**FEATURED RESEARCH**

**Prof Matt Brookes (Royal Wolverhampton NHS Trust)**

The lived experience of family planning of female patients diagnosed with Inflammatory Bowel Disease (IBD) and their partners during key reproductive stages – a qualitative study.

Many women with IBD delay starting a family, or have fewer or no children. Women with inactive IBD usually have no more difficulty becoming pregnant than women without IBD, and can expect to have a normal pregnancy and a healthy baby. We want to examine why so many people with IBD choose to not have children, what concerns they have around becoming pregnant, and how they could benefit from pregnancy services specifically for people with IBD.

**Dr Gordon Moran (Nottingham University Hospital)**

Non-invasive approaches to identify the causes of fatigue in Inflammatory Bowel Disease patients.

This study aims to unravel the major causes of fatigue in IBD. Understanding what is happening in the brain, heart, lungs and muscle of those experiencing fatigue could help to develop treatments that actually target the causes of fatigue in people with IBD. This would improve the quality of life of people with IBD, and increase the socioeconomic contribution that people with IBD provide to the UK.

**Prof Christine Norton (King's College London)**

IBD BOOST: Living well with Inflammatory Bowel Disease.

This study aims to support people living with inflammatory bowel disease who have symptoms of fatigue, pain or difficulty getting to the toilet in time, by developing an online, nurse-supported self-management programme.

**Dr James Lindsay (Queen Mary University of London)**

ASTIClite

A previous trial, ASTIC, looked at whether stem cell therapy (HSCT) where a patient's own stem cells are given back after their immune system has been destroyed by chemotherapy, is effective in curing Crohn's Disease. The trial showed that high dose chemotherapy led to significant side effects, but half of those treated in the trial had complete disease remission, and the others appeared to respond to drug therapies that they previously been unresponsive to.

ASTIClite will test whether HSCT with much lower doses of chemotherapy will still be effective but also much safer. We also aim to assess the mechanism by which HSCT works and confirm whether anti TNF therapy (like Infliximab and Humira) is effective in patients with disease activity after transplant.

**Mr Samuel Adegbola (St Mark's Hospital and Academic Institute)**

Developing a quality of life score for Crohn's Anal Fistula

We aim to develop a new patient-centred quality of life assessment scale with the help of people living in the community with Crohn's-related perianal fistulas. We will call this the Crohn's Anal Fistula Quality of Life scale (CAF-QoL). It will help healthcare professionals understand how a perianal fistula affects their patient and help them in their treatment decisions.

**Prof Andrew Hart (Norwich Medical School, University of East Anglia)**

Does excess dietary sulphur impair the response to drug treatments in patients with Ulcerative Colitis?

A proof of concept study.

Our hope is that this research will ultimately lead to doctors, using evidence-based medicine, to advise patients which foods to avoid to ensure their IBD drugs are more effective to improve their symptoms and quality of life.
One of the most commonly used strategies in the medical management of Crohn's Disease is combination therapy of the anti-TNF drug infliximab with an immunosuppressant drug (like azathioprine, or methotrexate). Although combination therapy is highly effective in inducing remission, doctors and patients are aware of uncertainties and controversies in terms of safety and effectiveness with long-term use. In particular, unanswered questions surround drug cessation. SPARE aims to find the safest and most effective way for patients to discontinue their combination therapy once they are in stable remission.

Dr Miranda Lomer (King's College London and Guy's and St Thomas’ NHS Foundation Trust)
Development of a nutritional assessment and dietary management algorithm for patients with Inflammatory Bowel Disease.

This study is developing a patient-centred algorithm to better recognise the patients with IBD who need dietary advice. It includes a self-assessment tool for patients to score their nutritional health. The algorithm will help identify the patients who would benefit from more support around their diet, and those at risk of malnutrition. This will help more people have quicker access to the right dietary treatment, improving their psychological, social and physical health.

Mr Omar Faiz (St Mark's Hospital and Academic Institute)
Colectomy and Reconstruction in Ulcerative Colitis in Sweden and England - CRUISE

People with Ulcerative Colitis who need to have a colectomy (removal of the colon) can be offered restorative surgery in the form of an internal pouch or, less commonly, an ileorectal anastomosis (IRA). Both of these avoid the need for a permanent stoma. Recent data suggests that half of Swedish patients and one third of English patients who have a colectomy go on to have restorative surgery. This study will give patients considering restorative surgery the choice between an internal pouch or ileorectal anastomosis, and will follow them up post-surgery with quality of life and satisfaction surveys.

Dr Charlie Lees (University of Edinburgh)
PREdiCCT

PREdiCCT looks to increase our understanding of how environmental factors, diet and gut microorganisms influence Crohn's Disease and Ulcerative Colitis flare. The study will recruit 1,500 people in remission from Crohn’s Disease or Ulcerative Colitis, and will follow how their IBD behaves for two years, while collecting information on what they eat, their lifestyle, and their gut bacteria. We hope that it might be possible to find a link between these factors and the severity of people's IBD flares.

Prof Tariq Iqbal (University Hospital Birmingham)
STOP-COLITIS

The human body contains vastly more bacteria (bugs) than human cells and it is becoming increasingly clear that these bacteria have important and previously unrecognised effects on the body. The majority of these bacteria reside in the colon and it is now known that the bacterial population (microbiome) in patients with Ulcerative Colitis (UC) is different from that of healthy people. Over the past 10 years doctors and patients from many countries have attempted to change the microbiome in UC using FMT (faecal microbiota transplant - transfer of faeces from a healthy individual to a person with disease), and their attempts have suggested that this may be an effective treatment. However, there has never been a study with enough patients to truly assess the effectiveness of this treatment. STOP-COLITIS will be the largest trial of Faecal Microbiota Transplant once completed.