“Real Life Practice in IBD: From the Start to Finish”

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Are these patients so different?

Gloria

Sonja
Diagnosis

**Gloria**

- 22-year-old female university student with abdominal pain and diarrhoea for **3 years**
- Presents with increasing symptoms and weight loss
- She sees her family physician and found to have microcytic anaemia (Hb 107, MCV 72), iron deficient (ferritin 5), and malnourished (albumin)
- She is referred to a gastroenterologist who sees her **6 months later**

**Sonja**

- 22-year-old female university student with abdominal pain and diarrhoea for **3 months**
- Presents with increasing symptoms and weight loss
- She sees her family physician
- She is promptly referred to a gastroenterologist who sees her **within 4 weeks**

Hb, haemoglobin; MCV, mean cell volume
Early intervention

Gloria

- The gastroenterologist performs a colonoscopy which shows deep ulceration in the last 20 cm of the terminal ileum
- A CTE shows 30 cm of ileal inflammation and mild narrowing
- She is started on prednisone with a 3-month appointment

CRP, C-reactive protein; CTE, computed tomography enterography; FCP, faecal calprotectin; MRE, magnetic resonance enterography

Sonja

- The gastroenterologist performs a colonoscopy which shows deep ulceration in the last 20 cm of the terminal ileum
- An MRE shows 30 cm of ileal inflammation and mild narrowing
- CRP is normal, FCP is 800 µg/g
- She is started on prednisone with a 3-month appointment
Early intervention

Gloria

Sonja
Monitoring

Gloria

• She is started on prednisone and feels better at her 3-month appointment

• At 3 months she has minimal symptoms, rare occasional RLQ discomfort, no diarrhoea, she has gained 5 kg

• Laboratory investigations show:
  – Hb normal
  – Platelets normal
  – Albumin normal
  – CRP normal
  – Faecal calprotectin 450 µg/g

• She is started on adalimumab 160/80 mg, 40 mg EOW

Sonja

Hb, haemoglobin; CRP, C-reactive protein; EOW, every other week; RLQ, right lower quadrant
Monitoring and optimising therapy

**Gloria**

- She comes back 6 months later with recurrent symptoms
- She is started on prednisone and azathioprine

**Sonja**

- At 6 months (3 months later), she is asymptomatic
- Laboratory:
  - Hb normal
  - Platelets normal
  - Albumin normal
  - CRP normal
  - Faecal calprotectin 290 µg/g
- Her adalimumab is increased to 80 mg EOW

Hb, haemoglobin; CRP, C-reactive protein; EOW, every other week
Monitoring and optimising therapy

Gloria

Sonja

Fistula
Prox ileum
Term ileum

Prox, proximal; Term, terminal
Monitoring and optimizing therapy

Gloria

• She presents 3 months later with increased abdominal pain, bloating, nausea and vomiting

• She is admitted to hospital for intravenous corticosteroids and started adalimumab 160/80 mg, 40 mg EOW

• She finishes induction therapy and continues with adalimumab 40 mg EOW

Sonja

• At 9 months, she is asymptomatic

• Laboratory:
  - Hb normal
  - Platelets normal
  - Albumin normal
  - CRP normal
  - Faecal calprotectin 72 µg/g

• Her adalimumab is continued at 80 mg EOW

Hb, haemoglobin; CRP, C-reactive protein; EOW, every other week
The outcome

Gloria

• She has modest improvement but continues to have intermittent symptoms of partial small bowel obstruction for the next 6 months

• She changes to infliximab q8w

• She is re-admitted to hospital and undergoes a 40 cm ileo-caecal resection with primary anastomosis

Sonja

• At 12 months, she has a repeat colonoscopy
The outcome

Gloria

Sonja
Cumulative bowel damage over time

- Presents to family GP
  - 0 months
  - 3 months
  - 6 months
  - 9 months
  - 12 months
  - 15 months
  - 18 months
  - 21 months
  - 24 months

Bowel damage vs. Time (months)
Cumulative bowel damage over time

- Presents to family GP
- Time (months)
- Bowel damage
- Seen by Gastro
- Biomarkers
- Prednisolone

Gastro, gastroenterologist; GP, general practitioner
Cumulative bowel damage over time

- Prednisolone
- Biomarkers
- ADA 160/80 40 mg EOW

Time (months):
- 0 months
- 3 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 21 months
- 24 months

Bowel damage:
- Seen by Gastro
- Presents to family GP

ADA, adalimumab; EOW, every other week; Gastro, gastroenterologist; GP, general practitioner
Patient reports symptom improvement

Cumulative bowel damage over time

Presents to family GP

Time (months)

0 months 3 months 6 months 9 months 12 months 15 months 18 months 21 months 24 months

ADA, adalimumab; EOW, every other week; Gastro, gastroenterologist; GP, general practitioner
Cumulative bowel damage over time

Bowel damage

Patient reports symptom improvement

Present to family GP

Time (months)

0 months 3 months 6 months 9 months 12 months 15 months 18 months 21 months 24 months

ADA, adalimumab; EOW, every other week; Gastro, gastroenterologist; GP, general practitioner
Cumulative bowel damage over time

- Presents to family GP
- Patient reports symptom improvement
- Seen by Gastro
- Prednisolone
- ADA 160/80 40 mg EOW
- ADA 80 mg EOW
- Prednisolone + azathioprine
- Presents with recurring symptoms

Bowel damage

Time (months)

0 months 3 months 6 months 9 months 12 months 15 months 18 months 21 months 24 months

ADA, adalimumab; EOW, every other week; Gastro, gastroenterologist; GP, general practitioner
Cumulative bowel damage over time

- Presents to family GP
- 3 months: Seen by Gastro
- 6 months: Seen by Gastro
- 9 months: Prednisolone
- 12 months: Patient reports symptom improvement
- 15 months: Hospitalised IV corticosteroids
- 18 months: Prednisolone + azathioprine
- 21 months: ADA 160/80 40 mg EOW
- 24 months: ADA 80 mg EOW

Bowel damage

Time (months)

- 0 months
- 3 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 21 months
- 24 months

ADA, adalimumab; EOW, every other week; Gastro, gastroenterologist; GP, general practitioner; IV, intravenous
Cumulative bowel damage over time

- **Time (months)**: 0, 3, 6, 9, 12, 15, 18, 21, 24

- **Bowel damage**:
  - Presents to family GP
  - 3 months: Seen by Gastro
  - 6 months: Prednisolone
  - 9 months: Patient reports symptom improvement
  - 12 months: Hospitalised IV corticosteroids
  - 15 months: Prednisolone + azathioprine
  - 18 months: ADA 160/80 40 mg EOW
  - 21 months: Inflimab q8w
  - 24 months: Surgery 40 cm ileo-caecal resection

- **Medications**:
  - Prednisolone
  - ADA 160/80 40 mg EOW
  - ADA 80 mg EOW
  - Inflimab q8w

- **Biomarkers**:
  - ADA 160/80 40 mg EOW
  - ADA 80 mg EOW

- **Additional Information**:
  - ADA, adalimumab; EOW, every other week; Gastro, gastroenterologist; GP, general practitioner; IV, intravenous; q8w, every 8 weeks
Cumulative bowel damage over time

What would you have done differently in treating Gloria?

- Early Diagnosis
- Early intervention
- Seen by Gastro
- Patient reports symptom improvement
- Prednisolone
- Optimising Therapy
- Monitoring
- Hospitalised IV corticosteroids
- Prednisolone + azathioprine
- ADA 160/80 40 mg EOW
- Infliximab q8w
- Surgery 40 cm ileo-caecal resection

ADA, adalimumab; EOW, every other week; Gastro, gastroenterologist; GP, general practitioner; IV, intravenous; q8w, every 8 weeks
Cumulative bowel damage over time

What would you have done differently in treating Gloria?

- **Time (months)**
  - 3: Presents to family GP
  - 6: Seen by Gastro
  - 9: Patient reports symptom improvement
  - 12: Presents with recurring symptoms
  - 15: Hospitalised IV corticosteroids
  - 18: Prednisolone + azathioprine
  - 21: ADA 160/80 40 mg EOW
  - 24: Surgery 40 cm ileo-caecal resection

- **Bowel damage**
  - Early Diagnosis
  - Early intervention
  - Optimising Therapy

**Therapy**
- **Prednisolone**
- **Infliximab q8w**
- **ADA 160/80 40 mg EOW**

**Monitoring**

ADA, adalimumab; EOW, every other week; Gastro, gastroenterologist; GP, general practitioner; IV, intravenous; q8w, every 8 weeks
Cumulative bowel damage over time

What would you have done differently in treating Gloria?
CLOSING REMARKS
Are we ready to change the course of IBD?

- Crohn’s disease and ulcerative colitis are progressive diseases

- Early intervention and personalised risk stratification as part of a treat-to-target strategy can establish tight control and prevent disease progression

- Regular disease monitoring (including biomarkers) guides treatment decisions, achieving tight control as a way of reaching established targets

- We must consider patients beyond their clinical symptoms, using tools and communication strategies to enhance patient engagement in shared decision making to help achieve the patient’s goals

- Current evidence leads us to believe that this approach can change the course of IBD – More data are needed to confirm the long-term benefits for patients
Are we ready to change the course of IBD?

Change the course of IBD

- Early intervention
- Treat to target
- Tight control

Patient communication
