

# Prognostic tools for identification of high risk in people with Crohn's disease: systematic review and cost-effectiveness study

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## Plain English summary

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## Plain English summary

Crohn's disease is a condition in which parts of the digestive system become inflamed (swollen). People of any age can develop Crohn's disease. It is a lifelong condition for which there is no cure. In the UK, Crohn's disease affects about 1 in every 650 people. Any part of the digestive system can be affected, and the severity of the disease can vary from person to person. Symptoms come and go, and there can be times when there are no symptoms at all. Common symptoms of Crohn's disease are diarrhoea, stomach-ache and blood in faeces. Treatment is given to reduce or control symptoms and to try to stop inflammation from coming back. Some people with Crohn's disease are more likely than others to have more relapses and to develop complications of Crohn's disease that might require surgery.

This project looked at how well two tools worked at identifying people with Crohn's disease who might develop complications or need surgery. Identifying those who have a higher chance of experiencing complications of Crohn's disease could help them and their doctor to choose their treatment, with the goal of reducing the number of relapses and the risk of surgery in the longer term. In addition, the review assessed whether or not the tools offered value for money. We found limited evidence of how well the tools worked in identifying people who were more likely to develop complications of Crohn's disease. The lack of evidence on the tools meant that the cost-effectiveness analysis could only assess the value for money of the treatment that is given in clinical practice at this time or of more intensive treatments for people who are more likely to develop complications. The analysis found that current standard care offers more value for money than intensive treatments for people with a higher chance of developing complications of Crohn's disease.

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## This report

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