March is COLORECTAL CANCER AWARENESS MONTH

Colorectal Cancer: You Can Prevent It.

1

New Patient Education Materials to Download

2
Friendly Reminders

- Please mute your phone. Or press *6, which mutes individual lines.

- We will be taking questions during the webinar via the “question” functionality of our webinar tool – which is located in the right-side panel of Go-to-Webinar. If you would like to ask a question via the “question” feature, type your question directly in to the space provided.

- Please contact technical support (855) 352-9002 during this event if you have any questions or need assistance with the webinar tool.

- This call is being recorded and will be available on the IBD Circle. All IBD Circle members will receive a link to access the recording in an upcoming IBD Circle digest.
How to Receive CME and MOC Points

LIVE VIRTUAL GRAND ROUNDS WEBINAR
ACG will send a link to a CME & MOC evaluation to all attendees on the live webinar.

ABIM Board Certified physicians need to complete their MOC activities by December 31, 2021 in order for the MOC points to count toward any MOC requirements that are due by the end of the year. No MOC credit may be awarded after March 1, 2022 for this activity.

MOC QUESTION
If you plan to claim MOC Points for this activity, you will be asked to: Please list specific changes you will make in your practice as a result of the information you received from this activity.

Include specific strategies or changes that you plan to implement. THESE ANSWERS WILL BE REVIEWED.
ACG Virtual Grand Rounds
Join us for upcoming Virtual Grand Rounds!

Week 11, 2021
Managing Complications of GI Endoscopy
Shivangi T. Kothari, MD, FACG
March 18, 2021 at Noon Eastern

Week 12, 2021
Colorectal Cancer Screening and Prevention in the US and Worldwide:
Lessons from the COVID-19 Pandemic
David A. Greenwald, MD, FACG
March 25, 2021 at Noon Eastern

Visit gi.org/ACGVGR to Register

ACG VIRTUAL GRAND ROUNDS
CAREER EDITION

Networking and Social Media
Wednesday, March 24, 2021 at 8:30 p.m. EST
Aline Charabaty, MD  Mohammad Bilal, MD
Hala Fatima, MD      Prashant S. Kedia, MD, FACG

Register: gi.org/ACGVGR  #Gihomeschooling

American College of Gastroenterology
SPECIAL EDITION – COVID-19 Vaccine Update
Speakers will explain the data behind the various vaccines, clinical recommendations, allergy and safety recommendations, and describe COVID-19 vaccine special issues in underrepresented minorities.

MONDAY, MARCH 29th, 8 to 9:30 PM EDT
Faculty
• Freddy Caldera, DO, MS
• Francis A. Farraye, MD, MSc, MACG
• Sophie M. Balzora, MD, FACG
Moderator
• ACG President David A. Greenwald, MD, FACG

Register & Learn More gi.org/ACGVGR
Disclosures:

Anita Afzali, MD, MPH, FACG
Speaker/Consultant: Abbvie, Takeda, Pfizer, Janssen, Gilead, BMS/Celgene
Research: Abbvie, Takeda, Janssen, BMS/Celgene
Founder/Board Member: IBD Horizons

Christina Ha, MD, FACG
Advisory Board: Abbvie, Janssen, Pfizer, Takeda
Consultant: Abbvie
Research Grant: Pfizer
Speakers Bureau: Abbvie

Tauseef Ali, MD, FACG
Speaking/consultation/advisory board: Takeda Pharmaceuticals, Abbvie, Pfizer, Janssen
Research Grant: Abbvie
Pharmaceuticals, Abbvie, Pfizer, Janssen
Ferring International, Pharmascience, UCB

Themistocles Dassopoulos, MD
Dr. Dassopoulos, faculty for this educational event, has no relevant financial relationship(s) with ineligible companies to disclose.

Francis A. Farhiye, MD, MSc, MACG
Advisory Board: BMS, Braintree Labs, Ferring, Eli Lilly, Gilead, GSK, IBD Educational Group, Innovation Pharmaceuticals, Janssen, Lilly, Pfizer, Sebela, Theravance
Research Grant: Mayo Clinic Florida

Samer A. Shal, MD, FACG
Board of Directors: Crohn’s and Colitis Foundation Membership Committee Co-Chair and member of National Scientific Advisory Committee, DDNC.
Research Grant: Celsius

Jean-Paul Achkar, MD, FACG
Research Grant: Celgene

Special Edition Webinar
Presented by the IBD Circle:
Cases from the Frontlines
COVID-19 Vaccine FAQs

1) When should IBD patients get vaccinated? Should they get priority for earlier vaccination?

2) What if they are on biologics / Immunomodulators (AZA/6MP/MTX) / Prednisone?
   • Does it affect safety or efficacy of the vaccine?
   • Do you change timing of taking the biologic?

3) Does the vaccine (Pfizer, Moderna, J&J) matter?

COVID-19 & IBD: Management Approach

1) 26 yo with UC on infliximab 10mg/kg just tested positive for COVID-19 after being exposed but has no symptoms- due for infliximab at your infusion center later this week:
   • What do you do with timing of infliximab infusion?
   • Nurses in infusion center are concerned about having the patient come in due to exposure risk- when is it “safe” to have the patient come in?

2) 54 yo female on adalimumab for CD with COVID-19, mild symptoms
   • Hold adalimumab?
   • Does she qualify for monoclonal Ab Treatment casirivimab/imdevimab?
   • When can restart adalimumab?
COVID-19 & IBD: Management Approach

1) 66 yo female on ustekinumab, had drug induced lupus from anti-TNF
   • Can she get a COVID-19 vaccine?
   • Any management suggestions to minimize risk?
   • What if she had had an anaphylactic reaction to a biologic- increased risk for vaccine reaction?

2) 54 yo female on Certolizumab Pegol for Crohn’s- husband diagnosed with COVID-19
   • Should she hold the biologic (asymptomatic currently)?
   • She then develops minor symptoms and tests positive for COVID but quickly improves. When can she be vaccinated?

3) 45 yo male on combo MTX + Infliximab, doing well. Should we stop MTX?

4) New diagnosis of moderate to severe IBD in 25 yo female. Mono vs combo therapy?

Remember the IBD SECURE registry!

Case #1

• 19 yo college student with bloody diarrhea x 3 days, but 6 weeks of diarrhea prior. Stool studies and COVID negative; no travel
• No FH, no EIMs, nonsmoker
• Testing:
  - Labs: Hgb 11, iron saturation 5%, albumin 3.0, CRP 50; TB negative; HBV immune
  - CT: pancolitis
  - Colonoscopy- moderate to severe colitis. Bx = chronic active colitis
Case#1
Case #1

• Is this UC or Crohn’s?
• Which biologic? Standard or high dose? Mono or combo?
• How should we monitor response?
• Should we use Therapeutic Drug Monitoring?

Case #2

• 30s yo male hospitalized 1 year ago for FUO; had been traveling:
  – Workup negative and fevers resolved
  – No COVID testing
• Has longstanding bloating and alternating diarrhea/constipation, but notes that symptoms are worse since hospital admit.
• Over the last 6 months, he has had 3 episodes of chills, heartburn, N/V, diarrhea (1 loose BM qd for 1-2 days).
• 12 pound weight loss over the past year
• No NSAIDs. No smoking but he vapes.
Case #2: Workup

- Fecal calprotectin- 700
- Labs: Normal CBC but low iron. CRP normal. Albumin normal. Quantiferon negative
- CTe- 2 short segments of inflammation in distal and terminal ileum
- EGD- antral erythema and fundic gland polyps
- Colonoscopy- fair prep
  - TI ulcers: PATH- ulceration seen without any specific features; no granulomas
  - At least 4 colon polyps
Case #2: Questions

• Is this Crohn’s given non-specific path?

• Would you treat and with what?

• Do the colon polyps affect your treatment choice? What if we diagnose him with SPS or another hereditary condition?

Case #3

• 30 yo with Crohn’s ileocolitis diagnosed age 13
  – Steroids, mesalamine, eventually 6-MP for 10 years
  – Briefly on infliximab but stopped after induction as no response
  – Stopped 6MP on his own one year ago as feeling well
  – Last colonoscopy 2015 with mild ileocolonic dz
• PMH: testicular cancer at age 21, s/p orchiectomy, chemo
• Colonoscopy to restage shows mild to moderate pancolitis with relative rectal sparing confirmed on bx, no ileal disease, no dysplasia, re-labelled as IBDU vs Crohn’s colitis
Which treatment would you choose?

Why?
Case #3

- Started on Vedolizumab with clinical and objective response. Worried about copays and having to go for infusions. Despite discussions and resources to help with copays, insists on switching (the stress of the bills…).
- In fact reports hasn’t gone for infusion in 4 months. FC 1300
- What medication would you start him on now? He is concerned with his prior history of testicular cancer and doesn’t want infusions….

No Risk of Solid Tumors with Anti-TNF Therapy

<table>
<thead>
<tr>
<th>Type of Cancer</th>
<th>Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>All cancers</td>
<td>1.0 (0.8-1.2)</td>
</tr>
<tr>
<td>All solid tumors</td>
<td>1.0 (0.8-1.2)</td>
</tr>
<tr>
<td>Colon</td>
<td>0.8 (0.3-1.7)</td>
</tr>
<tr>
<td>Lung</td>
<td>1.1 (0.7-1.8)</td>
</tr>
<tr>
<td>Breast</td>
<td>0.9 (0.5-1.3)</td>
</tr>
<tr>
<td>Pancreas</td>
<td>0.5 (0.1-2.6)</td>
</tr>
<tr>
<td>Melanoma</td>
<td>2.3 (0.9-5.4)</td>
</tr>
<tr>
<td>Non-melanoma</td>
<td>1.5 (1.2-1.8)</td>
</tr>
</tbody>
</table>

Type of study | Associated risk |
--------------|-----------------|
Population based | SIR 0.7 (0.2-1.7) |
Single center | OR 0.97 (0.56-1.65) |

No clear evidence that anti-TNF is associated with (non-skin) solid tumors

Cancer risk in anti-TNF

- Swedish Biologic, RA and Cancer Registries
  - 6366 pts with RA on anti-TNF 1/1999-7/2006
    - 25,693 person-years of follow-up: 240 cancers
  - National Bio-naïve RA registry: n=61,160; new MTX n=5,989 and new DMARD+AntiTNF n=1,838
    - 330,498 person-years of followup: 4,244 cancers
    - RR=1.00 (0.86-1.15) vs. bio-naïve cohort
- 78,483 RA pts 1999; 8,562 on biologic 1999-2007
  - 4,650 cancers in Bio naïve RA vs. 302 in Bio exposed
  - 2:1 matched control: cancer site, age, sex, year of dx
  - No difference in stage or post cancer survival rates

Don’t worry about cancer: Danish Reigstry

- Danish National Patient Registry and Cancer Registry
- Adults (≥ 18): IBD, RA, Psoriasis and primary cancer diagnosed 1/1/199-12/31/2016
- Matched 1:10 anti-TNF exposed: unexposed
- 25,738 pts with IMIDs and cancer
- 434 pts who received anti-TNF after cancer dx, matched to 4328 pts in control group
- During 18,753 person years (median 5.6 years) 635 developed recurrent or new cancers:
  - 72 in anti-TNF vs. 563 in control group
  - 30.3 cases/1000pt years vs. 34.4
  - Adjusted Hazard ratio: 0.82 (CI 0.61-1.11)

http://doi.org/10.106/S2468-1253(19)303362-0
Case #4

- 40 yo male with 15 year h/o extensive UC
- Has been on mesalamine but misses doses 2-3 times per week
- Having 2-3 BMs per day with some urgency but no blood
- Undergoes surveillance colonoscopy:
  - Mild left sided colitis; otherwise unremarkable
  - Biopsies taken every 10 cm throughout the colon- noted to have LGD on biopsies from the sigmoid colon
- Now referred to you for further management

Next steps?

- Better adherence with mesalamine recommended and a course of budesonide is given to control the mild inflammation
- Repeat colonoscopy using a high definition colonoscope is done
Scenario #1

• Repeat colonoscopy with high definition colonoscope and methylene blue spray is done- no visible lesions are seen
• Multiple biopsies from rectum to descending colon taken- no dysplasia

What now?

Scenario #2
Scenario #3

Case #5

- 32 yo female with ileal CD since 2005
- Prior tx with mesalamine (no response) prednisone and then AZA x 7 years. Self d/c’d- worried about risk
- Currently doing well on ileal release budesonide but symptoms when tapers. Married, wants to start a family
- Recent colonoscopy- 10 cm of ileal Crohn’s

What might you treat her with?
Case #5

- She is started on Certolizumab, does well, off of budesonide
- Colonoscopy shows 2 aphthae in ileum, otherwise normal
- Successful pregnancy- baby allowed Rotavirus vaccine

Colonoscopy on certolizumab
Case #5

• Doing well but tells you she recently had MOHS surgery for melanoma, felt to be cured
• Can she stay on her current biologic?
• After extensive discussion, switched to ustekinumab in 2018
• Doing well now with recent colonoscopy and MRE showing complete endoscopic and histologic remission
• Closely followed by Derm. No recurrence, no new skin cancers
• Has joint aches, sees Rheumatology-> asks can she be switched back to an anti-TNF vs. adding MTX or sulfasalazine

Risk of Skin Cancers in IBD Patients and Therapy Exposure

• Retrospective cohort and nested case-control studies using administrative data from the LifeLink Health Plan Claims Database
• 1997-2009
• N=108,579 patients with IBD, matched to 4 individuals without IBD
Case #6

- 47 yo male with longstanding ileal Crohn’s- S/P ileocecal resection in 2000
- Was on 6-MP 2001-2019 and did well from symptom standpoint
- 2015- presented with mild obstructive symptoms. W/U showed 10 cm of neo-TI inflammation and ICA ulceration and stricture- dilated x 2 over the next year
- 2016- adalimumab added and did better clinically but still had evidence of inflammation on CTE
- 2020- recurrent, intermittent obstructive symptoms

Case #6

- CTE: inflammation of 5-7 cm neo-TI with upstream dilation to 3 cm and mild sacculation within the involved segment

- Adalimumab TDM:
  - Drug- 4.6
  - Ab- negative
Case #6

- After discussion of options, patient elects to undergo surgery - has uncomplicated laparoscopic ileocolic resection:
  - Very thickened and stenotic ICA with marked upstream dilation

- What would you do in terms of medical management postop?
QUESTIONS?

Continue the Conversation

Join the ACG & Crohn’s & Colitis Foundation IBD Circle and Gain Vital Resources to Help Advance Your Knowledge:

• Easy Access to Tools, Information, and Expertise
• An Expert Panel of Moderators to Answer Your Questions and Share Clinical Insights
• Email: support@within3.com

Visit the IBD Circle Now
https://acg-ccfa-ibd-circle.within3.com