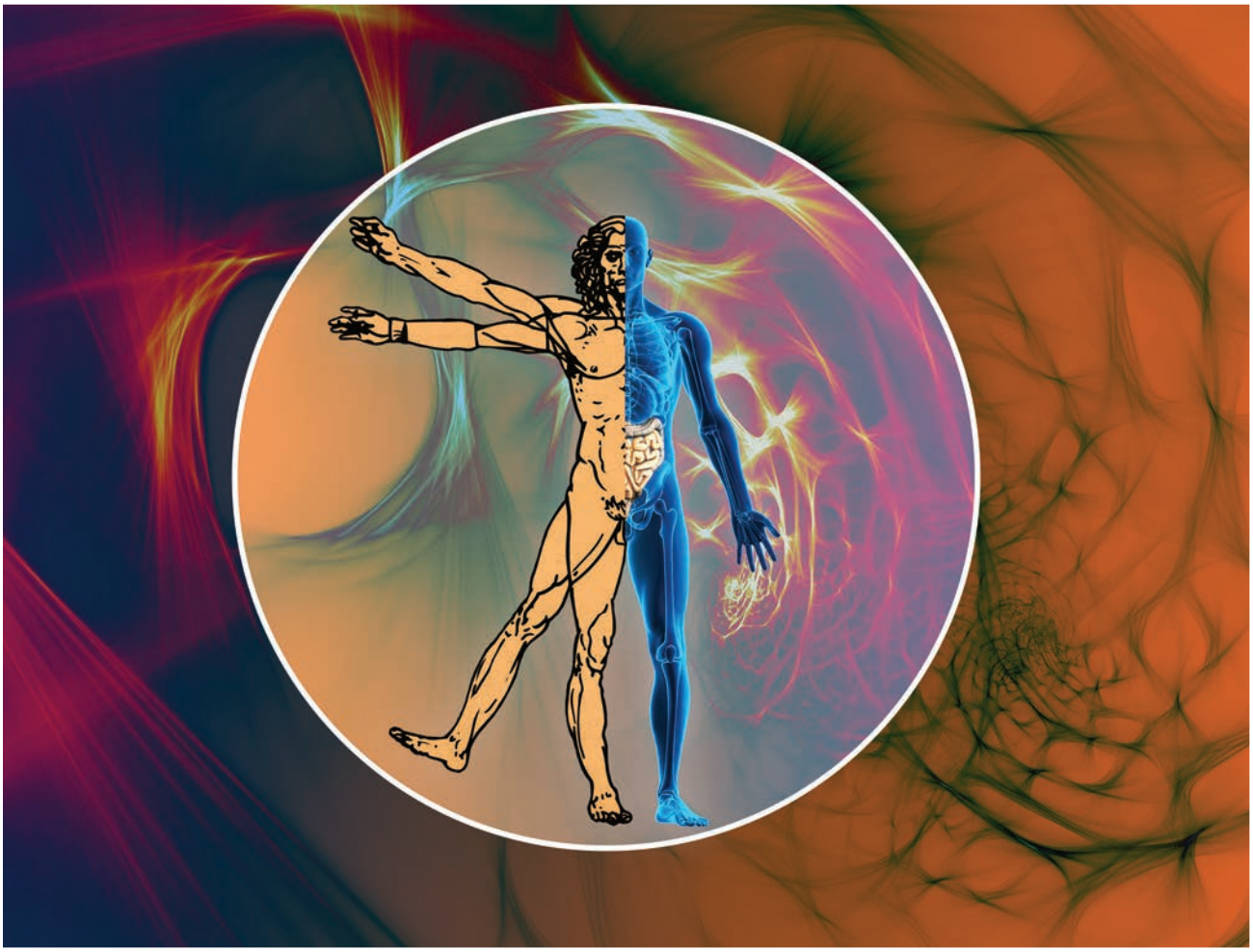
MEETING OF THE MINDS

WESTIN HARBOUR CASTLE, TORONTO

SATURDAY, November 9, 2024

Canada Future Directions in IBD



#IBDMinds2024

Co-Chairs: **Remo Panaccione**, MD FRCPC and **A. Hillary Steinhart**, MD MSc FRCPC

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MEETING OF THE MINDS

WESTIN HARBOUR CASTLE, TORONTO

MENTORING in IBD XXV
THE MASTER CLASS

Canada Future Directions in IBD

Mentoring in IBD XXV Curriculum and **Canada Future Directions in IBD** are funded by unrestricted educational grants from...

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ABOUT Canada Future Directions in IBD

Canada Future Directions in IBD is Crohn's and Colitis Canada's premier conference for healthcare professionals and researchers who care for patients with inflammatory bowel diseases (IBD) and carry out research into these disorders.

One of the goals of *Canada Future Directions in IBD* is to present the best new scientific research in IBD and advance knowledge on the state of the science. Crohn's and Colitis Canada's Promise Statement and Mission statements emphasize our long-term commitment to finding cures for Crohn's disease and ulcerative colitis as well as our commitment to undertakings that will have a more immediate impact on the lives of Canadian children and adults affected by these chronic diseases.

Our Promise: To cure Crohn's disease and ulcerative colitis and improve the lives of children and adults affected by these chronic diseases.

Knowledge translation is important to delivering on our Promise. Now in its twelfth year, the *Canada Future Directions in IBD* national symposium remains one of our key programs to translate what is learned in research into the hands of the practitioners treating IBD patients and to highlight the significant progress being made by our funded researchers.

Again this year, *Canada Future Directions in IBD* hosts the Canadian IBD Nurses (CANIBD) Annual Conference. This educational initiative provides nurses with a tailored program to meet their evolving needs.

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LEARNING OBJECTIVES

Canada Future Directions in IBD reaches forward to translate what is learned in research into the hands of practitioners treating patients living with inflammatory bowel diseases, to present the best new scientific research in IBD and to advance knowledge on the state of the science.

Participants in this program will be able to:

- Review the current findings of the **GEM** study
- Explore current and future IBD therapies and mechanisms of action
- Consider current and future diagnostic and therapeutic applications for genetics in IBD
- Integrate basic science and clinical practice by participating in a choice of workshops to:
  - Review the current findings of the **IMAGINE** study
  - Develop an understanding of current and novel complementary medicines in IBD
  - Consider the latest research in nutrition and IBD
  - Examine technology for diagnostic and therapeutic applications in IBD
- Examine the evolving role of complementary medicine in the treatment of IBD

AGENDA

Time	Working Title/Topic – Format & Objectives	Speakers
08:30	**0.1 Welcome & Award Announcements** Nurse of the Year Award, Physician of the Year Award, Women in IBD Emerging Researcher Award, Women in IBD Outstanding Researcher Award	Lori Radke, CCC CEO
08:50	**0.2 Opening Remarks** Welcome, program objectives	CO-CHAIRS: Remo Panaccione & Hillary Steinhart
09:00	**0.3 GEM Project Overview**	Kenneth Croitoru
Session I: New Therapies in Combination		SESSION CHAIR: Laura Targownik
09:25	PLENARY **1.1 Emerging Therapies: What, where, why and when**	Brian Feagan
09:45	PLENARY **1.2 Mechanisms New Therapies**	Stefan Schreiber
10:05	**1.3 Ask-the Expert Panel Session**	MODERATOR: Laura Targownik PANEL: Brian Feagan, Vivian Huang, Stefan Schreiber
10:25	**1.4 Junior Investigator Award Presentation**	
	Pfizer – Benefactor closes session	
10:45	Refreshment Break (15 minutes)	
Session II: Genetics in IBD		SESSION CHAIR: Heather Armstrong
11:00	PLENARY **2.1 Genetics in IBD: Where are we now?**	Mark Silverberg
11:20	PLENARY **2.2 Beyond Genetics: What is next?**	John Rioux
11:40	**2.3 Ask-the Expert Panel Session**	MODERATOR: Heather Armstrong PANEL: Sally Lawrence, John Rioux, Mark Silverberg
12:00	**2.4 Rising Star Award & Presentation**	MODERATOR: Kate Lee, CCC
	AbbVie – Benefactor closes session	
12:20	Lunch (60 minutes)	
Session III: Workshops – Hot Topics from Bench to Policy		
13:20	**3.1 IMAGINE Study Update**	Deborah Marshall & Paul Moayyedi
	3.2 Evidence and Positioning of Complementary Medicines in IBD	Dawn Beaulieu & Nir Salomon
	3.3 The Benefits and Potential Challenges of Exclusion Diets in Managing IBD	Genelle Lunken & Eytan Wine
	3.4 Technology – AI and IBD	Michael Byrne & Kerri Novak
14:10	Grab & Go Break (10 minutes)	
	Johnson & Johnson – Benefactor opens session	
14:20	**4.0 Research Leadership Award & Presentation**	MODERATOR: Kate Lee, CCC
Session IV: Revisiting Complementary Approaches in IBD		SESSION CHAIR: Elena Verdu
14:40	PLENARY **4.1 Nutraceuticals in IBD: Bedside to Bench**	Nir Salomon
15:00	PLENARY **4.2 Nutrition in IBD: Bedside to Bench**	Eytan Wine
15:20	**4.3 Ask-the Expert Panel Session**	MODERATOR: Elena Verdu PANEL: Maitreyi Raman, Nir Salomon, Eytan Wine
15:40	**Closing Remarks and Program Evaluation**	CO-CHAIRS: Remo Panaccione & Hillary Steinhart
15:45	**Canada Future Directions in IBD Adjourns**	

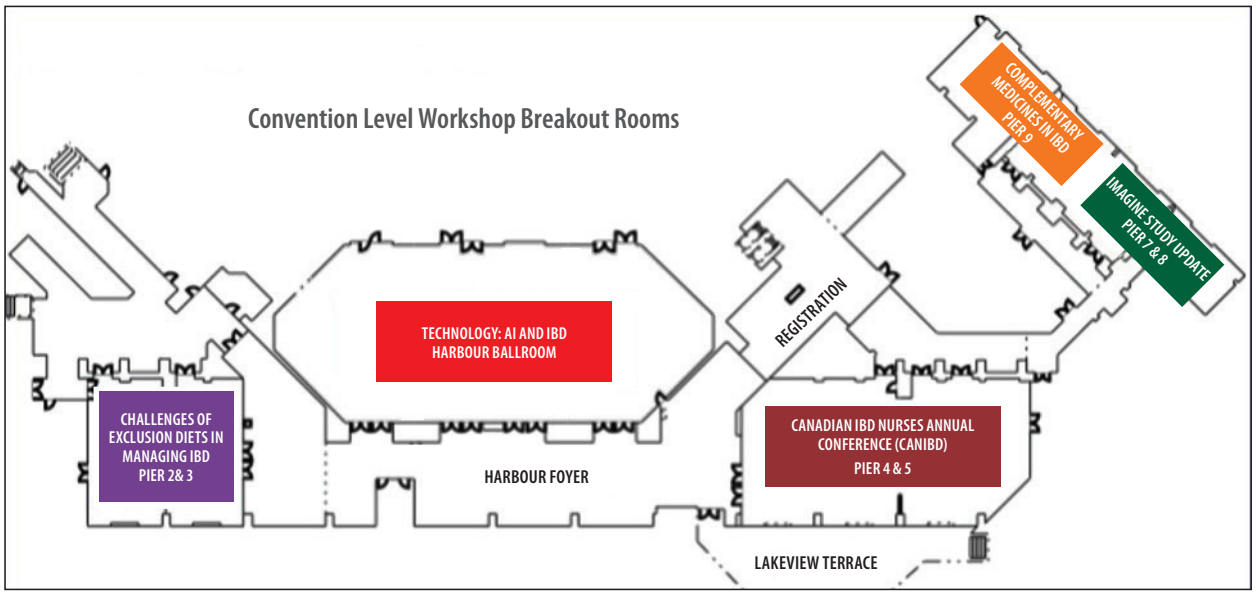
SCHEDULE OF EVENTS

Time	Events		Location
06:30	Sponsor Exhibit set-up		Harbour Ballroom Foyer, Convention Level
07:30	Registration, Breakfast & Sponsor Exhibits		Harbour Ballroom and Foyer
08:30	Canada Future Directions in IBD Convenes		Harbour Ballroom
10:45	Refreshment Break		Harbour Ballroom and Foyer
11:00	Canada Future Directions in IBD Reconvenes		Harbour Ballroom
12:20	Lunch Buffet & Sponsor Exhibits		Harbour Ballroom and Foyer
13:20	Workshop Breakouts	3.1 IMAGINE Study Update	Pier 7 & 8
		3.2 Evidence and Positioning of Complementary Medicines in IBD	Pier 9
		3.3 The Benefits and Potential Challenges of Exclusion Diets in Managing IBD	Pier 2 & 3
		3.4 Technology – AI and IBD	Harbour Ballroom
14:!0	Grab & Go Break		Harbour Ballroom Foyer
14:20	Canada Future Directions in IBD Reconvenes		Harbour Ballroom
15:45	Canada Future Directions Meeting Adjourns		

WORKSHOP BREAKOUT GROUPS, LOCATIONS AND FACILITATORS

	Convention Level			
Workshop Groups 13:20 – 14:10	Technology – AI and IBD	The Benefits and Potential Challenges of Exclusion Diets in Managing IBD	Evidence and Positioning of Complementary Medicines in IBD	IMAGINE Study Update
Location	Harbour Ballroom	Pier 2 & 3	Pier 9	Pier 7 & 8
Facilitators	Michael Byrne Kerri Novak	Genelle Lunken Eytan Wine	Dawn Beaulieu Nir Salomon	Deborah Marshall Paul Moayyedi

Delegates attend one pre-selected 45-minute workshop – Time includes 5 minutes for rotation.



GEM Project – Up to date and emerging info

Ken Croitoru, MDCM FRCPC

The GEM Project was started 15 years ago to determine the possible genetic, environmental and microbial triggers of Crohn's disease (CD). The global study recruited health first-degree relatives (FDR) of patients with CD and followed them to identify those that developed disease. Samples of urine, blood and stool were collected at baseline and then again in those who developed disease. After ~15 years, 5200 FDR were recruited and to date 124 developed CD and 21 developed ulcerative colitis. Over the last few years, we were able to identify a number of biomarker signatures associated with future risk of disease including changes in microbiome composition and function, barrier function, proteomics, metabolomics, and anti-microbial serology. We have also developed an integrated risk score combining serum and stool markers that help define future risk of disease. In addition, we recently showed that growing up with a dog may be protective against CD and that FDR from multiplex families were at higher risk for developing CD. Preliminary new data will be discussed as well as studies that explore possible mechanistic pathways to triggering disease. Finally, the issue of using this new information garnered over the last 15 years to plan intervention studies will be discussed.

SESSION I

NEW THERAPIES IN COMBINATION

1.1 Emerging Therapies: What, where, why and when

Brian G. Feagan, MD

The modern era of IBD therapeutics began approximately 25 years ago with the approval of infliximab for the treatment of Crohn's disease (CD). Since then multiple new biologic and small molecule drugs have been introduced in both CD and ulcerative colitis (UC). Several observations can be made on the basis of this experience. First, most of the currently available agents are only modestly effective with absolute differences from placebo in induction remission rates of approximately 10 to 15%. Exceptions are the Janus kinase (JAK) inhibitor, upadacitinib, in both UC and CD and the Interleukin(IL)-23 antagonists in CD. For these agents, the induction effect sizes approximate 25% over placebo. Accordingly, in 2024 we cannot expect a high rate of success with existing monotherapies. In contrast, IL-23 blockade as monotherapy has revolutionized psoriasis therapy with remission rates approaching 90%. Second, two classes of drugs – vedolizumab, a monoclonal antibody targeting the alpha 4 beta integrin and the IL-12\23 agents – have proven to be remarkably safe relative to other treatment options, and all new treatments should be benchmarked against this standard.

Thus, the most compelling need in IBD therapeutics is to develop more effective treatments. Based upon this experience, emerging strategies to improve remission rates will be discussed including a review of selected new agents currently in phase 2\3 development (TL1A antagonists, obefazimod, small molecule integrin, and IL-23 inhibitors). In addition, the concepts of combination therapy and biomarker-directed therapy will be reviewed.

References

Danese S, Klopocka M, Scherl EJ, et al. Anti-TL1A antibody PF-06480605 safety and efficacy for ulcerative colitis: A Phase 2a Single-Arm Study. *Clin Gastroenterol Hepatol.* 2021 Nov;19(11):2324–32e6.

Sands BE, Feagan BG, Peyrin-Biroulet L, et al. Phase 2 Trial of Anti-TL1A Monoclonal Antibody Tulisokibart for Ulcerative Colitis. *N Engl J Med.* 2024 Sep 26;391(12):1119–29.

SESSION I

NEW THERAPIES IN COMBINATION

1.2 Mechanisms New Therapies

Stefan Schreiber, MD

Learning Objectives:

- Translation of mechanistic efficacy into clinical symptom reduction
- The future of combination therapy
- Mechanisms of action
- Rationale for combination therapy now and in the future

Both Crohn's disease and ulcerative colitis are disease entities that exhibit considerable individual heterogeneity. Additionally, there is significant overlap between the definitions of the two diseases. They are characterized not only by a wide variance in signs and symptoms, but also by wide individual differentiation in drug responses. In terms of targeted therapies, no more than 30-40% of patients fully respond to anti-inflammatory interventions.

Disease heterogeneity is evidenced by the large number of disease-associated variants and regions identified through systematic analyses of genetic etiology. While it has become clear that vastly different disease mechanisms contribute to a not well differentiated phenotype, it has thus far been impossible to group patients by molecular "themes" to identify endophenotypes that could meaningfully match different interventional mechanisms with individual patients.

The inability to identify a therapeutic master switch that fully controls inflammation in the majority of patients has prompted three distinct interests aimed at optimizing and better directing therapies that have shown partial success. These include:

1. **Optimization of therapeutic efficacy by leveraging reserve potentials in target coverage.** Such efforts focus on optimizing the pharmacokinetic properties of existing principles used by targeted therapies (e.g., by altering formulations, adjusting injection frequencies, or prolonging half-lives for steady and optimized target neutralization by monoclonal antibodies).

2. **Defining the optimal match between individual patients and therapies through dynamic analysis of therapy response.** Here, the impact of an arbitrarily chosen targeted therapy is used to better understand the interaction between individual disease pathophysiology and therapy, in order to identify patients with optimal responses and make long-term prognoses. This approach applies a systems biology paradigm to the therapeutic exposure of patients, including biomarker research and analyses of symptomatic responses over time. A common denominator in these efforts is a high-resolution phenotyping initiative conducted in the immediate time window of a patient's first exposure to a targeted therapy. The consequence of early prediction of long-term success is an earlier switch to the next line of therapy.

3. **The design of combination therapies.** This approach is the most straightforward and may have the highest probability of long-term success. Currently, the choice of combinations is opportunistic (i.e., based on existing assets held by pharmaceutical companies) and not yet driven by true mechanistic synergies. Developments aim to generate co-formulations of two targeted drugs (or potentially creation of a bi-functional molecule) that engage two different mechanisms of action, thereby leading to additive efficacy.

SESSION II

GENETICS IN IBD

2.1 Genetics in IBD: Where are we now?

Mark S Silverberg, MD PhD

Inflammatory bowel disease (IBD) is a "model" complex disease where pathogenesis occurs through the interplay of host genetic factors in combination with environmental contributors and immune system dysregulation to lead to chronic intestinal inflammation. Over more than 20 years there have been significant successes in the identification of genetic variants that are associated with IBD. However, translation of these discoveries to mechanism of disease and to clinical applications have been somewhat slow to date. This is likely due in part to the significant heterogeneity in clinical IBD and its classification as well as in population heterogeneity. Several important pathways have been identified through genetic discovery and these include NOD2, TNFSF15, IL23R and ATG16L1. Increasingly, integrated models of genetic pathways with other pathogenetic factors such as serum biomarkers (antibodies, proteins, etc), microbial antigens, and metabolites are being investigated. These have enabled progress in the identification of markers that may predict new onset IBD, recurrence of IBD after surgery, and prognostic markers. Lastly, genetic variant discovery may have the potential to inform both pharmacogenetic approaches and lead to the identification of novel therapeutic pathways.

References

Bamias G, Mehghini P, Pizarro TT, et al. Targeting TL1A and DR3: the new frontier of anti-cytokine therapy in IBD. *Gut* 2024;0:1–17.

Jans D and Cleynen I. The genetics of non-monogenic IBD. *Human Genetics* 2023;142:669–82.

Graham DB and Xavier RJ. Pathway paradigms revealed from the genetics of inflammatory bowel disease. *Nature* 2020; 578(7796):527–39.

SESSION II

GENETICS IN IBD

2.2 Beyond Genetics: What is next?

John D. Rioux, PhD

Large international collaborative studies on inflammatory bowel disease (IBD) have identified hundreds of regions in the human genome that are associated with susceptibility to Crohn's disease, ulcerative colitis, or both. In a limited subset of these loci, genetic studies alone have enabled the identification of the most likely causal gene and causative genetic variant(s) in these genes. Nonetheless, these studies have provided key evidence for the role of specific biological pathways (e.g. autophagy, cytokine signaling, response to pathogens, immune cell trafficking, etc.) in IBD pathogenesis, and solidified their relevance as targets for therapeutic development. These studies have relied almost exclusively on (relatively) stable germline DNA, yet we know that these diseases are complex and dynamic in nature. Examining a broader set of dynamic biological analytes (e.g. RNA transcripts, expressed proteins, metabolites, etc.), holds great promise for our understanding of IBD, and its important clinical outcomes. To date, these "omic" technologies have provided crucial biological "context" for the genes within IBD-associated loci, directing our focus on likely candidate genes for functional studies. Recent technological advances have fundamentally changed our ability to apply and interpret "omics" within the context of IBD. With these advances, and others to come, it can be expected that the research community is on the cusp of a more detailed understanding of the causes of disease, the biological basis for known clinical heterogeneity in IBD, and the development of tools and approaches to support a more rapid diagnosis and effective treatment of IBD, putting us in reach of potential strategies for the prevention of IBD and/or achievement of durable remission.

SESSION III

WORKSHOPS – HOT TOPICS FROM BENCH TO POLICY

3.1 IMAGINE Study update

Deborah Marshall, PhD
Paul Moayyedi, MB ChB PhD MPH FRCPC

The IMAGINE Strategy for Patient-Oriented Research Chronic Disease Network, funded by CIHR, includes 17 centres across Canada with a transdisciplinary team of adult and pediatric gastroenterologists, people with lived experience, patient research partners, psychiatrists, psychologists, microbiologists, geneticists, health economists, and epidemiologists. Our research focus is to evaluate how microbiome and diet impact inflammatory bowel disease (IBD), irritable bowel syndrome (IBS), and associated mental health problems. Our strong patient-oriented focus is reflected in our governance, the themes and research projects with over 30 patient partners involved in priority setting, design, conduct, knowledge and mobilization of the research findings, and leading research projects[1]. The IMAGINE MAGIC cohort study of approximately 2000 individuals with ulcerative colitis (UC), 2000 with Crohn's disease (CD), 2000 with IBS and 2000 healthy volunteers, collect detailed information on demographics, disease phenotype and severity, psychological measures, food intake, and patient-reported outcomes[2]. Blood, urine and stool are collected annually for up to 4 years to obtain genetic, immunological, metagenomic, and metabolomics data. We are evaluating the interaction between host genetics, diet and gut microbiome in UC and CD and how this predicts response to treatment. Developing these personalized-medicine approaches will lead to improved care and outcomes for IBD patients. We are also conducting over 30 sub-studies that evaluate diet, microbial therapies, and psychological interventions in IBD and IBS, associations of disease with patient-reported outcome measures including, mental health, quality of life and work productivity, and patient preferences for novel therapies such as fecal microbial transplantation.

References

1. Rines J, Daley K, Loo S, et al. A patient-led, peer-to-peer qualitative study on the psychosocial relationship between young adults with inflammatory bowel disease and food. *Health Expect.* 2022;25:1486–97.
2. Moayyedi P, MacQueen G, Bernstein CN, et al. IMAGINE Network's Mind And Gut Interactions Cohort (MAGIC) Study: a protocol for a prospective observational multicentre cohort study in inflammatory bowel disease and irritable bowel syndrome. ***BMJ Open.*** 2020;10:e041733.

SESSION III

WORKSHOPS – HOT TOPICS FROM BENCH TO POLICY

3.2 Evidence and Positioning of Complementary Medicines in IBD

Dawn Beaulieu, MD IFM-CP FACG AGAF
Nir Salomon, MD

Objectives

- Explore which interventions really work
- Discuss how we can recommend and provide complementary medicines to our patients

Case

A 56-year-old female diagnosed with extensive UC a year earlier. The disease did not respond to maximal oral and topical mesalamine therapy. Her symptoms did not improve with budesonide-MMX at 9 mg/daily, and she presented with 4–5 bloody bowel movements a day, weakness, and abdominal pain. Hemoglobin level was 10.3 g/dL, CRP was 6 times of upper normal limit, and a sigmoidoscopy showed severely ulcerated Mayo 3 grade. Vedolizumab was prescribed, but the patient was wary of receiving intravenous biologic medications.

How should we manage this common clinical scenario? Is there a comprehensive and evidence-based approach which can spare escalating to steroids and biologics?

There is increasing interest in nutraceutical treatment of IBD, but these should be integrated into our standard of care in an evidence-based manner. In this case report, we will present how to integrate an evidence-based nutraceutical using a well-established treatment protocol.

References

Ben-Horin S, Salomon N, Karampekos G, et al. Curcumin-QingDai combination for patients with active ulcerative colitis: A randomized, double-blinded, placebo-controlled trial. *Clin Gastroenterol Hepatol.* 2024;22(2):347–56.e6.

Ben-Horin S, Kopylov U, Salomon N. Curcumin-QingDai combination as treatment for moderate-severe ulcerative colitis. *Case Rep Gastroenterol.* 2022;16(3):563–68.

Yanai H, Salomon N, Lahat A, et al. Real-world experience with Curcumin-QingDai combination for patients with active ulcerative colitis: A retrospective multicentre cohort study. *Aliment Pharmacol Ther.* 2023;58(2):175–81.

SESSION III

WORKSHOPS – HOT TOPICS FROM BENCH TO POLICY

3.3 The benefits and potential challenges of exclusion diets in managing IBD

Genelle Lunken, PhD RD
Eytan Wine, MD PhD FRCPC

Objectives

- Understand the role of exclusion diets in IBD management (potential mechanisms by which exclusion diets influence gut health and inflammation)
- Evaluate the evidence behind various exclusion diets in IBD (current research - their efficacy and limitations)
- Identify potential risks and challenges associated with exclusion diets (potential for nutritional deficiencies, compliance issues, etc.)
- Develop strategies to integrate exclusion diets into personalized IBD care (importance of tailoring dietary interventions to individual patient needs)

Case

Human studies have generally associated the 'Western diet' as a risk factor for developing IBD, suggesting that exposure to highly processed foods (HPF), high animal product content, low sources of fibre, and other dietary components could contribute to IBD pathogenesis. Animal and cell models support these observations, but the research in this field is still lacking and very difficult to conduct well.

The best support for a detrimental role for some dietary factors in IBD comes from the success of exclusion dietary therapies, especially exclusive enteral nutrition (EEN). EEN has been effective in induction of remission in Crohn's disease, particularly in children. However, EEN is challenging to complete as all other foods besides the chosen formula are forbidden. Other diets, such as the Crohn's disease exclusion diet (CDED), allow consumption of some foods, selected for their potential favorable impact on gut microbes and ability to reduce inflammation. A common feature of these diets is exclusion of HPF, supported by mechanistic studies. However, some challenges remain, including ensuring nutritional adequacy, adherence to restrictions, access to fresh food and affordability, and extra time for preparing food. Some individuals are at risk of developing avoidant/restrictive food intake disorder (ARFID).

So how should diet therapy be applied clinically? While this is a very attractive option, given the high clinical response and lack of side effects, it does require training and experience and is best managed within a multidisciplinary setting, supported by an expert dietitian.

References

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SESSION III

WORKSHOPS – HOT TOPICS FROM BENCH TO POLICY

3.4 Technology - AI and IBD

Michael F Byrne, MD FRCPC
Kerri Novak, MD MSc FRCPC

Objective

- Examine the evolving technologies in IBD

The intersection of artificial intelligence (AI), technology, and inflammatory bowel disease (IBD) presents transformative opportunities for diagnosis, treatment, and patient management. IBD, encompassing Crohn's disease and ulcerative colitis, affects millions worldwide, posing significant healthcare challenges. AI-driven tools can enhance clinical decision-making by analyzing vast datasets, including patient histories, genetic information, and real-time health metrics. Machine learning algorithms have shown promise in predicting disease flares, personalizing treatment plans, and optimizing medication adherence through digital platforms.

Moreover, advancements in telemedicine, powered by AI, enable remote monitoring and consultations, improving access to specialized care for IBD patients. Predictive analytics can also aid in identifying at-risk individuals, fostering early interventions that may reduce disease severity. Furthermore, natural language processing (NLP) allows for more effective patient-reported outcome measures, capturing subjective experiences that are often overlooked in traditional assessments.

However, the integration of AI into IBD management raises ethical considerations, including data privacy, algorithmic bias, and the need for transparent AI systems that clinicians can trust. As AI technology continues to evolve, it is crucial for healthcare professionals, researchers, and policymakers to collaborate on developing frameworks that ensure safe, equitable, and effective use of these innovations in IBD care. By harnessing AI's potential, the healthcare community can significantly improve the quality of life for individuals with IBD, ultimately transforming the landscape of gastrointestinal health.

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SESSION IV

REVISITING COMPLEMENTARY APPROACHES IN IBD

4.1 Nutraceuticals in IBD: Bedside to Bench

Nir Salomon, MD

Objectives

- Explore the evidence for nutraceuticals
- Consider where to position nutraceuticals
- Discuss which patients will benefit from nutraceuticals

The use of nutraceuticals (herbal-based compounds) is extremely common among IBD patients, yet despite this prevalence, a lack of well-controlled studies, efficacy/safety data, and quality assurance of products refrains physicians from utilizing these in clinical care. In the past decade, there have been significant advances in this field. Nutraceuticals are being investigated in rigorous well-designed placebo-controlled studies and unique immunological mechanisms of action have been identified. When used in comprehensive evidence-based protocols, this knowledge can be instrumental in treating IBD patients in many common clinical scenarios.

This talk will present the data behind the most effective and safe nutraceutical treatments available and how they can be implemented into the clinical care of IBD.

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SESSION IV

REVISITING COMPLEMENTARY APPROACHES IN IBD

4.2 Nutrition in IBD: Bedside to Bench

Eytan Wine, MD PhD FRCPC

Objectives

- Review evidence connecting nutrition to IBD: both as a cause and potential solution
- Discuss relevant clinical and research gaps and challenges
- Reflect on the path forward

Diet is a critical component of health overall, certainly in the gut. IBD patients frequently describe impacts of diet on their disease and are constantly asking for dietary solutions, but clinical and basic science are lagging, and solutions are imperfect. This has somewhat changed over the last decade, with emerging research and clinical knowledge. Large cohort studies (usually designed with different, unrelated questions) have identified associations between dietary habits and risk of IBD/developing flares, and basic science studies have provided some possible explanations for these associations. Despite limitations, some clinical studies can now provide guidance on how to use diet to treat IBD. However, many challenges stand in the way of improving the science connecting diet to IBD.

Diet is very difficult to measure, and dietary interventions are not easy to follow. Because diet impacts many different processes, it is challenging to pinpoint what direct impacts dietary changes have, and therefore difficult to prove causality and design ways to study their effects. Animal models are very challenging as food, gut, microbes, and immune response are very different than in humans, but human studies present their own difficulties.

There will not be one solution for this situation, rather a combination of approaches is required. Dietary intervention studies, ideally controlled and well-powered, are essential. Measuring diet adherence and the impact of diet using objective outcomes (e.g., metabolomics) needs to be further developed. Finally, mechanistic research needs to be translated into dietary clinical care.

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ACADEMIC ACTIVITIES ADDRESSING CANMEDS ROLES

Activity	Roles						
	Medical Expert	Communicator	Collaborator	Leader	Health Advocate	Scholar	Professional
Workshops **3.1** IMAGINE Study Update **3.2** Evidence and Positioning of Complementary Medicines in IBD **3.3** The Benefits and Potential Challenges of Exclusion Diets in Managing IBD **3.4** Technology – AI and IBD	X	X	X	X	X	X	X
Plenary Presentations GEM Study Presentation **1.1** Emerging Therapies: What, where, why and when **1.2** Mechanisms New Therapies **1.3** Junior Investigator Award Presentation **2.1** Genetics in IBD: Where are we now? **2.2** Beyond Genetics: What is next? **2.3** Rising Star Award Presentation **4.0** Research Leadership Award Presentation **4.1** Nutraceuticals in IBD: Bedside to Bench **4.2** Nutrition in IBD: Bedside to Bench	X		X	X	X	X	X
Ask-the-Expert Panel Q&A Sessions **Session I:** New Therapies in Combination – Plenary 1.1 & 1.2 **Session II:** Genetics in IBD – Plenary 2.1 & 2.2 **Session IV:** Revisiting Complementary Approaches in IBD – Plenary 4.1 & 4.2	X	X	X	X	X	X	X
Program Evaluation	X	X	X		X	X	X

Medical Expert: As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

Communicator: As Communicators, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

Collaborator: As Collaborators, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.

Leader: As Leaders, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

Health Advocate: As Health Advocates, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

Scholar: As Scholars, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.

Professional: As Professionals, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e

FACULTY FINANCIAL INTEREST DISCLOSURE SUMMARY

To ensure balance, independence, objectivity, and scientific rigour in all educational and scientific activities, the faculty participating in this educational event are expected to disclose to the audience any significant financial interest or other relationships. The intent of this initiative is to provide members of the audience with information on the speaker's and moderator's interests or relationships that could influence the presentation with respect to interpretations, recommendations, and conclusions.

Please note: Unless listed below, faculty disclosure information was not provided.

The following faculty have indicated that they **do not** have a significant financial interest:

Faculty	Applicable Date
Heather Armstrong	09 Nov 24
Genelle Lunken	09 Nov 24
Paul Moayyedi	04 Nov 23

Faculty	Applicable Date
Maitreyi Raman	09 Nov 24
John Rioux	09 Nov 24

The following faculty have indicated that they **do** have a significant financial interest:

Faculty	Applicable Date	Commercial Interest	Nature and resolution of relevant financial relationship		
			What was received?	For what role?	Planned resolution
Michael Byrne	09 Nov 24	Satisfai Health	Shareholder	Founder	Talk Vetted by individual and SC with no COI
Charles Bernstein	09 Nov 24	AbbVie, Amgen, BMS, Eli Lilly, Janssen, Pfizer, Sandoz	Honorarium	Advisory Board Member	Program vetted by Co-Chairs
		AbbVie, Amgen, Eli Lilly, Ferring, Janssen, Pfizer	Institution Funds	Education Funds & Research Grants	
		AbbVie, Janssen, Takeda	Honorarium	Speaker	
Kenneth Croitoru	09 Nov 24	Abbvie, Altrubio, Celltrion, Ferring, Goodcap, Janssen, Sandoz, Takeda	Consulting Fees	Consultant	Program vetted by Co-Chairs and Steering Committee
		Ferring, Janssen	Speaker Fees	Speaker	
		Abbvie	Unrestricted Educational Grant	Reserach	

Faculty	Applicable Date	Commercial Interest	Nature and resolution of relevant financial relationship		
			What was received?	For what role?	Planned resolution
Brian Feagan	09 Nov 24	AbbVie, Abivax, Adiso, AgomAB Therapeutics, Allianthera, Amgen, AnaptysBio, Arena Pharma, Avoro Capital Advisors, Atomwise,, BioJamp, Biora Therapeutics, Blackbird Laboratories,Boehringer-Ingelheim, Boxer Capital, Celsius Therapeutics, Celgene/BMS, Celltrion, Connect BioPharma, Cytoki, Disc Medicine, Duality, EcoR1, Eli Lilly, Equillium, Ermium, First Wave, Forbion, Galapagos, Galen Atlantica, Genentech/Roche, Genesis Therapeutics, Gilead, Gossamer Pharma, GSK, Hinge Bio, Index Pharma, Imhotex, Immunic Therapeutics, Intercept, JAKAcademy, Janssen, Japan Tobacco Inc., Kaleido Biosciences, Klick Health, Landos Biopharma, Lenczner Slaght, LifeSci Capital, Lument AB, Mage Biologics, Mestag, Millennium, MiroBio, Monte Rose Tx, Morgan Lewis, Morphic Therapeutics, Mylan, Nexys Therapeutics, Nimbus Therapeutics, OM Pharma, OrbiMed Origo BioPharma, Orphagen, Pandion Therapeutics, Pendopharm, Pfizer, Prometheus Therapeutics and Diagnostics (Merck), Progenity, Protagonist, PTM Therapeutics, Q32 Bio, Rebiotix, REDX, Roche, Roivant/Televant, Sandoz, Sanofi, Seres Therapeutics, Silverback Therapeutics, Sobi, Spyre Therapeutics, Surrozen Inc., Sun Pharma, Synedgen, Takeda, Teva, Thelium, Tigenix, Tillotts, Triastek, TR1X Inc. Ventyx Biosciences, Zagbio, Zealand Pharma	Honorarium	Consultant	Program vetted by Co-Chairs and Steering Committee

Faculty	Applicable Date	Commercial Interest	Nature and resolution of relevant financial relationship		
			What was received?	For what role?	Planned resolution
Brian Feagan	09 Nov 24	AbbVie, Amgen, AMT, AnaptysBio, Axio Research, Boehringer-Ingelheim, Celgene/BMS, Ecor1Capital, Eli Lilly, Genentech/Roche, GSK, Index, Janssen, MiroBio, Morphic, Origo BioPharma, Pfizer, Progenity, Prometheus, REDX Pharma, Sanofi, Takeda, Tillotts Pharma, Teva	Honorarium	Consultant	Program vetted by Co-Chairs and Steering Committee
		AbbVie, Janssen, Takeda	Honorarium	Member, Scientific Advisory Board, DSMB	
		Connect BioPharma, EnGene	Stock Shareholder	Speakers Bureau	
Vivian Huang	09 Nov 24	AbbVie, Amgen, Bristol Myers Squibb, Ferring, Janssen, Merck, Pfizer, Takeda	Honorarium	Advisory Board Member	Program vetted by Co-Chairs and Steering Committee
		Ferring, Janssen	Honorarium	Consultant	
		Abbvie, Ferring, Janssen, Takeda	Honorarium	Speaker	
Sally Lawrence	09 Nov 24	Abbvie, Takeda	Honorarium	Speaker	Program vetted by Co-Chairs and Steering Committee
Deborah Marshall	09 Nov 24	Astellas, Novartis, Office of Health Economics	Consulting Fees	Advisory Board	Program vetted by Co-chairs and Steering Committee
		Illumina	Travel Expenses	Presenter	
		CIHR SPOR IMAGINE grant	Funding recipient as co-PI	Research	
Kerri Novak	09 Nov 24	Satisfai Health	Shareholder	–	Talk Vetted by individual and SC with no COI
Remo Panaccione	09 Nov 24	AbbVie, Alimentiv (formerly Robarts), Amgen, Arena Pharmaceuticals, AstraZeneca, Biogen, Boehringer Ingelheim, Bristol-Myers Squibb, Celgene, Eli Lilly, Ferring, Fresenius Kabi, Genentech, Gilead Sciences, Glaxo-Smith Kline, JAMP Bio, Janssen, Merck, Mylan, Novartis, Oppilan Pharma, Organon, Pandion Pharma, Pfizer, Progenity, Protagonist Therapeutics, Roche, SandozShire, Sublimity Therapeutics, Takeda Pharmaceuticals, Ventyx	Honorarium	Advisory Board Member	Program vetted by Co-chairs and Steering Committee

Faculty	Applicable Date	Commercial Interest	Nature and resolution of relevant financial relationship		
			What was received?	For what role?	Planned resolution
Remo Panaccione	09 Nov 24	Abbott, AbbVie, Abbivax, Alimentiv (formerly Robarts), Amgen, AnaptysBio, Arena Pharmaceuticals, AstraZeneca, Biogen, Boehringer Ingelheim, Bristol-Myers Squibb, Celgene, Celltrion, Cosmos Pharmaceuticals, Eisai, Elan, Eli Lilly, Ferring, Galapagos, Fresenius Kabi, Genentech, Gilead Sciences, Glaxo-Smith Kline, JAMP Bio, Janssen, Merck, Mylan, Novartis, Oppilan Pharma, Organon, Pandion Pharma, Pendopharm, Pfizer, Progenity, Prometheus Biosciences, Protagonist Therapeutics, Roche, Sandoz, Satisfai Health, Shire, Sublimity Therapeutics, Spyre Therapeutics, Takeda Pharmaceuticals, Theravance Biopharma, Trellus, Union Biopharma, Viatris, Ventyx, UCB	Consulting Fees	Consultant	Program vetted by Co-Chairs and Steering Committee
		AbbVie, Amgen, Arena Pharmaceuticals, Bristol-Myers Squibb, Celgene, Eli Lilly, Ferring, Fresenius Kabi, Gilead Sciences, Janssen, Merck, Organon, Pfizer, Roche, Sandoz, Shire, Takeda Pharmaceuticals	Speaker Fees	Speaker	
Nir Salomon	09 Nov 24	Janssen	Honorarium	Article	Program vetted by Co-Chairs and Steering Committee
		Evinature	Consultancy and Equity	Advisor and co-founder	
		Bara Herbs Inc	Honorarium	Speaker	
Stefan Schreiber	09 Nov 24	Abbvie, Amgen, Arena, Biogen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Celltrion, Falk Foundation. Ferring, Fresenius Kabi, Galapagos, Hikma, Gilead, IMAB, Janssen, Lilly, MSD, Pfizer, Protagonist, Provention Bio, Roche, Sandoz/Hexal, Takeda	Fees	Consultant and/or Speaker	Program vetted by Co-Chairs and Steering Committee

Faculty	Applicable Date	Commercial Interest	Nature and resolution of relevant financial relationship		
			What was received?	For what role?	Planned resolution
Mark Silverberg	09 Nov 24	Abbvie, Amgen, Fresenius Kabi, Gilead/Galgapogos, Jamp, Janssen, Lilly, Organon, Pfizer, Takeda	Honorarium	Advisory Board Member	Program vetted by Co-Chairs and Steering Committee
		Abbvie, Janssen, Lilly, Pfizer, Takeda	Honorarium	Consultant	
		Abbvie, Gilead/Galapagos, Janssen, Pfizer, Prometheus, Takeda	Grant	Research	
		Abbive, Fresenius Kabi, Jamp, Janssen, Lilly, Pfizer, Novartis, Organon, Takeda	Honorarium	Speaker	
Hillary Steinhart	09 Nov 24	Abbvie, Amgen, BMS, Celltrion, Fresenius Kabi, Janssen, Pendopharm, Pfizer, Sandoz, Sanofi, Takeda	Honorarium	Advisory Board Member	Program vetted by Co-Chairs and Steering Committee
		NKS Pharmacy	Consultant fee	Consultant	
		Abbvie, BioJAMP, Celgene (BMS), Genentech / Roche, Janssen, Takeda	Grant	Investigator	
		Abbvie, BMS, Fresenius Kabi, Ferring, Janssen, Pfizer, Takeda	Honorarium	Speaker	
Laura Targownik	09 Nov 24	Abbvie, Amgen, Bristol Myers Squibb, Celltrion, Eli Lilly, Fresenius Kabi, Janssen, Lilly, Pfizer, Viatris	Consulting Fees	Consultant	Program vetted by co-chairs. Will not discuss.
		GoodCap Pharmaceutical	–	Leadership/Fiduciary Role	
		Abbvie, Amgen, Fresenius Kabi, Janssen, Lilly, Pfizer, Takeda	Grants	–	
		Abbvie, Bristol Myers, Pfizer	Medical Writing	–	
Elana Verdu	09 Nov 24	Abbvie, Bristol Myers, Pfizer	Grant	Investigator initiated research	Talk vetted by Co-Chairs. Will not talk of these topics.
		Biocodex	–	Scientific Advisory Board	
Eytan Wine	09 Nov 24	Biojamp, Nestle Health Sciences, Pfizer	Honorarium	Advisory Board Member	Program vetted by Co-Chairs and Steering Committee
		Abbvie, Janssen, Nestle Health Sciences, Pfizer	Honorarium	Speaker	

The following faculty have indicated that the content of their presentation **will** include discussion of investigative use or off-label application of medicines, medical devices, or procedures:

Faculty	Applicable Date
Michael Byrne	09 Nov 24
Brian Feagan	09 Nov 24
Vivian Huang	09 Nov 24

Faculty	Applicable Date
Remo Panaccione	09 Nov 24
Nir Salomon	09 Nov 24
Mark Silverberg	09 Nov 24

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