

3rd IBDHORIZONS UPDATES FOR APP



IBDH

King Street Ballroom, October 29, 2022



THE IBD PATIENT SEEKING A SECOND OPINION



CLINICAL CASE 8



25-year-old patient shares that she received a second opinion at an IBD center outside of WA state. She is asking for you to review and follow the recommendations provided. Also inquiring about 3 supplements she would like to consider for therapy.

The IBD Patient Seeking a Second Opinion

Ghassan Wahbeh, MD

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Dr. Ghassan Wahbeh is the Director of the Inflammatory Bowel Disease (IBD) Center at Seattle Children's Hospital.

He is Professor of pediatrics and gastroenterology at the University of Washington School of Medicine.

His clinical focus is in advanced care for children, adolescents, and young adults with Crohn's Disease and ulcerative colitis, including advanced therapeutics and pre and post-surgery IBD management.

Dr. Wahbeh is a cofounder of IBDHorizons.

IBDHORIZONS

DISCLOSURES

Research Grant:

- Pfizer
- Takeda
- BMS
- Allakos
- Janssen

DSMB: Abbvie

Advisory Board: BMS

Content

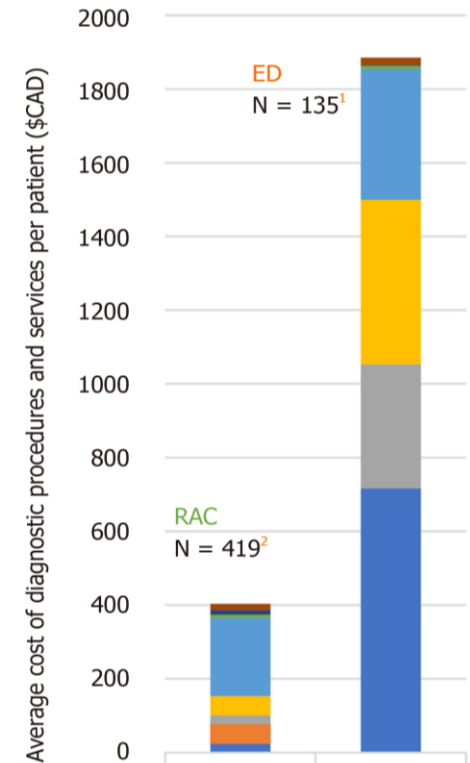
- Why IBD patients seek a second opinion?
- Common pitfalls in IBD management
- Practical tips around second opinions

Why IBD patients seek a second opinion

- Access
- Disease understanding
- Buy-in on IBD treatment goals
- Fear of medication adverse event
 - “This drug will give me cancer”
 - Wanting alternative options to medical/surgical therapy
- Patient factors: denial, anxiety, depression
- Trust, connection, confidence

Implementation of IBD Rapid Access Clinic improves patient care

- **Access**
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	1	2
C. difficile / stool culture	17	20.1
FCAL	12.3	1.7
CBC / CRP2	8.4	9.2
Colonoscopy / flex. sigmoidoscopy	212.4	354.6
CT / MRI imaging	52.7	446.8
Interdisciplinary consults	23.4	336.8
IBD specialist follow-up	53.2	0
Emergency visit	23.9	716

Nene S et al. *World J Gastroenterol* 2020; 26(7): 759-769

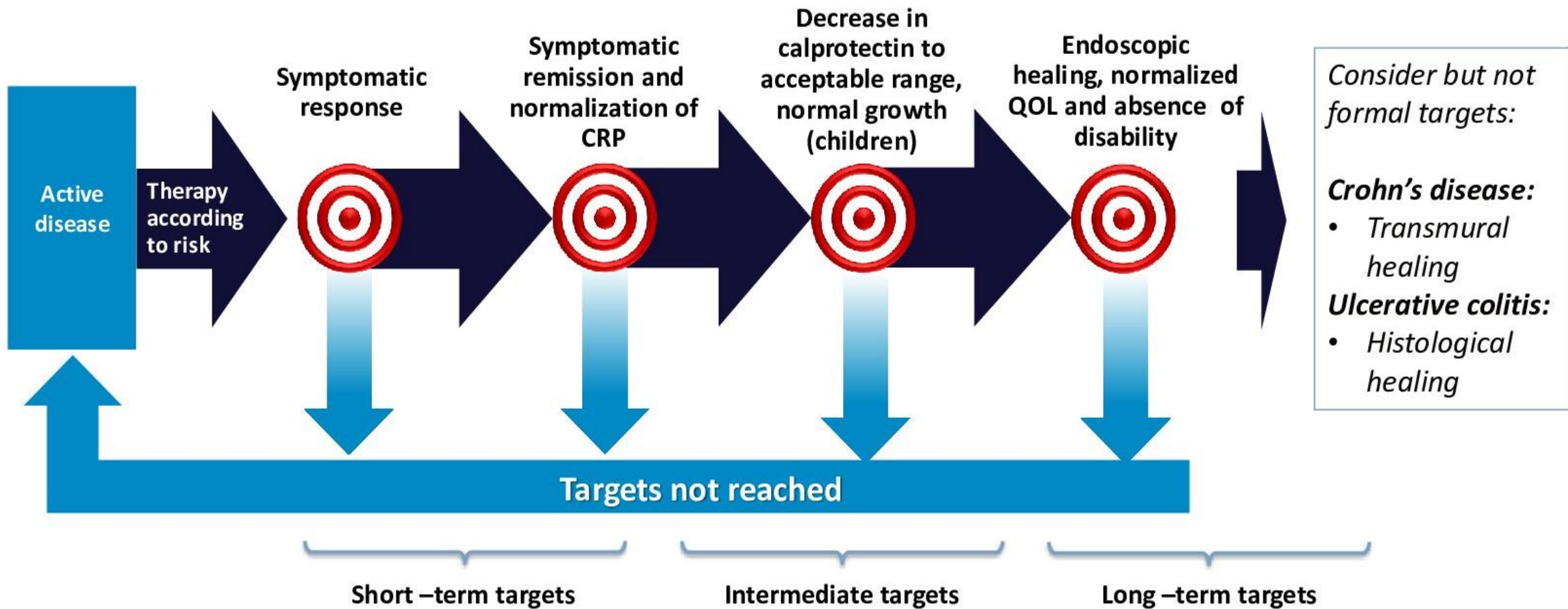
Definition of IBD Treatment Targets

Selecting Therapeutic Targets in Inflammatory Bowel Disease Endpoints

	UC	Crohn's
	TREATMENT TARGETS	
PRO	Rectal bleeding Diarrhea	Pain Diarrhea/bowel habit
Endoscopy	Mayo endoscopy 0-1	No ulcers (incl aphthae)
CRP	Normal	Normal
Calprotectin	100–250 mg/g	100–250 mg/g
	ADJUVANTS (not targets)	
Transmural Healing	-	Resolution of inflammation
Histology	Normal	Normal

- Access
- **Disease understanding**
- **Buy-in on IBD treatment goals**
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Peyrin-Biroulet L, et al. *Am J Gastroenterol.* 2015;110:1324-38 Turner D et al. *Gastroenterology* 2021;160(5):1570-1583



Patient/Care Team Partnership

Providers Buy-in



Goals Explained to Patients



Patient Buy-In



Remission

No symptoms
No flares
Stable weight, Normal growth
Normal psychosocial status
Normal productivity
Steroid free

History Exam

Colonoscopy
Biopsy
EGD Biopsy
Capsule Endoscopy
Enteroscopy Biopsy

Normal inflammatory markers

Radiologic normalcy/improvement
Normal bone density

Mucosal healing

Serum

ESR
C-RP
Platelets
Ferritin
Albumin
Hb/HCT
WBC

Stool

Calprotectin
Lactoferrin
*Leukocytes**
PMN Elastase
S100A12

CT
MRI
U/S
SBFT*
DEXA



Optimizing quality of outpatient care for IBD patients: the importance of specialist clinics

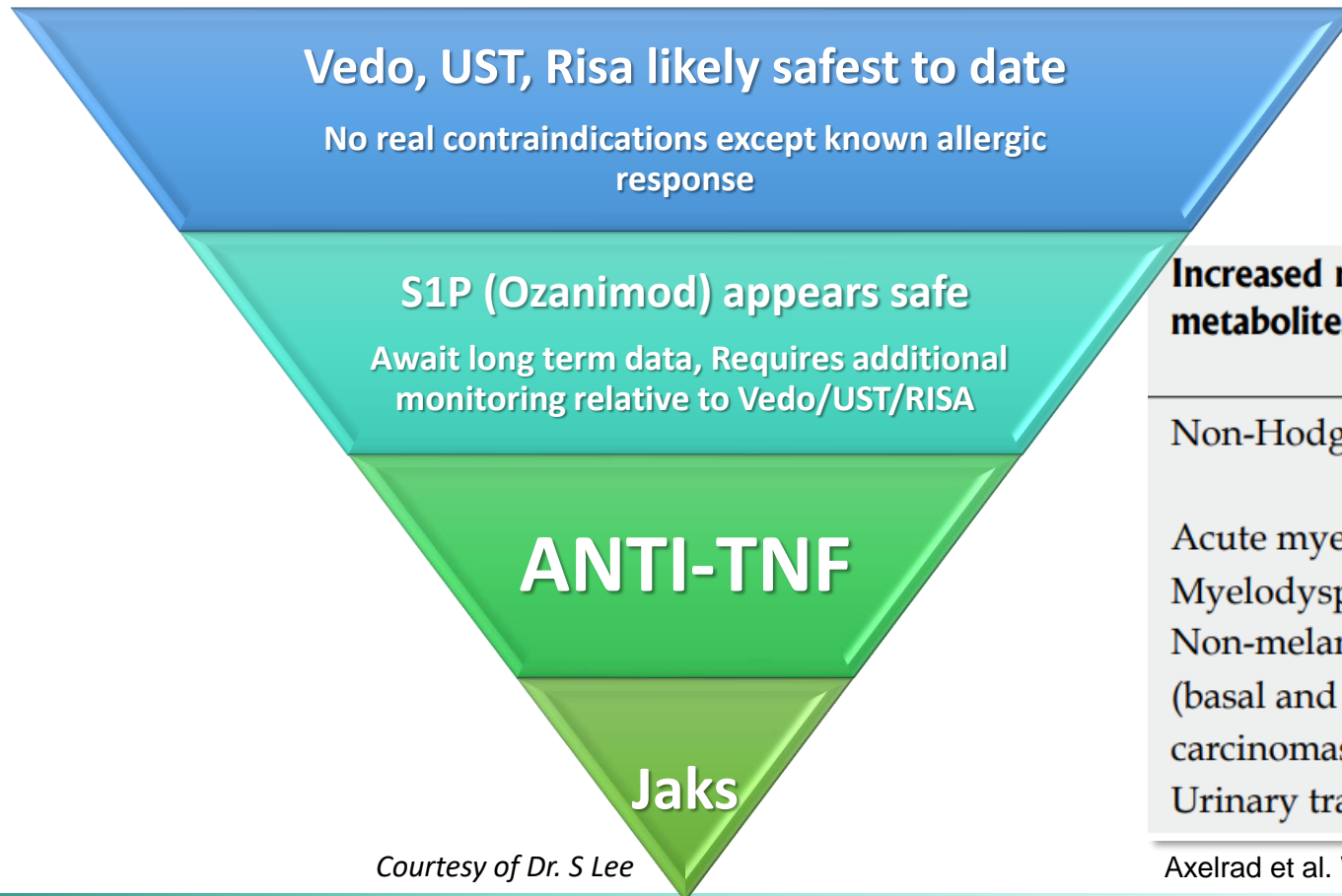
- Proportion of patients fulfilling each criterion in the specialist inflammatory bowel disease and general gastroenterology clinics

Criterion	Inflammatory bowel disease clinic		General clinic		P value
	Proportion	%	Proportion	%	
Thiourpurine blood monitoring					
Initiation	7/11	64	2/12	17	0.04
Maintenance	24/31	77	6/21	29	0.001
Co-prescription of bone protection with oral steroids	25/53	47	4/24	17	0.01
Initial surveillance colonoscopy	25/27	93	11/20	55	0.004
Annual renal function	82/89	92	31/45	69	0.001
Annual liver function tests	96/100	96	38/60	63	0.001
Annual haematinics	37/47	77	18/33	55	0.03

Mawdsley, Joel E.D.; Irving, Peter M.; Makins, Richard J.; Rampton, David S. European Journal of Gastroenterology & Hepatology 18(3):249-253, March 2006

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Safety of IBD Therapy



Courtesy of Dr. S Lee

Increased risk under anti-metabolites	Increased risk under anti-TNF α	Increased risk under anti-metabolite with anti-TNF α
Non-Hodgkin lymphoma ^[33-35]	Melanoma ^[42]	Hepatosplenic T-cell lymphoma ^[38]
Acute myeloid leukemia and Myelodysplastic syndromes ^[61]		
Non-melanoma skin cancers (basal and squamous cell carcinomas) ^[39-41]		
Urinary tract cancers ^[62]		

Axelrad et al. World J Gastroenterol. 2016 May 28; 22(20): 4794–4801

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Practical tips around second opinions

Current GI Provider

- Don't take it personal
- Encourage 2nd opinions
- Offer expert provider options
- Review recommendations
- Engage with expert provider
- Stick to the IBD principles

Provider giving 2nd opinion

- Point out the +/- of prior steps
- Thoroughly review prior info
- Ask patient's priorities
- Give honest up to date opinion
- Engage with referring provider
- Stick to the IBD principles

IBD Education

Evolution of IBD Management Vocabulary

Past

Step Up - Top Down
Aggressive therapy
Last ditch
Save for last
Avoid at all cost
Reactive management



Today

Early effective & appropriate therapy
Deep remission:
clinical remission + mucosal healing
Optimization of therapy
Proactive management
Individualized care

Common pitfalls in IBD management

- Immunizations
- Smoking status/cessation effort
- Underdosing
 - 1.2 gm 5-ASA daily
 - 1mg/kg azathioprine
- Overuse of steroids
- Overlooking bone health
- Investigating for infection during flare

Errors in the care of inflammatory bowel disease patients: "Errata" Study. Casanova MJ, Chaparro M, Gisbert JP. Gastroenterol Hepatol. 2020 May;43(5):233-239

Common pitfalls in IBD management

- Delay starting effective therapy
- Therapies are not optimized
- We think symptom improvement is “enough”
- Treating the wrong problem
- Switching therapy for the wrong reason
- Too ambitious?
 - Focus on QOL in advanced complicated longstanding disease
- Therapies don't work
- Payor related barriers



Summary

- 2nd opinions can be advantageous to patient and provider
- Communication-partnership with patients & providers is key
- Local and regional IBD meetings are valuable
- Recognize need for patient & provider fit

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IBDHORIZONS

PANEL DISCUSSION



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Panel Discussion

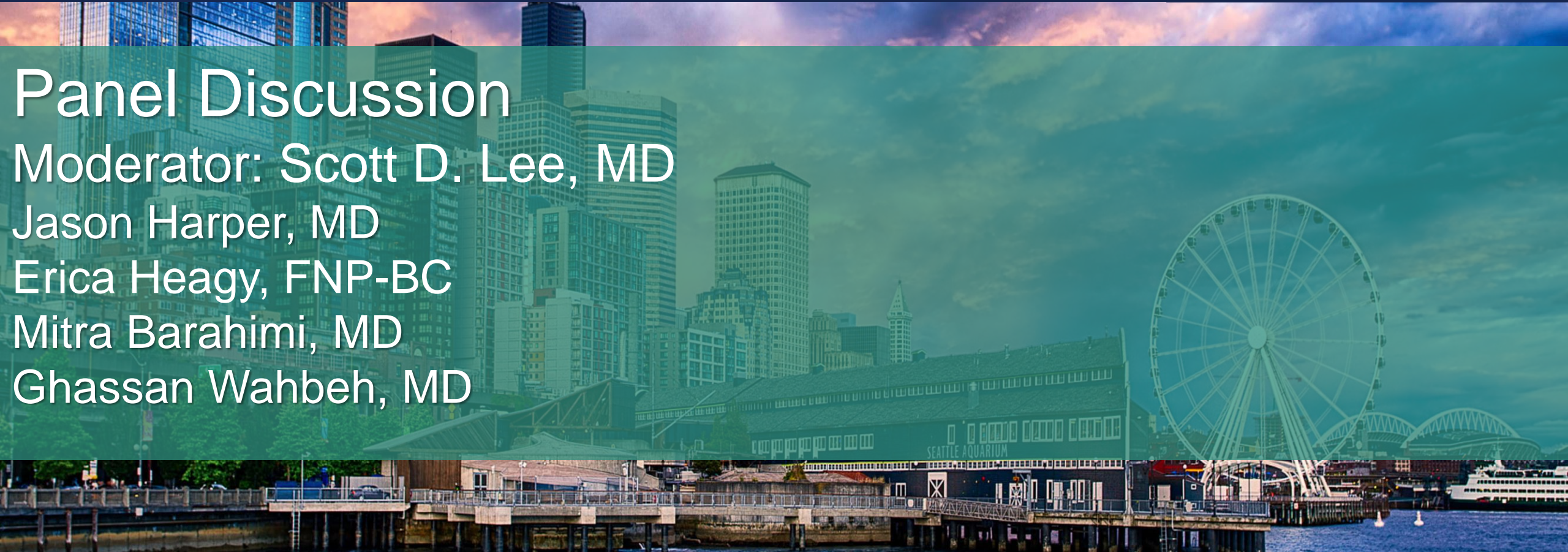
Moderator: Scott D. Lee, MD

Jason Harper, MD

Erica Heagy, FNP-BC

Mitra Barahimi, MD

Ghassan Wahbeh, MD



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