

IBD-RESPONSE – predicting treatment response in Crohn’s disease and ulcerative colitis

Submission date 17/11/2021	Recruitment status Recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 29/12/2021	Overall study status Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 30/10/2025	Condition category Digestive System	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Crohn's disease and ulcerative colitis (UC) are types of a bowel condition known as inflammatory bowel disease (IBD) and the symptoms (diarrhoea, pain, fatigue) have a major impact on daily life. IBD affects around 1 in 125 people in the UK and this is expected to rise to 1 in 100 by 2028. "Biologics" are powerful medications that are given to reduce inflammation in IBD. These treatments can be effective but up to 40% of patients don't respond, and in those that do, many don't respond well enough to stay on the drug after one year of treatment. Unfortunately, we have no way to predict which patients are most likely to benefit from treatment (known as responders), and we do not fully understand how medications work in responders. As these drugs may have serious side effects and are expensive to the NHS, this lack of understanding is a major obstacle in deciding which treatment is best to give to an individual patient, and when to give it to them in order to have the greatest benefit and the least risk. Recent data from small studies in people with IBD and larger studies of people with cancer, show that certain bacteria in stool may predict who will respond or fail to respond to treatments.

Who can participate?

We will recruit 1,325 patients starting biological therapy in IBD as part of routine NHS care from 40 centres across the UK.

What does the study involve?

We will collect stool, blood and where possible intestinal biopsies during routine endoscopy (camera into the gut), to study the gut bacteria before, and during, these treatments.

What are the possible benefits and risks of participating?

Benefits: In the short term this study will not help the participant directly as the results will not change any standard of care treatment received. However, the information we get from this study will help to improve our understanding of the links between gut microbes, genes, diet and Inflammatory Bowel Disease. Our goal is to better understand the complicated relationship between these different factors and Inflammatory Bowel Disease. Our aim is to use this information to create a tool that can predict response to treatment in Inflammatory Bowel Disease. In the future, we hope it will benefit lots of Inflammatory Bowel Disease patients, by helping to select the best drug at the right time for individual patients.

Risks: By joining the study, participants will donate blood samples and biopsies (only if you have an endoscopy during the study period), which are routinely collected as part of the participants clinical standard of care. Blood sampling can cause momentary discomfort and may cause a small bruise. The biopsy procedure carries a small risk of bleeding and there is a very minimal risk, that the procedure could create a hole in the bowel (perforation). The specific risks of undergoing a colonoscopy or flexible sigmoidoscopy are discussed with the participant in line with the NHS consent process for each endoscopic procedure as part of standard NHS practice.

Where is the study run from?
Newcastle Clinical Trials Unit (UK)

When is the study starting and how long is it expected to run for?
January 2021 to December 2026

Who is funding the study?
1. Medical Research Council (UK)
2. Leona M. and Harry B. Helmsley Charitable Trust (USA)

Who is the main contact?
IBD.Response@newcastle.ac.uk

Contact information

Type(s)
Scientific

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Type(s)

Scientific

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Additional identifiers**Integrated Research Application System (IRAS)**

295742

Central Portfolio Management System (CPMS)

49964

Protocol serial number

MR/T032162/1

Study information**Scientific Title**

Defining microbial predictors of responsiveness to biologic therapies in Crohn's disease and ulcerative colitis

Acronym

IBD-RESPONSE

Study objectives

To identify and validate a predictive model for response or failure to respond to biologic and janus kinase inhibitor (JAKi) therapies in Crohn's disease (CD) and ulcerative colitis (UC), the major forms of inflammatory bowel disease (IBD), using microbiome (including microbial species and functional data), metabolome and integrated clinical and human genome data.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 16/08/2021, Wales Research Ethics Committee 5 (Health and Care Research Wales Support and Delivery Centre, Castlebridge 4, 15-19 Cowbridge Road East, Cardiff, CF11 9AB, UK; +44 1874 615950; Wales.REC5@Wales.nhs.uk), ref: 21/WA/0228

Study design

Observational cohort study

Primary study design

Observational

Study type(s)

Screening

Health condition(s) or problem(s) studied

Crohn's disease and ulcerative colitis

Interventions

Current interventions as of 19/12/2024:

This is a multi-centre, observational cohort study with 40 centres across the United Kingdom. We will aim to recruit 1325 participants over 27 months. Patients will be identified by the gastroenterology teams and be screened against the study eligibility criteria using the patients' medical records. Eligible patients will have the study explained to them by a member of the study team and be given the Patient information sheet for further information. Patients (up to 300 patients) who are diagnosed with Crohn' disease may be asked to be part of the sub-study called CD-metaRESPONSE, which means they complete some extra questionnaires and collect additional samples.

To be eligible for the study, the participant will need to be starting a biologic therapy (an injectable medication used to control inflammation in inflammatory bowel disease e.g. infliximab, adalimumab, vedolizumab or ustekinumab) or a JAK inhibitor medication (tofacitinib) as treatment for Crohn's disease or ulcerative colitis.

The majority of the study will be completed remotely, at participants' home. Each participant will be provided with access to the online database, REDCap, which will be used to provide informed consent, complete questionnaires and track samples. Participants will be enrolled for approximately 54 weeks, with assessments performed at baseline (prior to starting treatment), week 14 (14 weeks after starting treatment) and at week 54 (54 weeks after starting treatment). These visits should align with patients dosing regimen. The IBD-RESPONSE research team at site will be available to support and help with any questions or concerns about the study.

Assessment 1 (Baseline) - (up to 6 weeks prior to starting treatment)

1. Complete questionnaires assessing Health related quality of life; PRO-2 (CD) or PRO-2 (UC), PROMIS-Fatigue, IBD-Control, International Physical Activity Questionnaire (IPAQ) and EQ-5D-5L. Participants dietary habits will also be assessed using Scottish Collaborative Group Food Frequency Questionnaire and for participants in the CDmetaRESPONSE cohort - Kings College London 4-day food diary.

2. Collect Stool Samples at home and send to research team at Newcastle University.

3. If attending a routine clinical appointment, approximately 20ml of blood samples will be collected for analysis.

These samples will be sent to by the research team to Wellcome Sanger Institute for analysis.

Assessment 2 - (14 weeks after starting treatment (ideally +/- 2 weeks but data can be collected between weeks 10-20))

1. Complete questionnaires assessing Health related quality of life; PRO-2 (CD) or PRO-2 (UC), PROMIS-Fatigue, IBD-Control, International Physical Activity Questionnaire (IPAQ) and EQ-5D-5L. Participants dietary habits will also be assessed using Scottish Collaborative Group Food Frequency Questionnaire and for participants in the CDmetaRESPONSE cohort - Kings College London 4-day food diary.

2. Collect Stool Samples at home and send to research team at Newcastle University

3. If attending a routine clinical appointment, approximately 20ml of blood samples will be collected for analysis.

These samples will be sent to by the research team to Wellcome Sanger Institute for analysis.

Assessment 3 - (54 weeks after starting treatment (+/- 6 weeks))

1. Complete questionnaires assessing Health related quality of life; PRO-2 (CD) or PRO-2 (UC), PROMIS-Fatigue, IBD-Control, International Physical Activity Questionnaire (IPAQ) and EQ-5D-5L. Participants dietary habits will also be assessed using Scottish Collaborative Group Food Frequency Questionnaire and for participants in the CDmetaRESPONSE cohort - Kings College London 4-day food diary.

2. Collect Stool Samples at home and send to research team at Newcastle University

3. If attending a routine clinical appointment, approximately 20ml of blood samples will be collected for analysis.

These samples will be sent to by the research team to Wellcome Sanger Institute for analysis.

If a participant change their treatment prior to first follow-up (Assessment 2), they will be asked to complete questionnaires/provide samples required at Assessment 2 at the time of stopping treatment. If you start a new treatment after this, the planned follow-up timeline will restart at Assessment 2, 14 weeks after starting the new treatment.

If the participant changes their treatment after Assessment 2 but before completing Assessment 3, they will be asked to complete questionnaires/provide samples required at Assessment 3 at the time of stopping treatment. If you start a new treatment after this, the planned follow-up timeline will restart at Assessment 2, 14 weeks after starting the new treatment.

If a participant is scheduled for an endoscopy (colonoscopy or flexi sigmoidoscopy) during the study, they will be asked to consent to research team taking up to 12 biopsies for the study. The biopsies will be sent by the research team to Wellcome Sanger Institute (up to 6 biopsies) and to Newcastle University (up to 6 biopsies) for analysis.

Previous interventions:

This is a multi-centre, observational cohort study with 40 centres across the United Kingdom. We will aim to recruit 1325 participants over 27 months. Patients will be identified by the gastroenterology teams and be screened against the study eligibility criteria using the patients' medical records. Eligible patients will have the study explained to them by a member of the study team and be given the Patient information sheet for further information. Patients (up to 200 patients) who are diagnosed with Crohn' disease may be asked to be part of the sub-study called CDmetaRESPONSE, which means they complete some extra questionnaires and collect additional samples.

To be eligible for the study, the participant will need to be starting a biologic therapy (an injectable medication used to control inflammation in inflammatory bowel disease e.g. infliximab, adalimumab, vedolizumab or ustekinumab) or a JAK inhibitor medication (tofacitinib) as treatment for Crohn's disease or ulcerative colitis.

The majority of the study will be completed remotely, at participants' home. Each participant will be provided with access to the online database, REDCap, which will be used to provide informed consent, complete questionnaires and track samples. Participants will be enrolled for approximately 54 weeks, with assessments performed at baseline (prior to starting treatment), week 14 (14 weeks after starting treatment) and at week 54 (54 weeks after starting treatment). These visits should align with patients dosing regimen. The IBD-RESPONSE research team at site will be available to support and help with any questions or concerns about the study.

Assessment 1 (Baseline) - (up to 6 weeks prior to starting treatment)

1. Complete questionnaires assessing Health related quality of life; PRO-2 (CD) or PRO-2 (UC), PROMIS-Fatigue, IBD-Control, International Physical Activity Questionnaire (IPAQ) and EQ-5D-5L. Participants dietary habits will also be assessed using Scottish Collaborative Group Food Frequency Questionnaire and for participants in the CDmetaRESPONSE cohort - Kings College London 4-day food diary.
2. Collect Stool Samples at home and send to research team at Newcastle University.
3. If attending a routine clinical appointment, approximately 20ml of blood samples will be collected for analysis.

These samples will be sent to by the research team to Wellcome Sanger Institute for analysis.

Assessment 2 - (14 weeks after starting treatment (ideally +/- 2 weeks but data can be collected between weeks 10-20))

1. Complete questionnaires assessing Health related quality of life; PRO-2 (CD) or PRO-2 (UC), PROMIS-Fatigue, IBD-Control, International Physical Activity Questionnaire (IPAQ) and EQ-5D-5L. Participants dietary habits will also be assessed using Scottish Collaborative Group Food Frequency Questionnaire and for participants in the CDmetaRESPONSE cohort - Kings College London 4-day food diary.
2. Collect Stool Samples at home and send to research team at Newcastle University
3. If attending a routine clinical appointment, approximately 20ml of blood samples will be collected for analysis.

These samples will be sent to by the research team to Wellcome Sanger Institute for analysis.

Assessment 3 - (54 weeks after starting treatment (+/- 6 weeks))

1. Complete questionnaires assessing Health related quality of life; PRO-2 (CD) or PRO-2 (UC), PROMIS-Fatigue, IBD-Control, International Physical Activity Questionnaire (IPAQ) and EQ-5D-5L. Participants dietary habits will also be assessed using Scottish Collaborative Group Food Frequency Questionnaire and for participants in the CDmetaRESPONSE cohort - Kings College

London 4-day food diary.

2. Collect Stool Samples at home and send to research team at Newcastle University

3. If attending a routine clinical appointment, approximately 20ml of blood samples will be collected for analysis.

These samples will be sent to by the research team to Wellcome Sanger Institute for analysis.

If a participant change their treatment prior to first follow-up (Assessment 2), they will be asked to complete questionnaires/provide samples required at Assessment 2 at the time of stopping treatment. If you start a new treatment after this, the planned follow-up timeline will restart at Assessment 2, 14 weeks after starting the new treatment.

If the participant changes their treatment after Assessment 2 but before completing Assessment 3, they will be asked to complete questionnaires/provide samples required at Assessment 3 at the time of stopping treatment. If you start a new treatment after this, the planned follow-up timeline will restart at Assessment 2, 14 weeks after starting the new treatment.

If a participant is scheduled for an endoscopy (colonoscopy or flexi sigmoidoscopy) during the study, they will be asked to consent to research team taking up to 12 biopsies for the study. The biopsies will be sent by the research team to Wellcome Sanger Institute (up to 6 biopsies) and to Newcastle University (up to 6 biopsies) for analysis.

Intervention Type

Other

Primary outcome(s)

1. Stool frequency and rectal bleeding measured by PRO-2 at 14 weeks
2. Absence of rectal bowel surgery up to 14 weeks (yes/no) measured using patient records
3. Use of oral corticosteroids at 14 weeks (yes/no) measured using patient records

Key secondary outcome(s)

Current secondary outcome measures as of 30/10/2025:

1. Stool frequency and rectal bleeding measured by PRO-2 at baseline, week 14, and week 54
2. Absence of rectal bowel surgery up to 54 weeks (yes/no) measured using patient records
3. Use of oral or intravenous corticosteroids at 14 weeks and 54 weeks (yes/no) measured using patient records
4. Time to treatment escalation (if applicable) up to 54 weeks measured using patient records, defined as:
 - 4.1 Biologic or JAKi switch due to lack of efficacy/those with loss of response (does not include biosimilar switch or switch from i.v. to s.c.).
 - 4.2 Dose intensification of drug due to lack of efficacy (does not include intensification based on therapeutic drug monitoring without flare in responders).
 - 4.3 Re-sectional intestinal surgery (does not include examination under anaesthesia procedures in patients with perianal Crohn's disease).
 - 4.4 Induction or dose escalation of corticosteroids.
5. Time to discontinuation of index drug (if applicable) up to 54 weeks measured using patient records
6. Adverse events up to 54 weeks measured using patient records
7. Development of anti-drug antibodies measured using blood test at week 14 and 54
8. C-reactive protein (CRP) measured using blood test at baseline, week 14, and week 54

9. Faecal calprotectin measured using stool sample at baseline, week 14, and week 54
10. Remission measured by endoscopy during follow up (Mayo endoscopic subscore ≤ 1 for ulcerative colitis or SES-CD ≤ 2 for Crohn's disease)
11. Quality of life measured using EQ-5D-5L and IBD-Control questionnaires at baseline, week 14, and week 54
12. Physical activity measured using International Physical Activity Questionnaire (IPAQ) at baseline, week 14, and week 54
13. Dietary intake measured using the Scottish Collaborative Group Food Frequency Questionnaire (FFQ) and the Kings College London 4-day food diary for CD-metaRESPONSE sub cohort participants only, at baseline, week 14, and week 54
14. Fatigue measured using the PROMIS-Fatigue 8a Short Form at baseline, week 14, and week 54

Previous secondary outcome measures:

1. Stool frequency and rectal bleeding measured by PRO-2 at baseline, week 14, and week 54
2. Absence of rectal bowel surgery up to 54 weeks (yes/no) measured using patient records
3. Use of oral corticosteroids at 14 weeks and 54 weeks (yes/no) measured using patient records
4. Time to treatment escalation (if applicable) up to 54 weeks measured using patient records, defined as:
 - 4.1 Biologic or JAKi switch due to lack of efficacy/those with loss of response (does not include biosimilar switch or switch from i.v. to s.c.).
 - 4.2 Dose intensification of drug due to lack of efficacy (does not include intensification based on therapeutic drug monitoring without flare in responders).
 - 4.3 Re-sectional intestinal surgery (does not include examination under anaesthesia procedures in patients with perianal Crohn's disease).
 - 4.4 Induction or dose escalation of corticosteroids.
5. Time to discontinuation of index drug (if applicable) up to 54 weeks measured using patient records
6. Adverse events up to 54 weeks measured using patient records
7. Development of anti-drug antibodies measured using blood test at week 14 and 54
8. C-reactive protein (CRP) measured using blood test at baseline, week 14, and week 54
9. Faecal calprotectin measured using stool sample at baseline, week 14, and week 54
10. Remission measured by endoscopy during follow up (Mayo endoscopic subscore ≤ 1 for ulcerative colitis or SES-CD ≤ 2 for Crohn's disease)
11. Quality of life measured using EQ-5D-5L and IBD-Control questionnaires at baseline, week 14, and week 54
12. Physical activity measured using International Physical Activity Questionnaire (IPAQ) at baseline, week 14, and week 54
13. Dietary intake measured using the Scottish Collaborative Group Food Frequency Questionnaire (FFQ) and the Kings College London 4-day food diary for CD-metaRESPONSE sub cohort participants only, at baseline, week 14, and week 54
14. Fatigue measured using the PROMIS-Fatigue 8a Short Form at baseline, week 14, and week 54

Completion date

31/12/2026

Eligibility

Key inclusion criteria

Current key inclusion criteria as of 30/10/2025:

1. Adults aged 16 years and over.
2. Established diagnosis of inflammatory bowel disease: Crohn's disease, ulcerative colitis or IBD-U.
3. Willing and able to provide informed consent.
4. Willing to undertake the following study procedures:
 - 4.1. Completion of questionnaires.
 - 4.2. Collection of stool specimens at home.
 - 4.3. Provision of the requested biosamples during visits to hospital.
5. Intention of clinical team to commence anti-TNF α (infliximab or adalimumab), anti-integrin (vedolizumab), anti-IL12/23 (ustekinumab) biologic or JAKi (tofacitinib, filgotinib or upadactinib) /SP1 receptor modulator (ozanimod) therapy, for active luminal IBD.
6. Additional inclusion criteria for patients with Crohn's disease
7. Patients with Crohn's disease must have at least one of the following documented within 16 weeks prior to consent:
 8. Faecal calprotectin ≥ 250 $\mu\text{g/g}$.
 9. CRP ≥ 6 mg/L.
 10. Any endoscopic evidence of active Crohn's disease, defined as ulceration (with at least one ulcer ≥ 5 mm) judged locally from available clinical data (as an approximation equivalent to SES-CD of ≥ 4 for ileal disease or ≥ 6 for ileocolonic or colonic disease. This can be estimated retrospectively from clinical record and does not have to be prospectively calculated). Participants with endoscopic evidence of jejunal disease can also be recruited.
11. Active inflammatory disease on imaging (MRI/CT/ultrasound) judged locally from available clinical data.
12. Additional inclusion criteria for participants with ulcerative colitis
13. Patients with ulcerative colitis must have at least one of the following documented within 16 weeks prior to consent:
 14. Faecal calprotectin ≥ 250 $\mu\text{g/g}$
 15. CRP ≥ 6 mg/L
 16. Any endoscopic evidence of at least moderately active ulcerative colitis (of any extent including proctitis), defined as features of Mayo endoscopy sub-score ≥ 2 (marked erythema, lack of vascular pattern, friability, erosions, spontaneous bleeding or ulceration). This assessment will be judged locally and retrospectively from available clinical data and does not have to be prospectively calculated.
17. NOTE: Patients do not have to be biologic-naïve. Any additional biologics or small molecule newly licensed for Crohn's disease or ulcerative colitis during the IBD-RESPONSE planned study period will also be suitable to allow inclusion.

Previous key inclusion criteria:

1. Adults aged 16 years and over.
2. Established diagnosis of inflammatory bowel disease: Crohn's disease, ulcerative colitis or IBD-U.
3. Already participating or willing to participate in IBD BioResource.
4. Willing and able to provide informed consent.
5. Willing to undertake the following study procedures:
 - 5.1. Completion of questionnaires.

- 5.2. Collection of stool specimens at home.
- 5.3. Provision of the requested biosamples during visits to hospital.
6. Intention of clinical team to commence anti-TNF α (infliximab or adalimumab), anti-integrin (vedolizumab), anti-IL12/23 (ustekinumab) biologic or JAKi (tofacitinib) therapy, for active luminal IBD within 6 weeks.
7. Additional inclusion criteria for patients with Crohn's disease
8. Patients with Crohn's disease must have at least one of the following documented within 12 weeks prior to consent:
 9. Faecal calprotectin ≥ 250 $\mu\text{g/g}$.
 10. CRP ≥ 6 mg/L.
 11. Any endoscopic evidence of active Crohn's disease, defined as ulceration (with at least one ulcer ≥ 5 mm) judged locally from available clinical data (as an approximation equivalent to SES-CD of ≥ 4 for ileal disease or ≥ 6 for ileocolonic or colonic disease. This can be estimated retrospectively from clinical record and does not have to be prospectively calculated).
 12. Active inflammatory disease on imaging (MRI/CT/ultrasound) judged locally from available clinical data.
13. Additional inclusion criteria for participants with ulcerative colitis
14. Patients with ulcerative colitis must have at least one of the following documented within 12 weeks prior to consent:
 15. Faecal calprotectin ≥ 250 $\mu\text{g/g}$
 16. CRP ≥ 6 mg/L
 17. Any endoscopic evidence of at least moderately active ulcerative colitis (of any extent including proctitis), defined as features of Mayo endoscopy sub-score ≥ 2 (marked erythema, lack of vascular pattern, friability, erosions, spontaneous bleeding or ulceration). This assessment will be judged locally and retrospectively from available clinical data and does not have to be prospectively calculated.
18. NOTE: Patients do not have to be biologic-naïve. Any additional biologics or small molecule newly licensed for Crohn's disease or ulcerative colitis during the IBD-RESPONSE planned study period will also be suitable to allow inclusion.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

16 years

Sex

All

Key exclusion criteria

Current key exclusion criteria as of 30/10/2025:

1. Receiving oral corticosteroids for any indication where the dose is unlikely to be weaned by week 14.
2. Planned bowel resection surgery within 14 weeks of commencing therapy.

3. Biologic or JAKi being commenced as rescue therapy for acute severe ulcerative colitis (ASUC).
4. Biologic or JAKi being commenced as part of CTIMP.
5. Ileal pouch anal anastomosis.
6. Presence of a stoma.
7. Perianal Crohn's disease in absence of active luminal inflammation.
8. Faecal microbial transplantation (FMT) within the preceding 12 weeks or planned FMT within 14 weeks of commencing biologic or JAKi.
9. Antibiotics or short-term (≤ 4 weeks) course of probiotics within the preceding 2 weeks.
10. Known carrier of blood-borne viruses precluding sample handling at central laboratories, including HIV and Hepatitis C
11. NOTE: Use of long-term (> 4 weeks), stable doses of probiotics is not an exclusion from this study but should be noted in the CRF. Use of antibiotics or prior FMT outside of the exclusion time period are not exclusions. Antibiotic use in the preceding 1 year and ever having received FMT will be noted in the CRF.

Previous key exclusion criteria:

1. Receiving oral corticosteroids for any indication where the dose is unlikely to be weaned by week 14.
2. Planned bowel resection surgery within 14 weeks of commencing therapy.
3. Biologic or JAKi being commenced as rescue therapy for acute severe ulcerative colitis (ASUC).
4. Biologic or JAKi being commenced as part of CTIMP.
5. Ileal pouch anal anastomosis.
6. Presence of a stoma.
7. Perianal Crohn's disease in absence of active luminal inflammation.
8. Faecal microbial transplantation (FMT) within the preceding 12 weeks or planned FMT within 14 weeks of commencing biologic or JAKi.
9. Antibiotics or short-term (≤ 4 weeks) course of probiotics within the preceding 2 weeks.
10. NOTE: Use of long-term (> 4 weeks), stable doses of probiotics is not an exclusion from this study but should be noted in the CRF. Use of antibiotics or prior FMT outside of the exclusion time period are not exclusions. Antibiotic use in the preceding 1 year and ever having received FMT will be noted in the CRF.

Date of first enrolment

31/12/2021

Date of final enrolment

31/08/2026

Locations

Countries of recruitment

United Kingdom

England

Scotland

Wales

Study participating centre

Freeman Hospital

Newcastle Upon Tyne Hospitals NHS Foundation Trust
Freeman Road
High Heaton
Newcastle
United Kingdom
NE7 7DN

Study participating centre

Royal Devon and Exeter Hospital

Royal Devon and Exeter NHS Hospital Foundation Trust
Barrack Road
Exeter
United Kingdom
EX2 5DW

Study participating centre

St Thomas's Hospital

249 Westminster Bridge Road
London
United Kingdom
SE1 7EH

Study participating centre

NHS Lothian

2 - 4 Waterloo Place
Edinburgh
United Kingdom
EH1 3EG

Study participating centre

The Royal London Hospital

80 Newark Street
London
United Kingdom
E1 2ES

Study participating centre

St. Mary's Hospital

Imperial College Healthcare NHS Trust
Praed Street
London
United Kingdom
W2 1NY

Study participating centre**John Radcliffe Hospital**

Headley Way
Oxford
United Kingdom
OX3 9DU

Study participating centre**Hull Royal Infirmary**

Hull and East Yorkshire Hospital NHS Trust.
Anlaby Road
Hull
United Kingdom
HU3 2JZ

Study participating centre**Lister Hospital**

East and North Hertfordshire NHS Trust
Coreys Mill Lane
Stevenage
United Kingdom
SG1 4AB

Study participating centre**New Cross Hospital**

The Royal Wolverhampton NHS Trust
Wolverhampton Road
Heath Town
Wolverhampton
United Kingdom
WV10 0QP

Study participating centre

Royal Liverpool University Hospital
Liverpool University Hospitals NHS Foundation Trust
Prescot Street
Liverpool
United Kingdom
L7 8XP

Study participating centre
Kettering General Hospital NHS Foundation Trust
Rothwell Road
Kettering
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NN16 8UZ

Study participating centre
The Shrewsbury and Telford Hospital NHS Trust
Mytton Oak Road
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SY3 8XQ

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Study participating centre
Queen Elizabeth Hospital
University Hospitals Birmingham NHS Foundation Trust
Mindelsohn Way
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Birmingham
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B15 2GW

Study participating centre
St. James's University Hospital
Leeds Teaching Hospitals NHS Trust

Beckett Street
Leeds
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LS9 7TF

Study participating centre

Torbay Hospital

Torbay and South Devon NHS Foundation Trust
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Torquay
United Kingdom
TQ2 7AA

Study participating centre

Southampton General Hospital

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Southampton
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SO16 6YD

Study participating centre

University College London Hospitals NHS Foundation Trust

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Study participating centre

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SW17 0QT

Study participating centre

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Study participating centre
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Study participating centre

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Study participating centre

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United Kingdom
CV2 2DX

Study participating centre

Darlington Memorial Hospital
Hollyhurst Road
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DL3 6HX

Study participating centre

Macclesfield District General Hospital
Macclesfield District Hospital
Victoria Road
Macclesfield
United Kingdom
SK10 3BL

Study participating centre

East Surrey Hospital
Canada Avenue
Redhill
United Kingdom
RH1 5RH

Study participating centre

Wythenshawe Hospital

Southmoor Road
Wythenshawe
Manchester
United Kingdom
M23 9LT

Study participating centre

Norfolk and Norwich University Hospital

Colney Lane
Colney
Norwich
United Kingdom
NR4 7UY

Study participating centre

Fairfield Hospital

Fairfield Hospital
Crank Road
Crank
St. Helens
United Kingdom
WA11 7RS

Study participating centre

North Tyneside General Hospital

North Tyneside General Hospital
Rake Lane
North Shields
United Kingdom
NE29 8NH

Study participating centre

Royal Free Hospital

Royal Free Hospital
Pond Street
London
United Kingdom
NW3 2QG

Study participating centre

Salford Royal Hospital

Stott Lane
Eccles
Salford
United Kingdom
M6 8HD

Study participating centre

Kings Mill Hospital

Kings Mill Hospital
Mansfield Road
Sutton-in-ashfield
United Kingdom
NG17 4JL

Study participating centre

The James Cook University Hospital

Marlon Road
Middlesbrough
United Kingdom
TS4 3BW

Study participating centre

South Tyneside Hospital

South Tyneside District Hospital
Harton Lane
South Shields
United Kingdom
NE34 0PL

Study participating centre

Ealing Hospital

Ealing Hospital
Uxbridge Road
Southall
United Kingdom
UB1 3HW

Study participating centre**St Marks Hospital**

St Marks Hospital
Watford Road
Harrow
United Kingdom
HA1 3UJ

Study participating centre**Royal Sussex County Hospital**

Eastern Road
Brighton
United Kingdom
BN2 5BE

Study participating centre**Queen Elizabeth University Hospital**

1345 Govan Road
Glasgow
United Kingdom
G51 4TF

Study participating centre**Ninewells Hospital and Medical School**

James Arrott Drive
Dundee
United Kingdom
DD1 9SY

Sponsor information**Organisation**

Newcastle upon Tyne Hospitals NHS Foundation Trust

ROR

<https://ror.org/05p40t847>

Funder(s)

Funder type

Research council

Funder Name

Medical Research Council

Alternative Name(s)

Medical Research Council (United Kingdom), UK Medical Research Council, Medical Research Committee and Advisory Council, MRC

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Funder Name

Leona M. and Harry B. Helmsley Charitable Trust

Alternative Name(s)

Helmsley Charitable Trust, The Leona M. and Harry B. Helmsley Charitable Trust, Leona M. & Harry B. Helmsley Charitable Trust, The Helmsley Charitable Trust, The Leona M and Harry B Helmsley Charitable Trust, Helmsley

Funding Body Type

Private sector organisation

Funding Body Subtype

Trusts, charities, foundations (both public and private)

Location

United States of America

Results and Publications

Individual participant data (IPD) sharing plan

Raw data files in the original format (e.g., fastq) and the accompanying phenotypic data will be uploaded to the NCBI database of Genotypes and Phenotypes (dbGaP) at <https://www.ncbi.nlm.nih.gov/gap/>. Appropriate fully anonymised study data will be also be linked from the data.ncl.ac.uk institutional research data repository, and archived by the HDRUK IBD Digital Innovation Hub "G.I. Know" funded by UKRI. Our policy is to make the study data available 6 months after the full, cleaned data set is available.

IPD sharing plan summary

Stored in publicly available repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article		17/04/2024	18/04/2024	Yes	No
HRA research summary			28/06/2023	No	No
Participant information sheet	version 5.0	09/06/2023	23/01/2024	No	Yes
Study website	Study website	11/11/2025	11/11/2025	No	Yes