Transcript Details
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Crohn's & Colitis Congress 2021: Challenges & Approaches to Managing IBD in the COVID-19 Era

Announcer (audio only):
Welcome to Crohn's & Colitis Foundation Perspectives on ReachMD. Here's your host, Dr. Charles Turck.

Dr. Turck:
This is Dr. Charles Turck, with ReachMD, coming to you from the 4th Annual Crohn's and Colitis Congress, being held virtually, this year. Here with me, today, is Dr. Frank Scott from the University of Colorado School of Medicine. Together, we'll be reviewing highlights from his session, "Challenges and New Approaches to Managing IBD in the COVID-19 Era". Thanks for taking the time to speak with me, today, Dr. Scott.

Dr. Scott:
Yeah, thank you, Dr. Turck. I look forward to reviewing our session with you.

Dr. Turck:
So, why don't you start by telling us what the biggest takeaway from your session was?

Dr. Scott:
I think the biggest takeaways from the session relate to the data that both Ryan Ungaro and Erica Brenner presented with regards to the SECURE Registry and the Pediatric European Registries for COVID and patients with IBD. Erica and Ryan both presented reassuring data that suggests that our patients with IBD are not at increased risk of developing adverse outcomes related to COVID, that the majority of our medications are safe to use in patients when considering the COVID pandemic, with the exception of, perhaps, corticosteroids and at the same risk factors for adverse events in COVID such as advanced age and comorbidities are the strongest drivers of adverse events for patients with IBD that subsequently develop COVID.

Dr. Turck:
What are some other key takeaways that were shared around understanding IBD-related care and the COVID-19 era?

Dr. Scott:
I think there are several great takeaways for individuals who attended our session or had the opportunity to watch it, after the fact. Firstly, we should continue our current medications and we should do the best we can to maintain clinical response and remission and potentially avoid steroids whenever possible. That being said, steroids can be used judiciously when required, but if we can taper them off, we can and should. Further when individuals who have IBD and are, are on our biologic or immunosuppressive therapies, unfortunately, develop coronavirus, we should hold their therapies for approximately 10 days and ensure that they become afebrile and their symptoms are improving for at least 72 hours before resuming them. Although there are some data that suggest that, perhaps the newer biologics may be safe to continue; that's an emerging concept that requires further research. Lastly, and perhaps most importantly, Dr. Ungaro and Dr. Brenner both presented data with regards to vaccination, which suggests based on recently published or impressed literature that we should be considering vaccination for our patients with IBD, against coronavirus and that they should not time their vaccination around when they're receiving their medications but should receive the currently-available vaccines when the first become available to them.

Dr. Turck:
Your session also discussed practical and optimal use of markers to monitor IBD as well as when to escalate and when to de-escalate their therapies. Would you share some of the key takeaways from those presentations?

Dr. Scott:
Yeah, both Dr. Siegmund and Dr. Rubin gave excellent talks with regards to how we can use currently-available and future biomarkers in inflammatory bowel disease. Dr. Siegmund spent some time discussing how fecal calprotectin really is emerging as the ideal biomarker, particularly for ulcerative colitis in colonic Crohn's disease. And that we can use calprotectin every 3 to 4 months to monitor patients that gives us, the greatest potential for maximizing our currently-available therapies in IBD. Dr. Siegmund also presented some really compelling data about emerging biomarkers, such as CDA transcriptomes that may help us further risk stratify our patients upfront and determine who's going to be at highest risk for future need of biologic therapies. And she presented some really fascinating data on ultrasound technology and how we can utilize that to non-invasively monitor our patients with ulcerative colitis. This is not widespread in the United States at this time, this technology is being used, extensively, though, in Europe and it may be a practice that we want to begin to adopt here in the United States. Dr. Rubin gave an excellent talk on how we should be using treat-to-target algorithms on how we should use these algorithms and biochemical monitoring to escalate therapies. And presented compelling data, both from the CALM study and STARDUST trial with regards to how such monitoring in treatment escalation for both adalimumab and ustekinumab can provide, the greatest benefit or, or potential for mucosal healing for our patients. And he concluded by discussing how we can effectively, biochemically monitor patients, determine that they're instructural remission and have mucosal healing, and then potentially de-escalate our therapies and them importantly, continue to monitor patients after these de-escalation strategies to give them the best chance of staying in remission, after de-escalation.

Dr. Turck:
Would you share some of the other key takeaways that were presented around understanding IBD-related care in the era of COVID-19? And before we wrap up Dr. Scott, what advice would you give a clinician to help them apply what they've learned from those sessions into practice?

Dr. Scott:
I think we should continue to use our currently-available therapies and do the best we can to maximize the probability of patients hitting clinical response and remission and then subsequently mucosal healing and IBD. We should use our biochemical monitoring to ensure that we're adjusting our therapies appropriately to increase the probability that we can get to these outcomes. And, lastly, as mentioned, throughout the talk, by Dr. Ungaro and during the discussion at the end that we should emphasize to our patients that the, you know, the currently-available vaccines are safe and when they're available to them, they should get them.

Dr. Turck:
Well, thank you, Dr. Scott. Those are clearly relevant and timely topics for the IBD community and, we so appreciate your participation at this year's Crohn's and Colitis Congress and for taking the time to discuss those key takeaways with me, just now. I'm Dr. Charles Turck and I wanna thank you all for listening.

Announcer (audio only):
This episode was brought to you in collaboration with the Crohn's & Colitis Foundation and the American Gastroenterological Association. To learn more about the Crohn's & Colitis Congress, please visit crohnscolitiscongress.org. Thanks for listening!