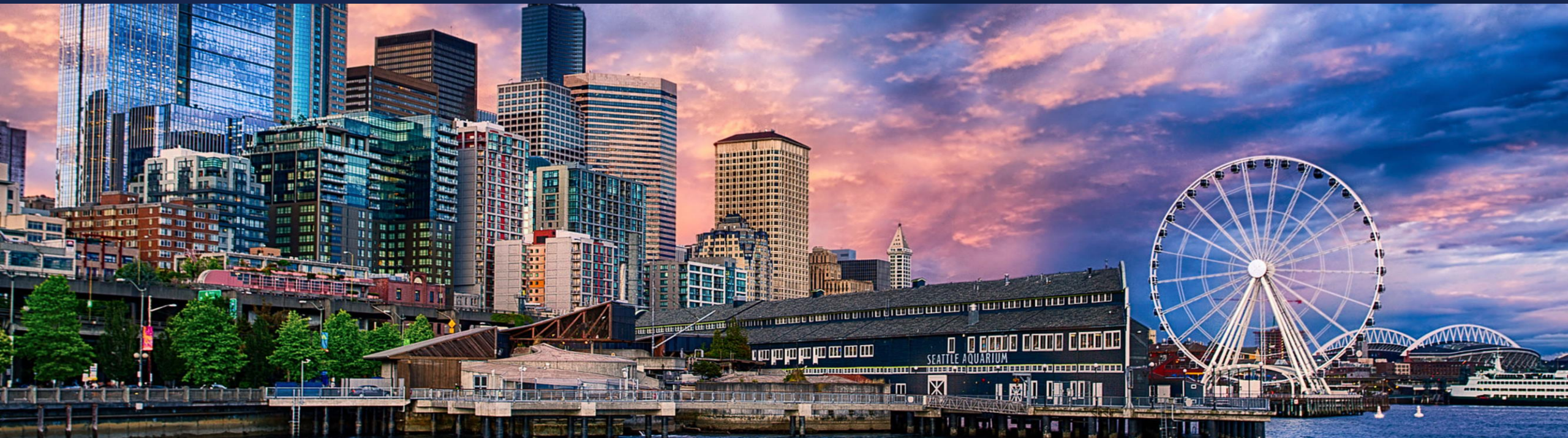
AFTER DIAGNOSIS: PREPPING IBD PATIENTS FOR THERAPY

IBDH



ARS QUESTION 1

Which of the following is FALSE:

A. Prior to initiating mesalamine you should check CBC and metabolic panel
B. Mesalamines require long-term monitoring
C. Patients on ozanimod should get EKG before AND after starting therapy
D. Patients on methotrexate should have folic acid levels monitored at least annually.

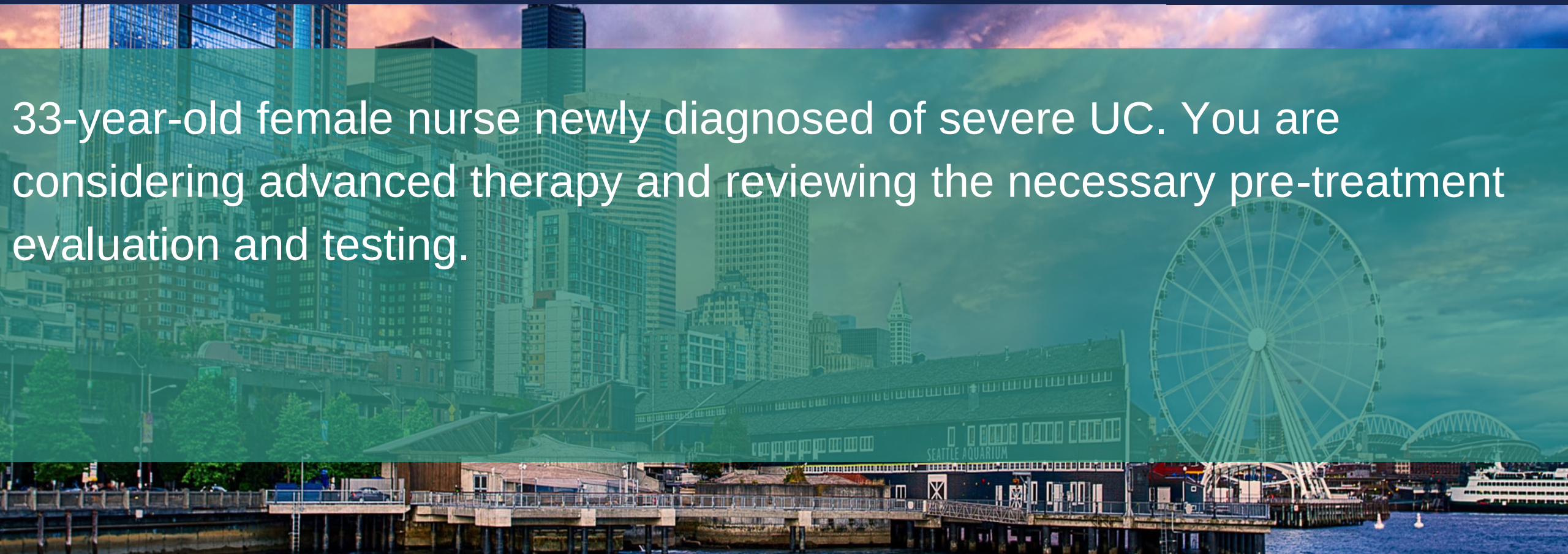
ARS QUESTION 2

Which of the following is TRUE:

A. Liver function test abnormalities can be associated with mesalamine, thiopurines and methotrexate
B. Low WBC count in patients on thiopurines (azathioprine and 6-MP) are always associated with high 6-thioguanine levels
C. Patients on methotrexate should have annual liver biopsy
D. Patients on methotrexate should have methotrexate levels monitored every 4 months

CLINICAL CASE 2

IBDH



33-year-old female nurse newly diagnosed of severe UC. You are considering advanced therapy and reviewing the necessary pre-treatment evaluation and testing.

After Diagnosis: Prepping IBD Patients for Therapy

Erica Heagy, FNP-BC

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ERICA HEAGY

Erica Heagy is a Family Nurse Practitioner at The Oregon Clinic specializing in IBD and a preferred provider with the Crohn's Colitis Foundation (CCF).
She is faculty with AGA and ASGE.
Erica is the care coordinator for RADIUS, a program dedicated to partnering with local Advanced Practice Providers (APPs) providing specialty IBD care to rural areas.
Erica is originally from Alaska and enjoys being outdoors skiing, running and hiking with her family

IBDHORIZONS

- Dr. Donald Lum – Director
- Dr. Harry Bray
- Dr. Rebecca Fausel
- Dr. Betty Kim
- Erica Heagy FNP-C
- Mindy Stewart RN
- Jennifer Williams MA

The Oregon Clinic Team at GI East

DISCLOSURE

Speakers Bureau:

- AbbVie
- Takeda
- Janssen

Objectives:

- Patient Education
- Goals of therapy
- Shared decision making
- Risks of therapy
- Pre-Biologic labs
- Treatment monitoring

Education!
Education!
Education!

Patient Education:

- Chronic Disease
- Relapsing and remitting
- Inform the patient their phenotype
- Requires ongoing medication adherence
- Can be progressive
- Goal is steroid free remission and prevention of disease complications.
- Requires frequent follow up and monitoring with blood work, stool tests, endoscopy and imaging

Risks/Benefits of No Therapy vs Therapy

✓ **Risks of untreated or undertreated disease**

- Increased risk for surgery
- Risk for hospitalization
- Risk for cancer
- Risk for disease progression
- Malnutrition
- Anemia

✓ **Role of IBD therapy**

- Establish and maintain disease control
- Reduce frequency of relapse
- Improve quality of life
- Facilitate normal growth in children
- Change the course of the disease
- Inducing remission

Understanding Risks/Benefits of Therapy

Tailored to specific drug of choice

Potential Benefits

- Control inflammation
- Improve symptoms
- Improve quality of life
- Prevent relapse
- Reduce complications
- Reduce need for surgery

Potential Risks

- Short term side effects
  - Hypersensitivities
  - Respiratory/sinus infections, cough, rash, headache, fatigue, arthralgia
- Long term toxicity
  - Infections-TB, Hep B, etc
  - Lymphomas
  - VTE
  - Hepatitis
- Cost of the therapy

*****Shared decision making*****

Meticulous Past Medical/Surgical History:

- Previous malignancy
- Previous infections
- Previous IBD meds
- Smoking status
- Previous surgeries
- Cardiac risk factors/CHF
- Hx of DVT/PE
- Immunization status
- Family planning!

- History of GI surgeries
  - Small bowel
  - Perianal

Be on alert for Extraintestinal Manifestations (EIMs)

Case 1: Mild left sided UC-Mesalamine

- 25 yo male following up after colonoscopy and dx with mild left sided UC.
- Follow up appointment:
  - Education-this is a chronic and can be progressive disease. Requires chronic medical management.
  - Risks of untreated disease
  - Risks of therapy: In this case mesalamine
- Treatment:
  - Pretreatment recommendations prior to starting mesalamine:
    - CBC, CMP, fecal calpro for benchmark.
  - Topical mesalamine (started after colonoscopy)
  - Started oral mesalamine at the office visit with eventual w/d of topical.
  - Monitoring:
    - CBC, CMP- monitoring renal function.
    - Repeat fecal calpro to assess for normalization in 4 months
    - Repeat Flex Sig at 6 months to assess for endoscopic/histologic healing
    - Q 6 months/yearly fecal calpro for monitoring

Mesalamine/Sulfasalazine	
Baseline	CBC, CMP
Yearly	CBC, CMP
Folic acid 1 mg daily when on Sulfasalazine	

Case 2: Moderate to Severe Colonic CD-Anti-TNF/Immunomodulator

26 yo female following up after colonoscopy dx with Mod/Severe colonic CD.

- Follow up appointment:
  - Education
  - Risk of no therapy
  - Risk of therapy: In this case Anti-TNF and Immunomodulators
  - Get MRE/CTE to r/o proximal small bowel disease
- Treatment:
  - Started on steroids after colonoscopy
  - Pre-Biologic Labs: See next slide
  - Treatment: Infliximab/azathioprine
  - Monitoring: See next slide

Pre-Biologic/Advanced Therapy labs:

- ✓ **Baseline: CBC, CMP, CRP, fecal calprotectin**
- ✓ **TB testing- QuantiFERON gold**
  - **Chest X-Ray if the patient has a known history of positive PPD result or QuantiFERON gold is indeterminate. The repeat QuantiFERON gold 6 months later.**
- ✓ **Hepatitis B- HBsAg, HBsAb, Hep B Core IgG/IgM**
- ✓ **Hepatitis C Antibody**
- ✓ **Varicella Zoster titer ***
- ✓ **Vitamin D, Folate, Vit B 12, Ferritin, Iron studies**

Complete BEFORE starting advanced therapy

* Not routine. Adult population can just be vaccinated. Shingrix now approved for 18 years and older.

Biologic Lab Monitoring:

Lab	Timing
IFX levels (if on Infliximab)	Week 14 and as needed
CBC/CMP	Baseline and Q 6 months
Vit D, Folate, Vit B 12, Ferritin, Iron studies	Baseline and Yearly and as needed
TB testing	Yearly

*****We do not routinely do other biologic levels unless requested by particular provider**

*****Routine office visits Q 6 months if doing well and in remission, Q 3-4 months if not in remission**

*****Health maintenance reviewed/updated at every visit**

Immunomodulator Pre-treatment and Monitoring Lab Protocol:

****Before starting azathioprine or 6-Mercaptopurine****

✓ Draw TPMT enzyme

- **Azathioprine/ 6-Mercaptopurine**

Lab	Week
CBC/LFT's	Initial
CBC	Week 1
CBC/LFT's	Week 3
CBC	Week 5
CBC/LFT's	Week 9
CBC/LFT's	Week 13
CBC/LFT's	Q 3 months

- **Methotrexate**

Lab	Week
CBC/CMP	Initial
CBC/CMP	Q 3 months

***If there is an increase in dose, restart lab protocol.

CBC = Complete Blood Count
LFT's = Liver Function Test panel/Hepatic panel
CMP = Complete Metabolic Panel

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Case 3: Moderate to Severe UC: ozanimod

30 yo male following up after recent diagnosis of moderate to severe Pan-UC.

- Follow up appointment:
  - Education,
  - Risk of not treating disease
  - Risks of therapy discussion
- Treatment:
  - Zeposia (ozanimod)
  - Pre-treatment labs/workup
  - Monitoring

Zeposia (ozanimod)

Pre-treatment	Maintenance
All pre-Biologic/Advanced therapy labs	CBC, CMP 1 month following treatment
EKG	CBC, CMP Q 6 months
VZV IgG ***give Shingrix before or during therapy.	Vit D, Folate, Vit B 12, Ferritin, Iron studies Q 1 year
Ophthalmic Assessment if h/o DM, Uveitis, or Macular edema	Interval determined by ophthalmologist

Case 4: Severe Pan-UC – Jak Inhib.

23 yo male previously failed Infliximab following up after colonoscopy dx severe Pan-UC.

- Follow up appointment:
  - Education,
  - Risk of not treating disease
  - Risks of therapy discussion
- Treatment:
  - Started on steroids following Flex Sig (colonoscopy aborted d/t severe disease).
  - Upadacitinib started in office
  - Pre-treatment Labs, workup
  - Monitoring

Upadacitinib pre-treatment labs
All Pre-Biologic/Advanced therapy labs
VZV IgG *give Shingris before or during therapy
Lipids

Upadacitinib lab monitoring	
Week 4	CBC, CMP, Lipids
Week 8	CBC, CMP, Lipids
Q 3 months	CBC, CMP
Yearly	Folate, Vit B 12, Vit D, TB testing

Case 5: Severe colonic CD w/ perianal disease- Rizankizumab

29 yo male with hx of severe colonic CD w/severe perianal disease previously failed Infliximab, Vedolizumab and Ustekinumab being seen in follow up after recent colonoscopy demonstrating persistent disease.

- Follow up appointment: Education, risks/benefits of therapy
- Treatment:
  - Small bowel imaging to r/o abscess, fistula, sepsis
  - Risankizumab
  - Pre-treatment labs, workup
  - Monitoring- 1 case report of DILI, thus, LFTs checked at baseline and once during 12 wk induction.

Risankizumab Pre-treatment labs
All pre-biologic/Advanced therapy labs

Risankizumab Monitoring	
CMP	Baseline and during 12 wks of induction

IBDHorizons

Summary:

- Everyone gets Pre-Biologic/Advanced Therapy labs unless only starting mesalamine.
- Education is key at the first follow up office visit and subsequent visits.
- Have a dot phrase for the pre-biologic labs and risks of various medications.
- Health maintenance should be reviewed at every visit.
- Treat to target should be reviewed with the patient to help them understand frequent monitoring and testing.

References:

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3. Preparing for IBD Therapy. https://www.youtube.com/watch?v=7hYJcNeRXcI
4. Crohn's Colitis Foundation. https://www.crohnscolitisfoundation.org/

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IBDHORIZONS

PANEL DISCUSSION

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Panel Discussion

Moderator: Ghassan Wahbeh, MD

Kindra Clark-Snustad, DNP

Erica Heagy, FNP

Scott D. Lee, MD

Jason Harper, MD

CLINICAL CASE 2

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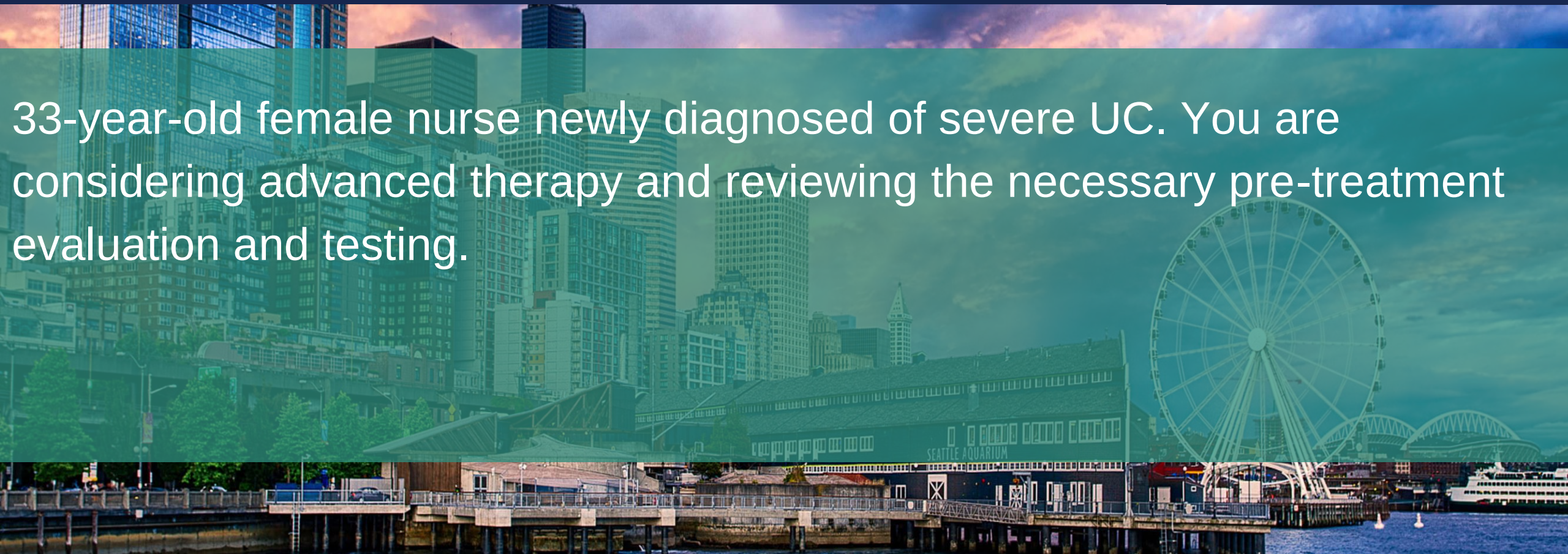

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3rd IBDHORIZONS UPDATES FOR APP

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King Street Ballroom, October 29, 202