
Clinical: Therapy and Observation

Abstract citation ID: jjae190.1267**P1093****Personalized Tasty&Healthy whole-food diet for maintaining remission in children and adults with Crohn's disease: results from the MyTasty open-label trial**

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Background: The Tasty&Healthy™ (T&H) diet offers a flexible alternative to exclusive enteral nutrition (EEN) for inducing remission in Crohn's disease (CD). Unlike CDED, it excludes processed foods, gluten, red meat, and most dairy but does not rely on formula or mandatory ingredients. The "MyTasty" trial aimed to assess the effectiveness and feasibility of T&H for maintaining remission in children and adults with CD, with gradual reintroduction of gluten and dairy

Methods: Patients with CD (4-37 years of age) who entered deep remission (i.e. MINI index <8 and wPCDAI<12.5/CDAI<150) with dietary treatment during one of the two induction RCTs of T&H (TASTI-MM and TASTI-E), were enrolled in this 16-week, open-label maintenance trial. Participants followed T&H with gradual reintroduction of gluten, milk, and other dairy products monthly, dictated by home-based fecal calprotectin (FC). FC increase by >30% suggested failure of the new food and thus it was excluded again.

Results: Altogether, 43 patients (mean age 16±5.8 years, 10 adults, median disease duration 1.5 months [IQR 0.49–2.95]) were enrolled, with 34 (79%) completing the 16-week dietary period. At week 16, 32/43 (75%) had FC<250, 32/43 (75%) had normal CRP, 34/43 (79%) had MINI-index<8 (implying mucosal healing), 37/43 (86%) were in clinical remission (wPCDAI <12.5/CDAI <150), and 21/43 (49%) achieved deep remission (clinical remission, normal CRP, and FC<250, figure 1).

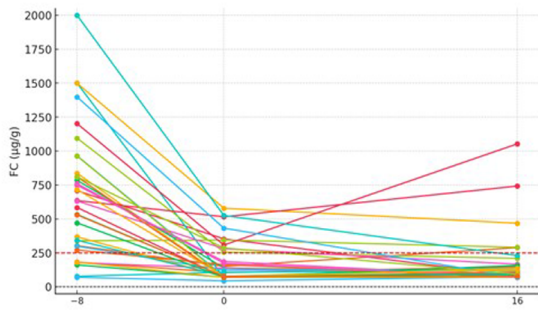
Of the 34 completing the study, 19 (55%) successfully introduced gluten, milk, and dairy without increases in inflammation markers, and 2 introduced all three but with an FC increase at week 16. Among others, 6 tolerated milk/dairy but not gluten, 1 tolerated only milk, 3 tolerated gluten but not milk/dairy, and 2 tolerated gluten and milk but not other dairy. Only one patient tolerated no additions, staying on the unmodified T&H diet. Among 13 patients where a specific food caused >30% baseline FC increase, re-exclusion reduced FC to pre-change levels in 12 (92%).

Nutritional analysis showed T&H patients met >90% of Dietary Reference Intakes (DRI) for key macro- and micronutrients, except calcium and potassium. Additionally, 19 (55%) reported improved satisfaction with food-related life compared to the unmodified T&H diet period.

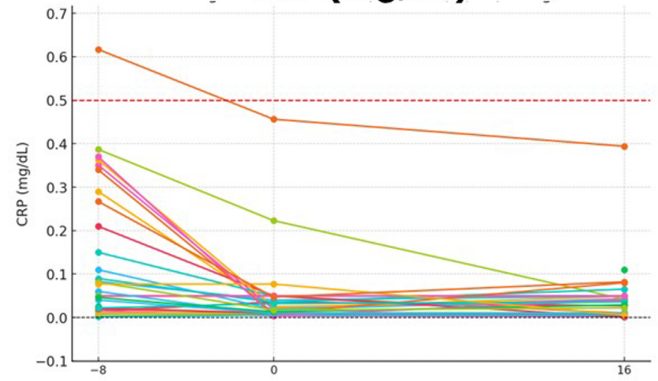
Conclusion: Overall, 49% of patients whose remission was previously induced by nutritional therapy, successfully maintained deep remission with the whole-food Tasty&Healthy™ diet over 4 months. We show the feasibility of personalized dietary treatment with home kits of FC, allowing for dietary flexibility in most patients. Oral calcium supplement may be needed with T&H.

Figure(s)/Table(s): see next page

Fecal calprotectin ($\mu\text{g/g}$)



CRP (mg/dL)



MINI score

