



The role of MRI pelvis for predicting closure of perianal fistulas after treatment with anti-TNF alpha therapy in patients with Crohn's disease

Inclusion Criteria

- Adults 18 years of age or older with a diagnosis of Crohn's disease based on standard clinical, endoscopic, and/or radiologic features
- Pelvic MRI performed within a year prior to initiating anti-TNF therapy
- Biologically naïve patients initiating treatment with one of the following anti-TNF therapies: infliximab (Inflixtra, or Remicade), adalimumab (Humira, or a biosimilar), golimumab or certolizumab pegol.
- Active perianal Crohn's disease at the time of initiating anti-TNF therapy

Exclusion Criteria

- Perianal disease related to an alternate etiology (malignancy, TB, post surgical, obstetrical complication, perforated diverticulum, or hydradenitis suppurativa)
- Fecal diversion prior to initiating anti-TNF therapy or within 6 months after initiating anti-TNF therapy
- Ileal pouch anal anastomosis (IPAA)
- Pregnancy within the first 6 months after initiating anti-TNF therapy
- Inadequate follow-up to determine fistula closure at 6 ± 2 months after initiating anti-TNF therapy
- Patients who discontinue anti-TNF therapy prior to completing the induction dosing
- Prior exposure to anti-TNF therapies, ustekinumab, vedolizumab or investigational, biologic therapies and/or mesenchymal stem cell therapies