB AFTER BOWEL SURGERY IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE

Felix Zhou, Gil Melmed

Upadacitinib, a small molecule therapy approved by the FDA for the treatment of ulcerative colitis and Crohn's disease, is delivered via extended-release tablets. There is concern that absorption of extended-release medications may be impaired in patients after colectomy with ileostomies or ileal pouch-anal anastomoses (IPAAs) due to the longer disintegration time of these medications and shorter transit time in these patients with altered gastrointestinal anatomy. Anecdotally, several patients at our center have reported whole or partially digested upadacitinib pills in their ostomy effluent or ileal pouch stool output, which suggests some validity to these concerns. The aim of this case series is to describe the use of chewed or crushed upadacitinib to improve absorption in patients with IBD with ileostomies and IPAAs. We describe 5 patients with IBD who reported partially digested upadacitinib pills in their stool. All 5 patients had Crohn's disease. Two of the patients had a colectomy and IPAA, both for medically refractory disease. Two of the patients had end ileostomies, 1 with colectomy for medically refractory disease, and the other had a diverting end ileostomy for perianal disease. Finally, 1 patient's bowel remained in continuity and had a history of two ileocolic resections, with roughly 57cm ileum and

40.5cm colon removed in total. Of the 5 reported patients, 3 (2 with end ileostomies and 1 with IPAA) reported no longer seeing whole/undigested pills in their stool. The 3 patients who chewed their upadacitinib and no longer saw partially digested pills in their stool each demonstrated improvement in their Crohn's disease. The first patient had objective evidence of endoscopic improvement (resolution of ileal ulcerations) after the intervention as well as clinical improvement (resolution of his abdominal pain). The second and third patients had improvement in their fistulizing disease, with both patients able to stop their antibiotics without recurrence of their symptoms and one patient having an exam under anesthesia confirming resolution of their fistula. Our case series highlights patients with IBD who underwent colectomy with ileostomies or IPAAs and observed whole/undigested upadacitinib in their stool. In these patients, we propose a new strategy of crushing/chewing their medication to improve absorption.

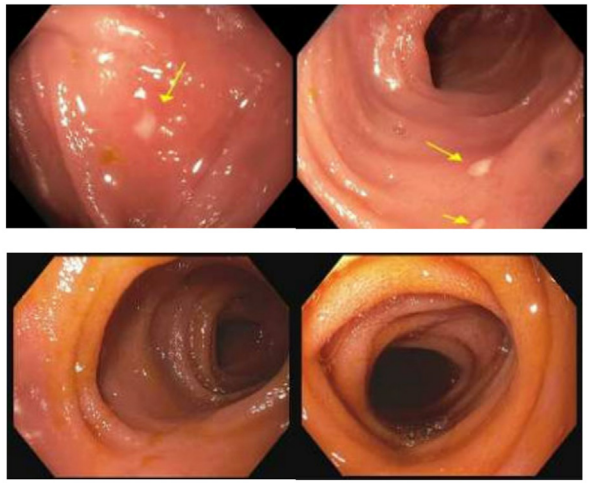

Figure 1. Ileoscopy of patient with Crohn's before (a) and 4 months after crushing upadacitinib pills, demonstrating endoscopic response with healing of ulceration in the distal 30cm of ileum.

VEDOLIZUMAB PLUS CURCUMIN-QINGDAI FOR PATIENTS WITH ULCERATIVE COLITIS

štěpán Peterka, Martin Lukáš, Jakub Jirsa, Martin Kolář, Kristýna Zdychyncová, Kristýna Kubíčková, Jana Horutová, Milan Lukáš

INTRODUCTION: Vedolizumab (VDZ) is a conventional pharmacological modality in ulcerative colitis (UC) patients. A combination of two herbal extracts, curcumin and QingDai (CurQD) is a non-pharmacological nutraceutical, which was shown effective in the treatment of active UC. **AIM AND METHODS:** The goal of this prospective cohort study was to evaluate the short-term efficacy at week 12 of combo-therapy with VDZ plus CurQD in patients with UC. A prospective cohort of patients with active UC starting VDZ was recruited from July 2023 to March 2024. All patients were given VDZ at conventional induction dosing, 300 mg intravenous at weeks 0,2,6 followed by 8-weekly infusions. Concurrently, patients also received CurQD at a daily dose of 1733mg. Disease activity was prospectively assessed using SCCAI score. Response to therapy was assessed at week 12 after initiation of combination VDZ-CurQD therapy. Clinical response was defined as a decrease of at least 3 points in the SCCAI and clinical remission as a a score of 0-2. Endoscopic response was defined as decrease of 1 point or more of the Mayo sub-endoscopic score compared to baseline, and endoscopic remission as Mayo 0. Laboratory response was defined as a 50% decrease in fecal calprotectin level from week 0 levels and laboratory remission was defined as a decrease in fecal calprotectin level to below 100 μg/g. **RESULTS:** We included 11 UC patients (8 females, av. age 38.2 years-old) with clinically active UC. 54% of the patients had endoscopically highly active colitis (Mayo 3), 11% had Mayo 2 at baseline and 35% had Mayo 1. Six patients were biologically naive and received VDZ as first line biologic, two received VDZ as second line, two as third line treatment, and one patient received VDZ re-induction as first line. At week 12, 91% (10 patients) achieved a clinical response and 81% (9 patients) achieved clinical remission. Laboratory response and laboratory remission were achieved in 81% (10 patients). Endoscopic response and endoscopic remission were observed in 81% (9 patients) and 36% (4 patients), respectively. In one patient, treatment was discontinued due to the occurrence of a mild form of alopecia, which resolved after discontinuation of CurQD therapy. No patient experienced a severe relapse associated with hospitalization or need for i.v. corticosteroid administration. At week 5 patients used corticosteroids and at week 12 no patients continued with this therapy. **CONCLUSION:** Preliminary results suggests that combined therapy of VDZ with CurQD may be effective in achieving rapid clinical, biomarker, and endoscopic response and remission in patients with UC. The limited clinical experience so far suggests that this biologic-nutraceutical combination is mostly well tolerated with minimal adverse events. More data from multicentre studies are needed for its inclusion in standard therapies.