

Transcript Details

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Crohn's & Colitis Congress 2022: Improving Moderate Ulcerative Colitis Care

Announcer Intro:

Welcome to Crohn's & Colitis Foundation Perspectives on ReachMD. Here's your host, Dr. Jennifer Caudle.

Dr. Caudle:

For ReachMD, I'm your host, Dr. Jennifer Caudle. And here with me to share key takeaways from the Fifth Annual Crohn's & Colitis Congress, which is a partnership of the Crohn's & Colitis Foundation and the American Gastroenterological Association, is Dr. Alan Moss. Dr. Moss is a Professor of Medicine at Boston University School of Medicine and Director of the Crohn's & Colitis Program at Boston Medical Center.

Dr. Moss, it's great to have you with us.

Dr. Moss:

Thanks for having me.

Dr. Caudle:

So, Dr. Moss, let's start by discussing your session at the conference, which was a case-based panel on moderate ulcerative colitis. Now this was specifically targeted to those who are new to treating IBD or who are, perhaps, early in their career. So what were the 1 to 2 key points you wanted learners to walk away with?

Dr. Moss:

Yeah, so a very important transition point for our patients is when patients have failed first-line therapy and have moderately active disease, what to do next. And so our goal in this session was to differentiate the different options based on both safety, which is a very important consideration for patients, and based on efficacy, so thinking about which drug appears to be best for which clinical scenario. And so the key takeaways for our audience were really about the timing, of making sure that you recognize early on when someone's going to need a more advanced therapy than just first-line therapy, and then secondly, having the conversation with patients to judge their acceptance of different risks and different efficacy to pick the right second-line therapy for patients particularly given each patient has a different scenario in terms of comorbidities, other medications, risk assessment, and so they were the 2 things that we hoped to bring home to the audience from that session.

Dr. Caudle:

And for those who are new to treating IBD, what sessions do you think will have the biggest impact on improving clinical care and patient outcomes?

Dr. Moss:

At Congress this year, there were sessions that focused on 2 important areas for those new to IBD. The first was the early use of noninvasive markers, so using, for example, bedside ultrasound or fecal calprotectin to really identify patients who have active disease and identify them early for more earlier intervention. The second area was around the area of drug positioning. We now have 5 or 6 different mechanisms of action of drugs to treat IBD, and so there were some great sessions on thinking about the risk of these agents and the efficacy of these agents in deciding, for your given patient, which one is the best fit based on their disease geography, disease activity, comorbidities, and also concomitant medications and so to allow providers to really pick from this selection and find the best fit for their patient.

Dr. Caudle:

Okay. And to bring all of this together before we close, Dr. Moss, how can your peers best implement what they learn from your panel into practice?

Dr. Moss:

Yeah. I think one of the key focuses from both our panel and the sessions at Congress this year was on the patient's perspective or the patient's voice. Historically, we haven't included them in conferences or scientific meetings, but I think what we learned was the patients may have very strong feelings about different therapies based on safety and their evaluation of risk, and they may also have preferences based on convenience. You know, how a drug is administered, whether a pill, sub-q injection or IV infusion, is often important to patients. And so I think the key take-home from our session was to include the patient's voice, to learn from their perspectives and then to use that to inform deciding which drug to use next in patients with moderately active ulcerative colitis.

Dr. Caudle:

That makes a lot of sense. And with those closing remarks in mind, I'd like to thank my guest, Dr. Alan Moss, for joining me to share his takeaways from the 2022 Crohn's & Colitis Congress.

Dr. Moss, it was great speaking with you today.

Dr. Moss:

Thank you.

Dr. Caudle:

For ReachMD, I'm your host, Dr. Jennifer Caudle. And if you couldn't join the sessions live, all Congress content is available on demand through December 31, 2022. Find out more by visiting crohnscolitiscongress.org. Thanks for tuning in.

Announcer Close:

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!