

Imaging Practices and Use of Intestinal Ultrasound for Moderate-to-Severe Inflammatory Bowel Disease: A Multinational Physician Survey in China, Japan, and Germany

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Background

Imaging tests play a crucial role in the management of ulcerative colitis (UC) and Crohn’s disease (CD), including diagnosis, monitoring, and complication management.¹

Among the available imaging tests for UC and CD, intestinal ultrasound (IUS) is evolving as an important option given it is a non-invasive option that can be performed directly by gastroenterologists. Moreover, it offers reasonable high sensitivity and specificity, is patient-friendly, cost-effective, and produces real-time results.^{2,3}

Objective

This study described physician-reported use of imaging and IUS for moderate-to-severe UC and CD in China, Japan, and Germany.

Methods

Study Design

- Gastroenterologists in China, Japan, and Germany were recruited for a cross-sectional, online survey (China: May 2025 – Feb 2026; Japan: Oct – Nov 2025; Germany: Sept – Oct 2025).
- The questionnaire was evaluated by experts with relevant expertise and configured to mandate answers for all relevant questions, ensuring there was no missing data at the item level.

Eligibility Criteria

- Certified physician with Gastroenterology as the primary specialty
- Practice located in China, Japan, or Germany
- Have prescribed any advanced therapy to ≥1 patient with moderate-to-severe active UC or CD in the past 12 months

Study measures:

- Data on physician demographics were collected.
- Physicians provided their use of each imaging test for moderate-to-severe UC and CD separately in the previous 12 months. These included colonoscopy, computed tomography enterography (CTE), IUS, sigmoidoscopy, esophagogastroduodenoscopy (EGD), magnetic resonance enterography (MRE), video capsule endoscopy (VCE), and balloon enteroscopy.
- Among physicians using IUS, reasons for its use in clinical practice were collected.

Statistical analysis:

- Continuous measures were summarized as means and standard deviations (SDs), and categorical measures as counts and proportions.



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Key Takeaways

✓ In this physician-reported, descriptive survey, reported IUS use varied across China, Japan, and Germany. The differences are exploratory and may reflect variation in healthcare systems, physician training, and access to imaging.

✓ These findings highlight both the clinical potential of IUS in routine care and the need for continued physician education and training to support broader clinical implementation.

Results

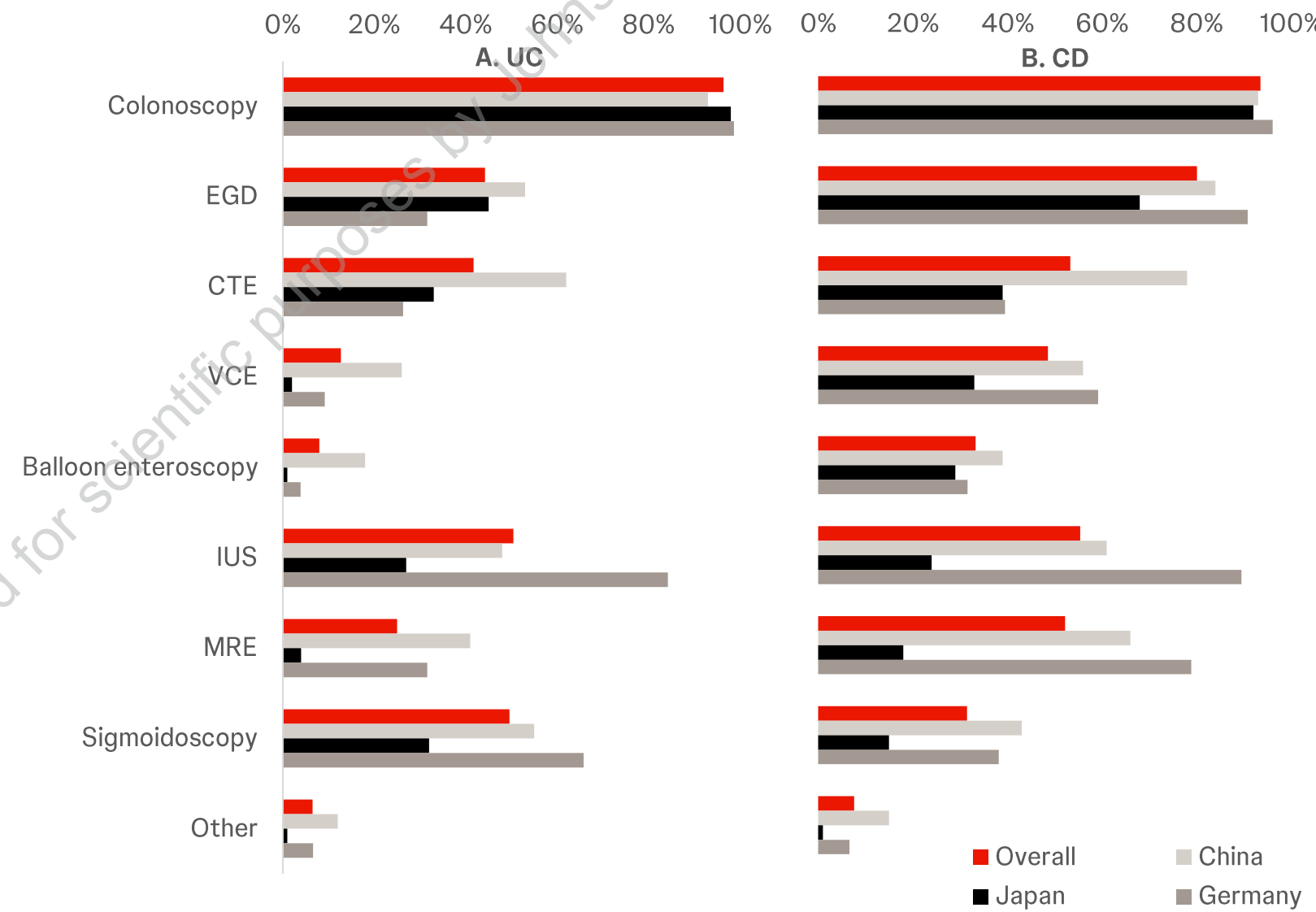
The survey included 276 physicians (overall mean age 46.7 years; 69.2% male; >80% with ≥10 years of practice; Table 1).

Table 1. Characteristics of participating physicians

	Overall N = 276	China N = 100	Japan N = 100	Germany N = 76
Age (years)	46.7 (9.7)	40.5 (6.8)	48.2 (9.8)	52.9 (8.1)
Male	191 (69.2%)	33 (33.0%)	93 (93.0%)	65 (85.5%)
Years practicing medicine				
5-9 years	34 (12.3%)	24 (24.0%)	8 (8.0%)	2 (2.6%)
10-19 years	112 (40.6%)	52 (52.0%)	33 (33.0%)	27 (35.5%)
≥ 20 years	130 (47.1%)	24 (24.0%)	59 (59.0%)	47 (61.8%)
Number of moderate-to-severe UC patients Treated in the past 12 mons	45.7 (67.8)	35.5 (66.8)	19.9 (33.4)	92.3 (78.9)
Number of moderate-to-severe CD patients Treated in the past 12 mons	41.7 (85.2)	39.4 (115.1)	9.8 (16.2)	87.4 (72.9)

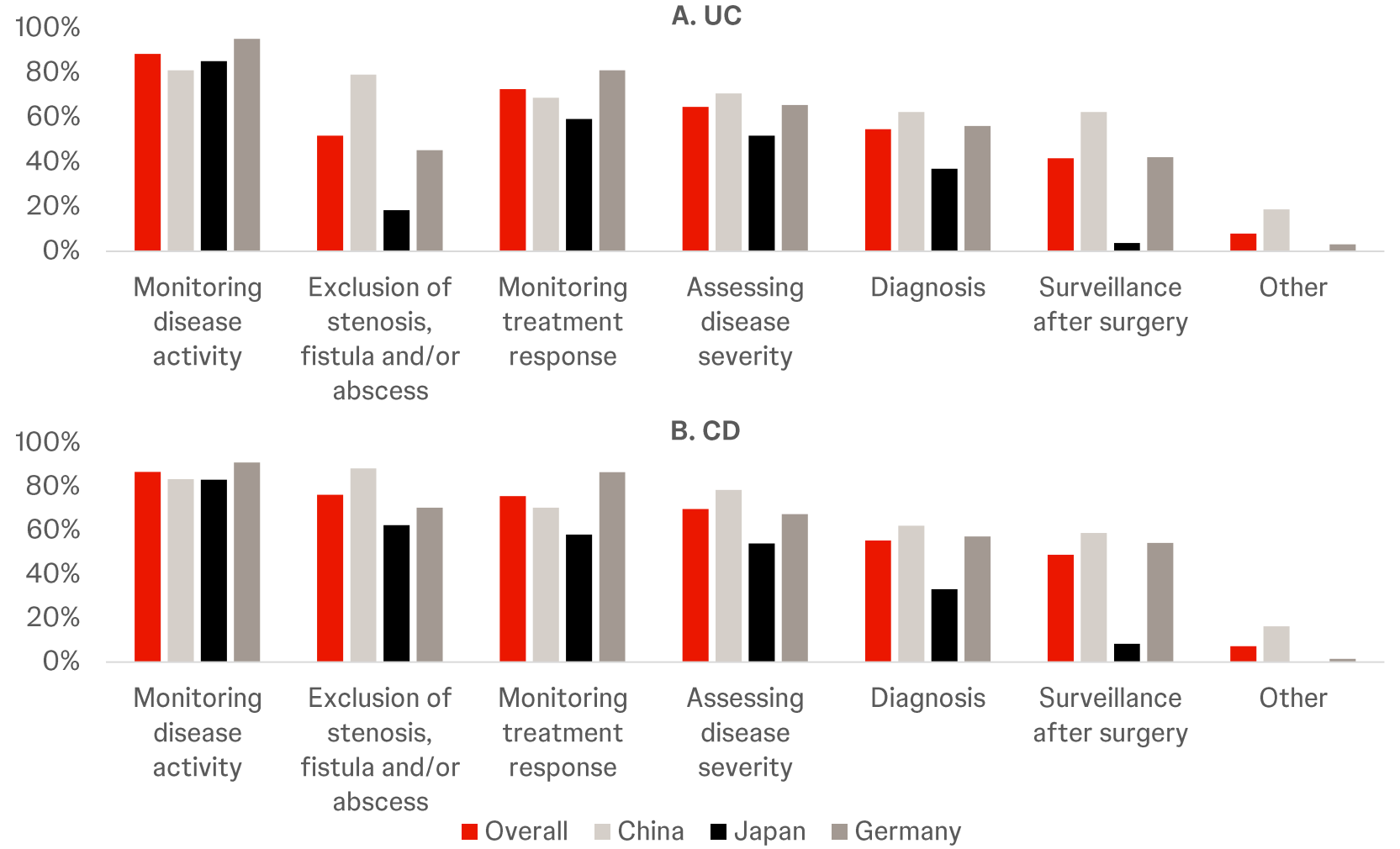
The most frequently used imaging modalities reported by the overall physicians were colonoscopy, IUS, and sigmoidoscopy for UC, and colonoscopy, EGD, and IUS for CD. Physician-reported IUS use varied by country, with highest adoption in Germany, lowest in Japan, and intermediate in China (Figure 1).

Figure 1. Physician use of imaging tests for moderate-to-severe UC and CD in the past 12 months



When used, IUS was primarily applied to monitor IBD disease activity (>80% across countries). Compared with their counterparts, Chinese physicians more frequently reported IUS use for exclusion of complications and post-surgical surveillance, whereas German physicians emphasized treatment response monitoring (Figure 2).

Figure 2. Physician-reported reasons for using IUS in clinical practice for moderate-to-severe UC and CD



According to physicians in China and Japan, IUS monitoring was most often done prior to, within 3 months of treatment, and after 12 months of treatment (not assessed in Germany; Figure 3).

Figure 3. Physician-reported timing for using IUS in clinical practice for moderate-to-severe UC and CD

