



KASID and *Intestinal Research* journal: a central academic hub for research of intestinal diseases in the Asia-Pacific region

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INTESTINAL DISEASES IN THE ASIA-PACIFIC REGION: HOW ARE THEY DIFFERENT FROM THOSE IN WESTERN COUNTRIES?

1. Epidemiologic Shifts and Distinct Disease

Phenotypes of IBDs in the Asia-Pacific Region

The Asia-Pacific region is witnessing a striking epidemiological shift in inflammatory bowel disease (IBD), characterized by a rapid increase in its incidence and prevalence over the last two decades. Although the overall burden remains lower than that in Western nations, the rate of increase has been steep in newly industrialized countries. For instance, Korea's long-term population-based data report a 40-fold increase in Crohn's disease (CD) and a 20-fold increase in ulcerative colitis (UC) over a 30-year span, with adjusted incidence rates reaching 2.42 and 6.58 per 100,000 population, respectively.¹ Similar upward trajectories have been noted in regions such as Japan, Taiwan, and Hong Kong.²⁻⁶ However, variations in healthcare systems, diagnostic criteria, and case ascertainment methodologies contribute to inter-country differences. Notably, India has the highest incidence rate of IBD in the re-

gion, approaching that of Western countries. These disparities highlight the pressing need for standardized population-level disease surveillance and investigations across Asia.⁷

Asian IBD patients also exhibit phenotypic profiles that differ from those of Western patients.⁸ UC cases in this region more frequently present with proctitis (E1), a trend likely because of increased colonoscopy utilization and early detection programs, especially in Korea and Japan.⁹ Historically, UC was far more common than CD, but this gap is narrowing due to a more rapid rise in CD diagnoses.^{10,11} Among Asian patients with CD, ileocolonic (L3) involvement is predominant, with a notably higher prevalence of upper gastrointestinal (L4) disease than that in Western populations.^{12,13} Over time, the disease behavior usually progresses from inflammatory to stricturing and penetrating, with perianal involvement appearing to be disproportionately prevalent. These patterns may reflect distinct environmental exposures, healthcare practices, or genetic backgrounds, underscoring the necessity for region-specific clinical phenotyping.¹⁴

Environmental and demographic factors shaping the Asian IBD landscape include protective influences, such as breastfeeding and regular physical activity, which were generally consistent across regions. However, the association between smoking and appendectomy risk differs from that observed in Western countries. The adoption of Westernized dietary patterns, marked by high consumption of fats, sugars, and red

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meat, has been linked to rising IBD incidence, although the data remain heterogeneous.^{15,16} In addition, male predominance and younger age at CD onset are characteristic features of Asia, along with relatively low rates of familial aggregation, suggesting that IBD is an emerging phenomenon in this region. Extraintestinal manifestations appear less frequently but may be underdiagnosed owing to limited access to specialized care facilities. These findings emphasize the importance of multinational Asia-centric research initiatives in informing locally tailored diagnostic and therapeutic strategies.

2. Epidemiology and Diagnostic/Therapeutic Approach in Colorectal Neoplastic Diseases in the Asia-Pacific Region

In recent decades, the Asia-Pacific region, particularly East and Southeast Asia, has experienced a considerable increase in the incidence and prevalence of neoplastic colorectal diseases. Countries such as Japan, South Korea, Singapore, and China have reported age-standardized incidence rates that approach or exceed those in Western nations, with a notable increase in both left- and right-sided colorectal cancers.^{17,18} This trend is driven by rapid urbanization, dietary Westernization, sedentary behavior, and increasing obesity rates. Genetic susceptibility loci, including those identified through genome-wide association studies in Asian populations, have also been reported to play a role in disease risk.¹⁷ While adenomatous and serrated polyps remain prevalent, a growing proportion of proximal and right-sided lesions, especially in older adults and women, has been observed.^{19,20} Countries such as Japan, Korea, and China have widespread access to colonoscopy, allowing for earlier detection and more efficient treatment than in many Western nations. Consequently, population-based screening strategies, such as fecal immunochemical testing and colonoscopy, and tools such as the Asia-Pacific Colorectal Screening Score, are increasingly being adopted to identify high-risk individuals. However, disparities in screening infrastructure remain between high- and low-income countries. The integration of polygenic risk models, lifestyle assessments, and culturally sensitive public health initiatives is critical to reducing the burden of colorectal cancer in Asia.

KASID: ADVANCING INTESTINAL DISEASE RESEARCH FROM A NATIONAL TO GLOBAL SCALE

The Korean Association for the Study of Intestinal Diseases (KASID), officially established in 2002 following initial clinical

discussion meetings in 1998, has developed into a nationally preeminent academic society dedicated to advancing research, standardizing care, and promoting education in the field of intestinal diseases. Originally conceived as a focused study group on IBD, KASID has evolved into a multidisciplinary platform for scientific collaboration, professional development, and patient-centered advocacy. KASID's core mission is to enhance public health through the promotion of high-impact research, development of evidence-based clinical guidelines, and dissemination of accurate and up-to-date information to both healthcare providers and the general population. Its strategic vision is to become a globally respected academic society through sustained innovation, leadership in clinical excellence, and active engagement in international knowledge exchange.²¹ To realize this vision, the KASID has articulated four strategic pillars. In the research domain, the society facilitates large-scale multicenter studies, cultivates a robust pipeline of early career investigators, and supports its official journal, *Intestinal Research*, which is now indexed in Medline and the Science Citation Index, reflecting its growing academic influence. In clinical practice, the KASID spearheads the development of standardized treatment protocols and quality assurance initiatives, while also contributing to national policy discussions related to digestive health. Education provides high-quality evidence-based resources to healthcare professionals across specialties and leads to public awareness campaigns aimed at early diagnosis and prevention. Strategically, the society prioritizes broad member engagement, quality improvement programs, and research-driven public outreach to enhance visibility and national relevance.

Since its inception, KASID has consistently expanded its academic and public engagement. The launch of *Intestinal Research* in 2003 and the commencement of annual scientific congresses, Young Leaders' Training Camps, and CME-accredited educational programs in 2004 marked the society's commitment to academic continuity and to leadership development. Since 2005, annual patient-centered forums for CD have exemplified KASID's commitment to transparent clinician-patient communication. Subcommittees, such as the Colorectal Tumor Study Group, Small Intestine Research Group, and IBD Research Committee, have fostered scholarly exchanges and interdisciplinary collaborations through regular thematic workshops.

Through these integrated efforts, KASID has elevated the national standard of care for intestinal diseases and emerged as a significant contributor to the international gastroenterology

landscape. Societies play a central role in coordinating multicenter research, hosting academically rigorous symposia, and supporting early career scholars through structured research opportunities. Simultaneously, it actively engages in patient education and disease advocacy, helping shape public understanding and health policies. With its forward-looking agenda, KASID aspires to expand its global presence through innovation-driven research, international collaboration, and continued leadership in the evolving field of intestinal medicine. By integrating its missions across research, clinical care, and public outreach, KASID stands out as a model of academic excellence and translational impact in the Asia-Pacific IBD community.

ADVANCES AND GLOBAL IMPACT OF KOREAN-LED IBD RESEARCH

The data underscore the growing academic impact and global dissemination of Korean-led intestinal research over the past two decades.²² The parallel expansion of multicenter clinical trials and real-world population-based analyses has substantially enriched the evidence base in gastroenterology and IBD, reinforcing Korea's leadership within the Asia-Pacific research community. Over the past decade, Korean IBD research has demonstrated significant advancements in scientific rigor and thematic sophistication, accompanied by a notable increase in the number of publications in high-impact peer-reviewed international journals. Emerging studies are increasingly focusing on real-world treatment outcomes, longitudinal disease trajectories, and population-specific determinants, including genetic polymorphisms and phenotypic features that are unique to Asian IBD cohorts. Korea has made substantial contributions to global pharmacogenomic research, particularly in elucidating the clinical relevance of NUDT15 variants.²³ In addition, Korean investigators have generated robust real-world evidence supporting the efficacy and safety of biological agents and small-molecule therapies. These efforts have been bolstered by the integration of multicenter cohort studies, nationwide administrative datasets, and precision medicine methodologies that often incorporate artificial intelligence and multi-omics approaches. Collectively, these developments reflect Korea's commitment to translational and personalized IBD research and strengthen its role as a key contributor to global IBD knowledge. The Korean model provides a valuable framework for regionally adapted, data-driven research in gastroenterology.

INTESTINAL RESEARCH: A CENTRAL ACADEMIC HUB FOR IBD SCIENCE IN ASIA-PACIFIC

Intestinal Research serves as the official academic platform for the Asian Organization for Crohn's and Colitis (AOCC) and is jointly endorsed by several leading IBD societies in the region, including the Chinese Society of Inflammatory Bowel Disease (CSIBD), Japanese Society for Inflammatory Bowel Disease (JSIBD), KASID, Taiwan Society of Inflammatory Bowel Disease (TSIBD), and Colitis and Crohn's Foundation (India) (CCF, India).⁷ Since its inaugural issue in May 2003, the journal has expanded in scope and influence, transitioning to a quarterly publication in 2012 and broadening its coverage to include both clinical and translational research related to the lower gastrointestinal tract.

In January 2016, it was designated the official journal of the AOCC, which enhanced its regional and global credibility. Subsequently, it was indexed in the Emerging Sources Citation Index (ESCI) in December 2016, and in 2023, the journal received its first official Impact Factor, which reached 3.4 in 2025. These milestones underscore the emergence of *Intestinal Research* as a globally trusted and regionally authoritative publication on IBD.

This journal provides a comprehensive forum for advancing our understanding of IBD and related intestinal disorders in the Asia-Pacific region. It features original research, review articles, perspectives, brief communications, and clinical case reports that are subject to rigorous peer review. The focus areas include IBD, colorectal and small intestinal neoplasia, endoscopic innovation, functional gastrointestinal disorders, intestinal infections, and tuberculosis. With expanding international authorship, rising citation metrics, and institutional collaborations, *Intestinal Research* has solidified its role as a leading regional journal. Currently indexed in PubMed, Scopus, ESCI, and Directory of Open Access Journals (DOAJ), and with its first official Impact Factor awarded in 2023, the journal continues to expand its global reach. Looking ahead, the journal aims to gain inclusion in the Science Citation Index Expanded (SCIE), with the goal of establishing itself as the premier IBD journal representing the Asia-Pacific region.

ADDITIONAL INFORMATION

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Conflict of Interest

Cheon JH, Kim YS, Park DI, and Han DS are editorial board members of the journal but were not involved in the peer reviewer selection, evaluation, or decision process of this article. No other potential conflicts of interest relevant to this article were reported.

Data Availability Statement

Data sharing is not applicable as no new data were created or analyzed in this study.

Author Contributions

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REFERENCES

1. Park SH, Kim YJ, Rhee KH, et al. A 30-year trend analysis in the epidemiology of inflammatory bowel disease in the Songpa-Kangdong district of Seoul, Korea in 1986-2015. *J Crohns Colitis* 2019;13:1410-1417.
2. GBD 2019 Diseases and Injuries Collaborators. Global burden of 369 diseases and injuries in 204 countries and territories, 1990-2019: a systematic analysis for the Global Burden of Disease Study 2019. *Lancet* 2020;396:1204-1222.
3. Okabayashi S, Kobayashi T, Hibi T. Inflammatory bowel disease in Japan: is it similar to or different from Westerns? *J Anus Rectum Colon* 2020;4:1-13.
4. Yen HH, Weng MT, Tung CC, et al. Epidemiological trend in inflammatory bowel disease in Taiwan from 2001 to 2015: a nationwide populationbased study. *Intest Res* 2019;17:54-62.
5. Oh K, Oh EH, Baek S, et al. Elevated C-reactive protein level during clinical remission can predict poor outcomes in patients with Crohn's disease. *PLoS One* 2017;12:e0179266.
6. Low D, Swarup N, Okada T, Mizoguchi E. Landscape of inflammatory bowel disease in Singapore. *Intest Res* 2022;20:291-296.
7. Cheon JH. Past, present, and future of Intestinal Research. *Intest Res* 2023;21:1-2.
8. Liang RF, Lin H, Chau CY, Lim WC. Histologic healing and clinical outcomes in ulcerative colitis. *Intest Res* 2025;23:182-192.
9. Park SB, Yoon JY, Cha JM. What are the different phenotypes of inflammatory bowel disease in Asia? *Gut Liver* 2022;16:676-685.
10. Feakins R, Borralho Nunes P, Driessen A, et al. Definitions of histological abnormalities in inflammatory bowel disease: an ECCO Position Paper. *J Crohns Colitis* 2024;18:175-191.
11. Singh A, Bhardwaj A, Sharma R, et al. Predictive accuracy of fecal calprotectin for histologic remission in ulcerative colitis. *Intest Res* 2025;23:144-156.
12. Yang SK, Yun S, Kim JH, et al. Epidemiology of inflammatory bowel disease in the Songpa-Kangdong district, Seoul, Korea, 1986-2005: a KASID study. *Inflamm Bowel Dis* 2008;14:542-549.
13. Hong SW, Ye BD, Cheon JH, et al. Clinical features and long-term prognosis of Crohn's disease in Korea: results from the prospective CONNECT study. *Gut Liver* 2022;16:907-920.
14. Chhibba T, Gros B, King JA, et al. Environmental risk factors of inflammatory bowel disease: toward a strategy of preventative health. *J Crohns Colitis* 2025;19;jaf042.
15. Clemente-Suárez VJ, Beltrán-Velasco AI, Redondo-Flórez L, Martín-Rodríguez A, Tornero-Aguilera JF. Global Impacts of Western diet and its effects on metabolism and health: a narrative review. *Nutrients* 2023;15:2749.
16. Shafiee NH, Manaf ZA, Mokhtar NM, Raja Ali RA. Anti-inflammatory diet and inflammatory bowel disease: what clinicians and patients should know? *Intest Res* 2021;19:171-185.
17. Pardamean CI, Sudigyo D, Budiarto A, et al. Changing colorectal cancer trends in Asians: epidemiology and risk factors. *Oncol Rev* 2023;17:10576.
18. Wong MC, Ding H, Wang J, Chan PS, Huang J. Prevalence and risk factors of colorectal cancer in Asia. *Intest Res* 2019;17:317-329.
19. East JE, Atkin WS, Bateman AC, et al. British Society of Gastroenterology position statement on serrated polyps in the colon and rectum. *Gut* 2017;66:1181-1196.
20. Lee CK, Kim YW, Shim JJ, Jang JY. Prevalence of proximal serrated polyps and conventional adenomas in an asymptomatic average-risk screening population. *Gut Liver* 2013;7:524-531.
21. Korean Association for the Study of Intestinal Diseases. History and mission of the Korean Association for the Study of In-

- testinal Diseases (KASID) [Internet]. c2005 [cited 2025 Oct 1].
<https://www.kasid.org/>
22. Yang SK. Evolution of inflammatory bowel disease in Korea: a 60-year perspective on clinical and research development. *Intest Res* 2025;23:233-253.
23. Yang SK, Hong M, Baek J, et al. A common missense variant in NUDT15 confers susceptibility to thiopurine-induced leukopenia. *Nat Genet* 2014;46:1017-1020.