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**Number: Mo1857**

THE EXTENT STUDY (CALCULATING THE LEMANN INDEX USING INTESTINAL ULTRASOUND): RESULTS FROM AN INTERNATIONAL EXPERT DELPHI CONSENSUS

**Society:** AGA

**Track:** Inflammatory Bowel Diseases

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**Background & aims:** A primary objective in the management of Crohn's disease (CD) is the prevention of bowel tissue damage. The LÃ©mann index (LI) characterizes structural bowel damage based on magnetic resonance enterography (MRE) or computed tomography enterography (CTE) and, for colonic CD, colonoscopy. Intestinal ultrasonography (IUS) provides a non-invasive imaging alternative, though its role in the LI assessment remains unexplored. This study aimed to establish a consensus on parameters and standardized acquisition for scoring small bowel and colonic damage using IUS in accordance with the LI.

**Methods:** Thirty international experts in IUS and/or MRE participated in a three-round Delphi process. Participants provided feedback and rated agreement with statements outlining IUS parameters and standardized acquisition in two virtual rounds. During the final in-person round, unresolved items were discussed and voted upon. Statements with at least 80% agreement were accepted.

**Results:** Twenty-two statements reached a consensus: 10 defined IUS parameters for stricturing and penetrating lesions for scoring LI-IUS, and 12 addressed optimal IUS cineloop acquisition for centralized review (Table 1). No consensus was reached regarding IUS equivalents for grade 1 stricturing lesions in the small bowel and colon.

**Conclusions:** Ultrasonographic equivalents for assessing small bowel and colonic damage in CD were derived to align with the validated LI criteria for MRE/CTE and colonoscopy. These statements mark the first phase of the EXTENT project, supporting the potential use of IUS in clinical practice and disease modification trials as an alternative tool for bowel damage assessment. The lack of consensus on grade 1 stricturing lesions suggests further exploration of IUS parameters is required.

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