Ulcerative colitis (UC) is one of the 2 major types of inflammatory bowel disease (IBD), along with Crohn’s disease. IBD is thought to affect 0.5% of the world population.

Chronic ulcerative colitis is associated with an elevated risk of developing colonic carcinoma. Although the cause of UC is currently unknown, its origin is suspected to be related to immune, inflammatory and environmental causes.

The diagnostics of UC is currently based upon a combination of several exploration techniques. Clinical management is adapted to the disease stage, extent and intensity of the disease symptoms and manifestations, but treatment is far from optimal.

BIOSIGNATURES FOR ULCERATIVE COLITIS

Overview

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Prolonged and unnecessary exposure to corticosteroid, and the lack of control of the inflammatory process, increases morbidity.

Glucocorticoids are the first-line of treatment for moderate-to-severe flare-ups. However, up to 40% of patients do not have an adequate response.

The diagnosis of UC is difficult, time consuming and expensive. Moreover, many of the clinical biomarkers of inflammation are not specific. There are no predictors of response that can be applied before the beginning of corticosteroid treatment.

Our project proposes to create a:

- Biosignature to manage the non-responder corticosteroids patients with a personalized approach.

A new resolutive method to discern responder patients from non-responder patients, previous to the beginning of the treatment.

Consisting in the identification of a set of circulating biomarkers that correlates with the ulcerative colitis disease and are indicative of patient’s responsiveness to corticosteroid treatment.

Key Advantages

- Easily accessible: from blood sample
- Tool to allow disease confirmation and improve clinical patient stratification
- Tool to improve treatment management
- Predictive and personalized
- 100% accuracy and 90% general capability predictive potential (in combination with clinical plasma/ urinary routine analysis)

Contact Us!

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