Video capsule endoscopy (VCE) is a well-recognised imaging technology with application in Crohn’s Disease (CD) monitoring. Pan-enteric VCE (pVCE) evaluates the small bowel & colon mucosa for evidence of CD. This may support treat-to-target strategies, which are more relevant in recent years. The aim of this study was to identify whether standard use of pVCE (Figure 1) in CD monitoring would be cost-effective in England, when compared with colonoscopy.

**METHODOLOGY**
Development of a patient-level, care-pathway model specific to CD management in England. Pathway details are based on NICE guidance, supplemented by a survey of English physicians with CD expertise. Local parameters included: pricing, NHS tariffs, incidence rates, step-up treatment, and the use of faecal calprotectin testing to inform the need for endoscopic monitoring. Data for pVCE (Table 1) are derived from a published study in a CD population: 4,000 simulated patients were tracked over 20 years. Cost of care and quality of life (QoL) were compared between pVCE and colonoscopy.

### RESULTS
- The analysis suggested that standard use of pVCE for CD monitoring would reduce costs and increase QoL for patients in England (Table 2).

### CONCLUSIONS
- Pan-enteric video capsule endoscopy monitoring of Crohn’s Disease activity is likely to be cost-effective in England.
- The spread of cheaper biosimilars may increase cost-effectiveness over time.
- Improved patient quality of life, including the reduced need for bowel resections, is an additional benefit.

**Figure 1. A pan-enteric video capsule**

**Figure 2. Protocollised care pathway**

**Figure 3. Cost-effectiveness plane**

**Figure 4. Biologics onset**

**Figure 5. Percentage of patients avoiding bowel resection**