CROHN'S REMISSION CHECKLIST

Patient Guide: Bring this checklist to your next gastroenterology appointment. Don't leave the room until you have data-driven answers to these items so you can be an informed advocate for your long-term health.

nealth.
What type of remission am I in right now (clinical, endoscopic, histologic, transmural)?
Can we review my actual reports together?
Colonoscopy report with photos (show me the key images and findings)
MRE/CTE report with images (and explanation of any bowel wall changes)
 Pathology report with full description (not just 'mild inflammation')
Trend of fecal calprotectin and dates of each result
Which remission measures are confirmed versus assumed, and when wa each last assessed?
Clinical symptoms — last review date and what was documented
Endoscopic healing — date of last scope and exact findings
Histologic remission — date of biopsy and pathologist conclusion
Transmural assessment (MRE/CTE/ultrasound) — date and results
How well do my monitoring tools work for me (calprotectin, CRP, imaging, scopes)?
Does my calprotectin track with scope or imaging findings in my history?
Does CRP reliably rise with my flares or is it often normal?
 How often should we repeat each test for my situation (balance value and cost)?
What is our long-term treatment target for my case (endoscopic, transmural, histologic)?
Which target are we aiming for and why is that best for me?

What are the trade-offs (risk, monitoring burden, cost) of this target?

 How does this target help prevent strictures, fistulas, or future surgery?
What is the plan if I have a flare?
Which symptoms require immediate contact versus scheduling soon?
 Do we have a bridge plan (steroids or rescue therapy)? Include dosing and duration.
 At what objective or clinical point would we consider changing or escalating biologic therapy?
If my symptoms and tests don't match, what's our stepwise approach to resolve the discordance?
How does today's decision affect my 10-20 year outlook?
 Impact on risk of strictures, fistulas, and need for surgery
Effect on long-term quality of life and daily functioning
Implications for cancer/dysplasia surveillance planning
What are my treatment options if my current therapy stops working?
How many biologic classes remain and what is our sequencing plan?
 Are we optimizing current drug (therapeutic drug monitoring) before switching?
 Is combination therapy an option and what are the expected benefits and risks?
What is my cancer/dysplasia surveillance plan?
When should dysplasia surveillance start or continue and how often?
Any high-risk features that would change the surveillance interval?
 Will surveillance include chromoendoscopy/photos and can I have the images/reports?
Can we discuss costs and make an affordability plan I can actually follow?
Estimate of medication and routine testing costs and any likely out-of-pocket expenses
 Patient assistance programs, generic or biosimilar options, and enrollment steps
Agree on a testing frequency that balances medical need with financial reality