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PATIENT PERSPECTIVES IN IBD:

The Role of Advanced Practice Providers in the Management OF CD AND UC

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Assessment

Questions APPs Can Ask to Assess Disease Burden and QoL Impact in IBD

- Are you doing everything you wish to be doing?
- Are you able to eat and gain weight appropriately?
- Are you going to school and/or work?
- Are you missing plans and activities due to your IBD?
- Are you asking questions that may be uncomfortable, such as intimacy?

QoL, quality of life

Principles for Guideline-based Severity Assessment and Risk Stratification in CD and UC

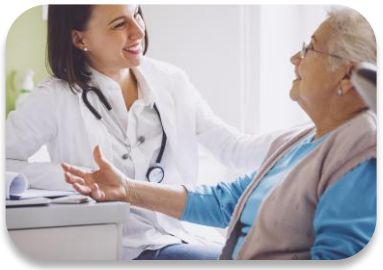
- Severity and risk assessment are important for determining treatment strategy
- Must employ a multifaceted approach that combines:

Clinical Symptoms

Biomarkers (Labs, FC)

Endoscopy

Radiological Findings



Patient History

- Extraintestinal manifestations (EIM)
- Current guidelines emphasize early detection of severe disease and personalized treatment plans based on individual risk profiles
- A holistic approach with regular monitoring is critical for optimal disease management and improving long-term outcomes

CD, Crohn's disease; UC, ulcerative colitis

Risk Stratification and Disease Burden Assessment

Crohn's Disease[1]

Factors Associated with Increased Complication Risk, Disease Burden, and/or Disease Activity

- Young age at diagnosis
- Initial extensive bowel involvement
- Ileal/ileocolonic involvement
- Perianal/severe rectal disease
- Penetrating or stenotic phenotype
- Visceral adiposity*
- Ileal, ileocolonic, or proximal GI involvement
- Extensive anatomic involvement
- Deep ulcerations
- Stricturing behavior
- Cigarette smoking

*Marker for increased risk of penetrating disease

Ulcerative Colitis[2]

Factors Associated with Poor Prognosis and/or Increased Complication Risk

- Age <40 years at diagnosis
- Extensive colitis
- Severe endoscopic disease
- Hospitalization for colitis
- Elevated CRP or ESR
- Low albumin
- Systemic steroid-dependent disease

Patients with mildly active UC and several risk factors for hospitalization or surgery should receive treatment for moderate-to-severe disease.

1. Lichtenstein GR, et al. *Am J Gastroenterol.* 2018;113(4):481-517.
2. Rubin DT, et al. *Am J Gastroenterol.* 2019;114(3):384-413.

Assessment Tools for Your Practice

European Crohn's and Colitis Organization

Simple Clinical Colitis Activity Index (SCCAI) | Calculator for UC Severity
https://www.e-guide.ecco-ibd.eu/resources/calculator/simple-clinical-colitis-activity-index-sccai

Harvey-Bradshaw Index | Calculator for CD Severity (Clinical disease activity in Crohn's Disease)
https://www.e-guide.ecco-ibd.eu/resources/calculator/harvey-bradshaw-index

Other resources: https://www.e-guide.ecco-ibd.eu/resources

- Mayo Score
- Endoscopic assessment and scoring tools
- Pediatric assessment tools (PUCAI, PCDAI)
- PRO Disease Control Assessment Tool

IBD Clinical Decision Support Tool

www.CDSTforIBD.com

- UC and CD Disease Burden Assessment

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Treatment Personalization

Guideline-based Treatment: Moderate-to-Severe Ulcerative Colitis

First-line Treatment for Patients *without* Prior Exposure to Advanced Therapies

	★★★	★★☆	★☆☆
	Higher Efficacy*	Intermediate Efficacy	Lower Efficacy
	Infliximab Vedolizumab Ozanimod Etrasimod Upadacitinib† Risankizumab Guselkumab	Golimumab Ustekinumab Tofacitinib† Mirikizumab	Adalimumab

Therapy for Patients *with* Prior Exposure to One or More Advanced Therapies, Particularly Anti-TNFs

	★★★	★★☆	★☆☆
	Higher Efficacy*	Intermediate Efficacy	Lower Efficacy
	Tofacitinib Upadacitinib Ustekinumab	Mirikisumab Risankizumab Guselkumab	Adalimumab Vedolizumab Ozanimod Etrasimod

Early use of advanced therapies and/or immunomodulator is recommended over a gradual step-up after 5-ASA failure

*Suggest higher efficacy or intermediate efficacy medication over a lower efficacy medication.
†Indicated or recommended in patients with prior failure or intolerance to anti-TNFs.

Singh S, et al. *Gastroenterology.* 2024;167(7):1307-1343.

Guideline-based Treatment: Moderate-to-Severe Crohn's Disease

Recommended for Induction and Maintenance

Infliximab, adalimumab, certolizumab pegol, vedolizumab, or ustekinumab

Induction and Maintenance in Biologic-Naïve Patients

1. Infliximab, adalimumab, or ustekinumab
2. Vedolizumab preferred over certolizumab pegol

Induction and Maintenance in Patients Naïve to Biologics and Immunomodulators

Infliximab* + Thiopurine† preferred over infliximab monotherapy

Early introduction of a biologic is recommended in moderate-to-severe disease

For Anti-TNF Primary Non-responders:

1. Ustekinumab
2. Vedolizumab

For Infliximab Secondary Non-response:

1. Adalimumab or Ustekinumab
2. Vedolizumab

Not Recommended for Induction:

- Natalizumab
- Thiopurines
- Oral MTX monotherapy

Not Recommended for Maintenance

- Oral MTX monotherapy
- Corticosteroids

*Or adalimumab; †Or MTX

Feuerstein JD, et al. *Gastroenterology.* 2021;160(7):2496-2508.

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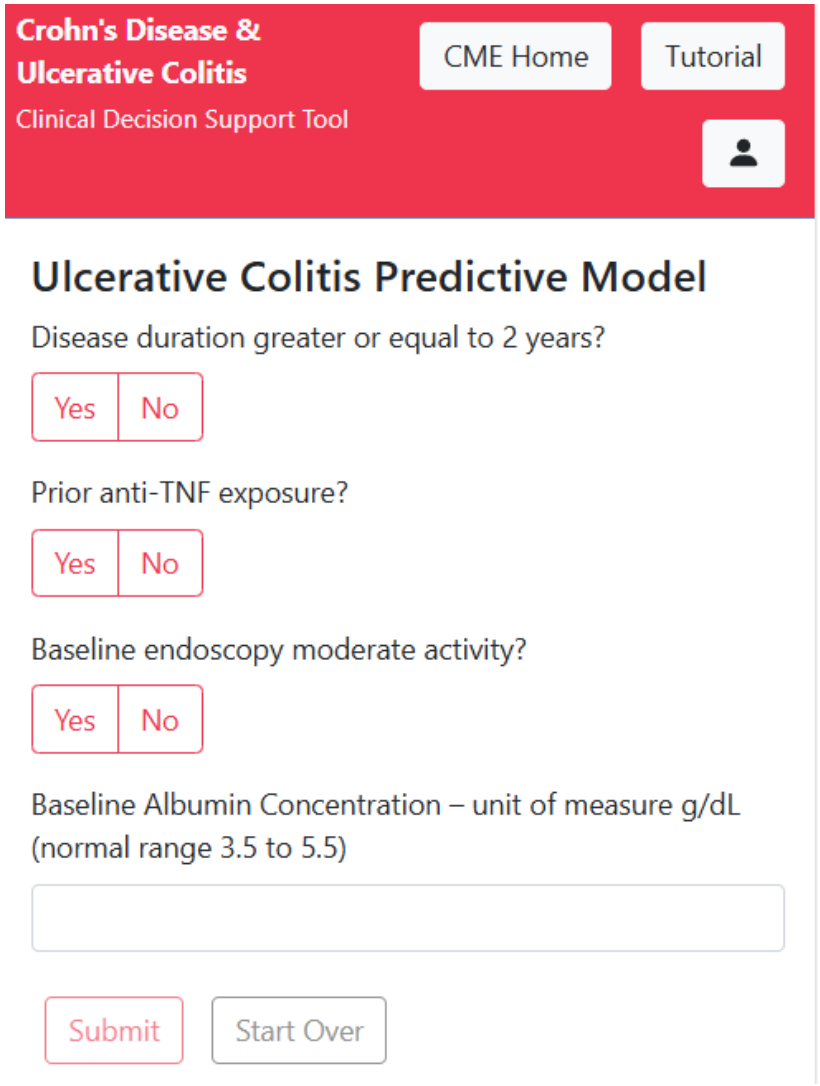
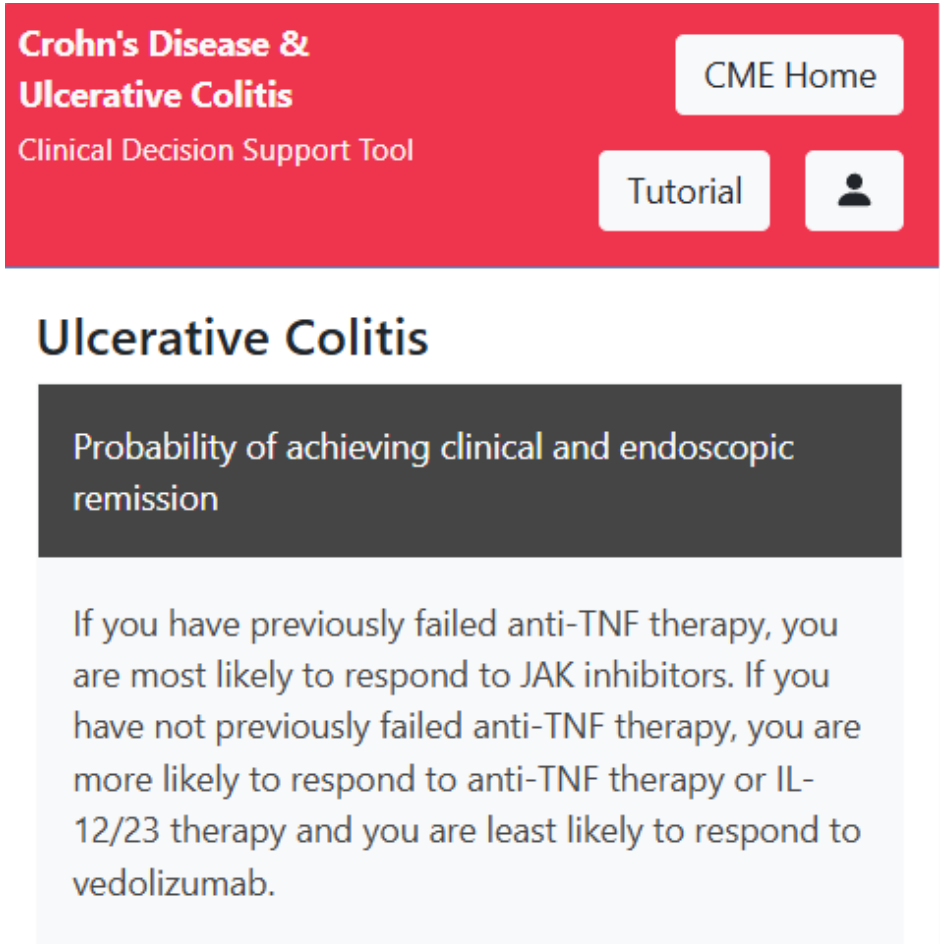
Predicting Treatment Response: The IBD CDST

A free, web-based tool can help providers select the targeted therapy a patient with UC or CD is more likely to respond to.

Tool is available at www.CDSTforIBD.com





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Thank you!

Please remember to take the Post-test and complete the Evaluation to receive CE credit.