

**Gastrointestinal peptides and small bowel hypomotility are possible causes for fasting and postprandial symptoms in active Crohn's disease.**

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Supplementary table 1

	Age years	Sex	Disease Duration years	Montreal Classification	Con Meds	Surgical History	MaRIA	HBI	CRP mg/dl	fC µg/g
1	24	F	12	A1L1B2	Adalimumab	Right hemicolectomy	16.10	2	41	933
2	29	F	4	A2L1B2	Adalimumab	No	11.37	2	7	177
3	39	F	14	A2L1B2	Adalimumab	No	16.72	13	<5	1435
4	57	M	8	A3L3B1	Methotrexate	No	27.48	1	15	393
5	20	F	3	A2L1B1	Nil	No	7.00	6	<5	275
6	52	F	25	A2L1B1p	Nil	Right hemicolectomy	27.07	7	<5	107
7	30	M	8	A2L1B3p	Nil	Right hemicolectomy	24.54	9	32	u/a
8	33	M	3	A2L1B1	Nil	Right hemicolectomy	13.65	2	<5	577
9	46	M	15	A2L1B3	Nil	No	17.50	2	10	u/a
10	33	M	4	A2L1B2	Adalimumab	No	33.75	2	<5	1023
11	51	F	37	A1L1B2	Methotrexate Vedolizumab	3 small bowel resections	17.00	5	9	535
12	30	F	15	A1L3B1	nil	Subtotal colectomy	17.06	6	<5	604
13	53	M	27	A2L1B2	Methotrexate	Right hemicolectomy, small bowel resection, ileocolic resection	23.68	2	<5	1800
14	23	F	3	A2L1B1	Azathioprine	No	24.49	6	13	1587
15	19	M	6	A1L1B1	Nil	No	27.48	18	<5	u/a

Table summarising the demographics and key clinical variables of the CD subjects; Con Meds=concomitant medication at the time of recruitment, MaRIA=Magnetic Resonance Index of Activity, HBI-Harvey-Bradshaw Index, CRP=C-Reactive Protein, fC=Faecal Calprotectin, u/a=unavailable.