

J&J highlights endoscopic remission as key goal in APAC IBD care

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Johnson & Johnson Innovative Medicine says deeper disease control, patient education and shared decision-making will be important as inflammatory bowel disease continues to rise across Asia-Pacific.



Inflammatory bowel disease is becoming a growing focus within immunology innovation across Asia-Pacific, as the region sees rising disease burden, advances in targeted therapies and a deeper understanding of disease biology.

According to Earl Dancel, Vice President Regional Commercial Strategy, Asia Pacific, Johnson & Johnson Innovative Medicine, IBD is being brought into sharper focus by the increasing number of patients affected across the region. IBD refers to chronic gastrointestinal disorders including Crohn's disease and ulcerative colitis, which can cause symptoms such as diarrhoea, blood in stool, weight loss, mouth ulcers and abdominal pain.

The condition can also heavily affect patients' daily lives. Severe flares may lead to frequent and urgent bowel movements, while patients may also experience anxiety, embarrassment and frustration due to the unpredictable nature of the disease. For younger patients, IBD can disrupt schooling, careers and relationship development, creating a broader social and economic burden.

Notably, the scale of the disease is increasing across APAC. In China, IBD affects an estimated 1.5 million people. In Japan, around 310,000 patients are affected by ulcerative colitis and around 95,700 by Crohn's disease. In Singapore, IBD affects an estimated 3,000 people. Since the start of the 21st century, Asia has continued to see rising IBD incidence, creating unmet needs in diagnosis, treatment and long-term disease management.

Treatment has also changed significantly over the past three decades. Biologics and targeted therapies have improved the way IBD is managed, with treatment goals moving beyond symptom relief towards deeper disease control. J&J noted that advances in immunology, genetics and biomarkers are helping clinicians better understand disease pathways and develop more personalised treatment approaches.

One area of growing focus is interleukin-23, or IL-23, a key inflammatory cytokine involved in IBD. Dancel said several IL-23 therapies have shown success in selectively targeting this pathway, with clinical trials increasingly evaluating both clinical outcomes and remission at the tissue level.

However, despite advances in biologics and targeted therapies, there remains a disconnect between available innovation and real-world outcomes. IBD currently has no cure, and the main treatment goal is to achieve and maintain remission. This includes clinical remission, where active symptoms are resolved, endoscopic remission, where active disease is no longer seen during colonoscopy, and histologic remission, which indicates no active inflammation at the tissue level.

Endoscopic remission is becoming increasingly important as a long-term treatment target. New data presented at Digestive Disease Week 2026 showed that patients with ulcerative colitis who achieved endoscopic remission had a 68 percent lower risk of symptom worsening and were four times less likely to require IBD-related surgery. Patients with Crohn's disease who achieved endoscopic remission had a 41 percent lower risk of symptom worsening, were three times less likely to require IBD-related surgery and had reduced steroid use.

Another issue would be that awareness remains a major barrier. More than 60 percent of people with IBD have not heard of endoscopic remission. Patient advocacy leaders at a recent APAC IBD Patient Dialogue hosted by J&J also highlighted that many patients may not fully understand what remission means, often focusing on symptom relief rather than deeper disease control.

Shared decision-making is another gap across the region. While many patients and physicians favour shared decision-making globally, patients in some APAC markets may still face challenges in asking questions or having deeper treatment discussions during consultations. Limited consultation time and uneven access to advanced therapies can also affect whether patients are able to pursue higher treatment goals.

Healthcare systems across APAC are beginning to adapt through more treat-to-target and mechanism-based approaches. This includes aligning treatment goals with patients, monitoring progress, adjusting therapy when needed, and using biomarkers, therapeutic drug monitoring and targeted therapies based on disease phenotype and treatment response.

To support patient education, J&J has launched the "Dual Control" campaign, which aims to close the awareness gap around endoscopic remission. The campaign translates a complex clinical concept into a more accessible and patient-centred message, helping patients understand the difference between feeling better and achieving deeper healing inside the gut.

In Singapore, J&J launched the Gut Tunnel experience during World IBD Day to make invisible IBD inflammation more visible and easier to understand. The company has also developed an IBD Patient Conversation Guide in English, Simplified Chinese and Korean to support more informed discussions between patients and doctors.

Looking ahead, Dancel said the next phase of IBD innovation will need to focus on patient needs, deeper remission and restoring quality of life. This includes developing therapies for patients who do not respond adequately to existing advanced treatments, exploring the potential of combination approaches, and continuing to raise awareness of endoscopic remission as a meaningful treatment goal.

As IBD continues to rise across Asia-Pacific, the challenge will not only be developing new therapies, but also ensuring that innovation reaches patients in real-world care. Stronger education, shared decision-making, access to advanced

treatment and patient-centred tools will be important in helping patients move beyond symptom control towards deeper disease management and improved quality of life.