

IBD service recovery and development post-COVID

Clinical Challenges & Pearls
in Contemporary IBD Care
24 September 2021

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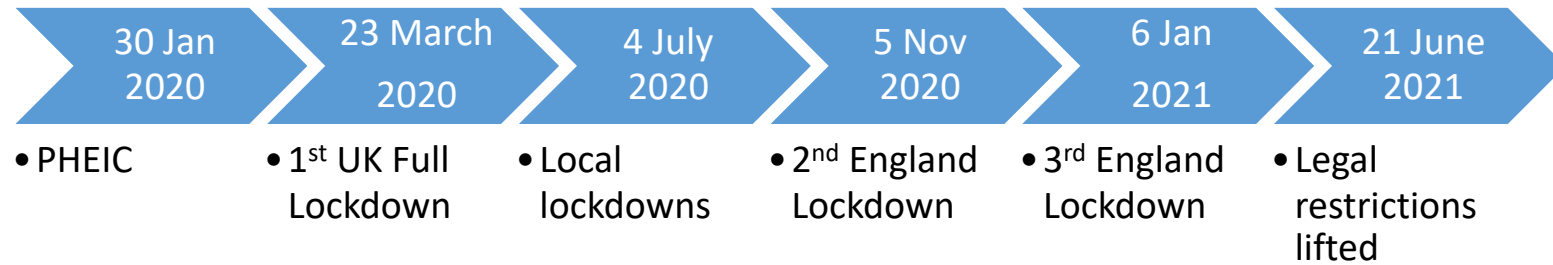
The slides have been reviewed for off label information by Ferring Pharmaceuticals

Disclosures

- Research Grants
 - Edinburgh & Lothians Health Foundation, Pathological Society of Great Britain & Ireland, The Leona M. and Harry B. Helmsley Charitable Trust, Chief Scientist Office Scotland Research Fellowship, Lord Leonard and Lady Estelle Wolfson Foundation Fellowship.
- Speaker & Consultancy Fees
 - AbbVie, Takeda, Dr Falk, and Janssen.

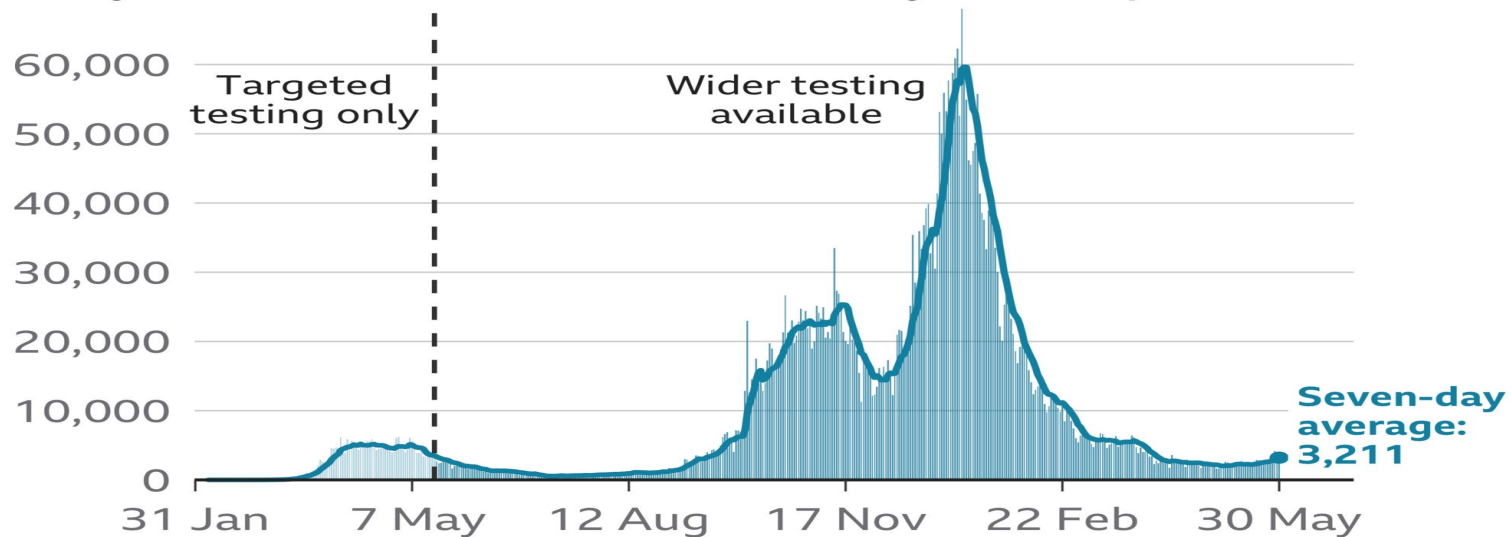
- In the next 20 minutes.....
 - Changes in IBD clinical services in the COVID-19 pandemic
 - Challenges that arose
 - Redesign of services
 - adaptable
 - sustainable
 - resilient

COVID-19 Pandemic Timelines



Number of new cases rising slowly

Daily confirmed coronavirus cases by date reported



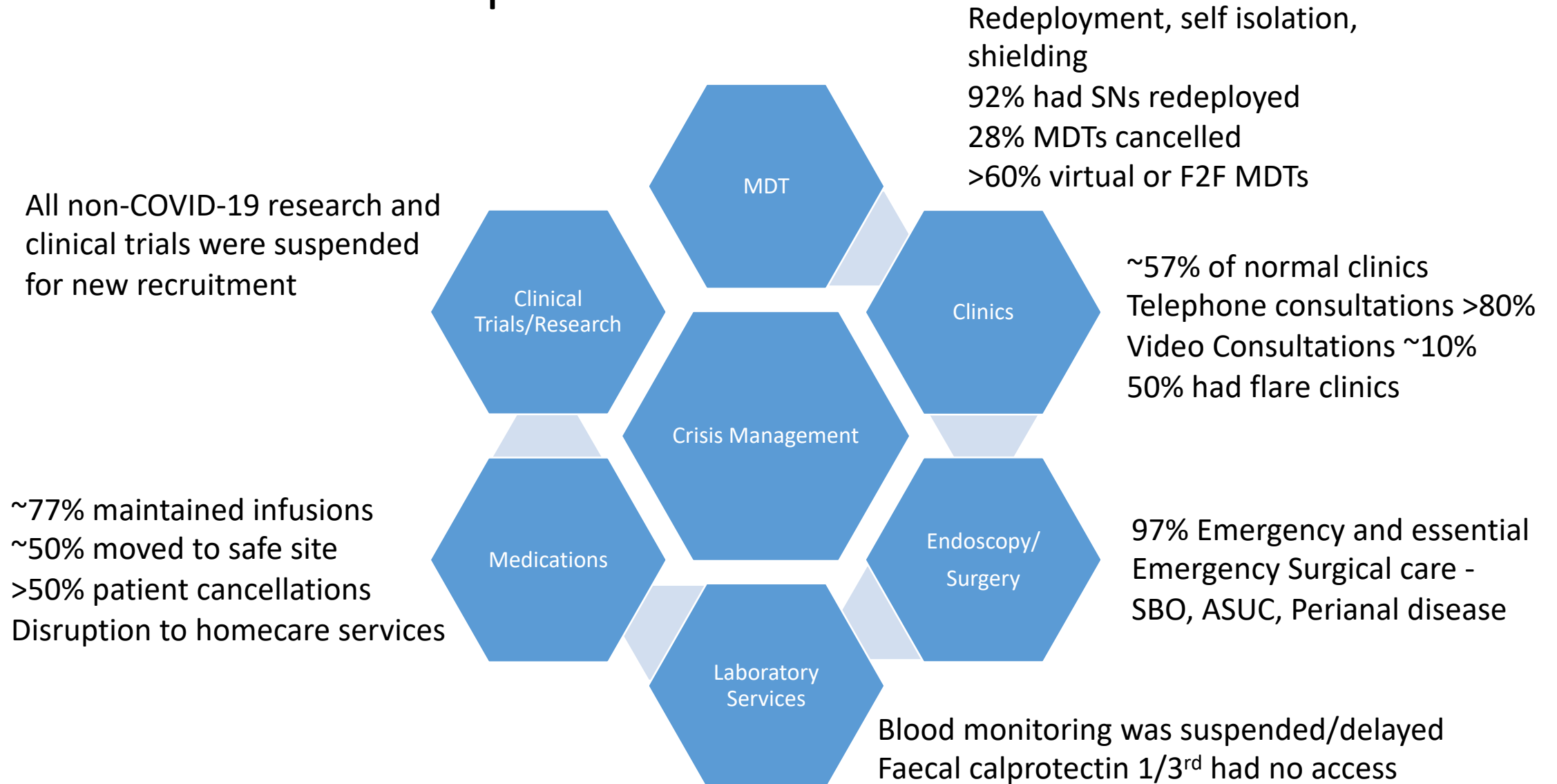
Source: Gov.uk dashboard, updated 30 May

BBC

<https://www.instituteforgovernment.org.uk/charts/uk-government-coronavirus-lockdowns>

<https://www.bbc.co.uk/news/uk-57304515>

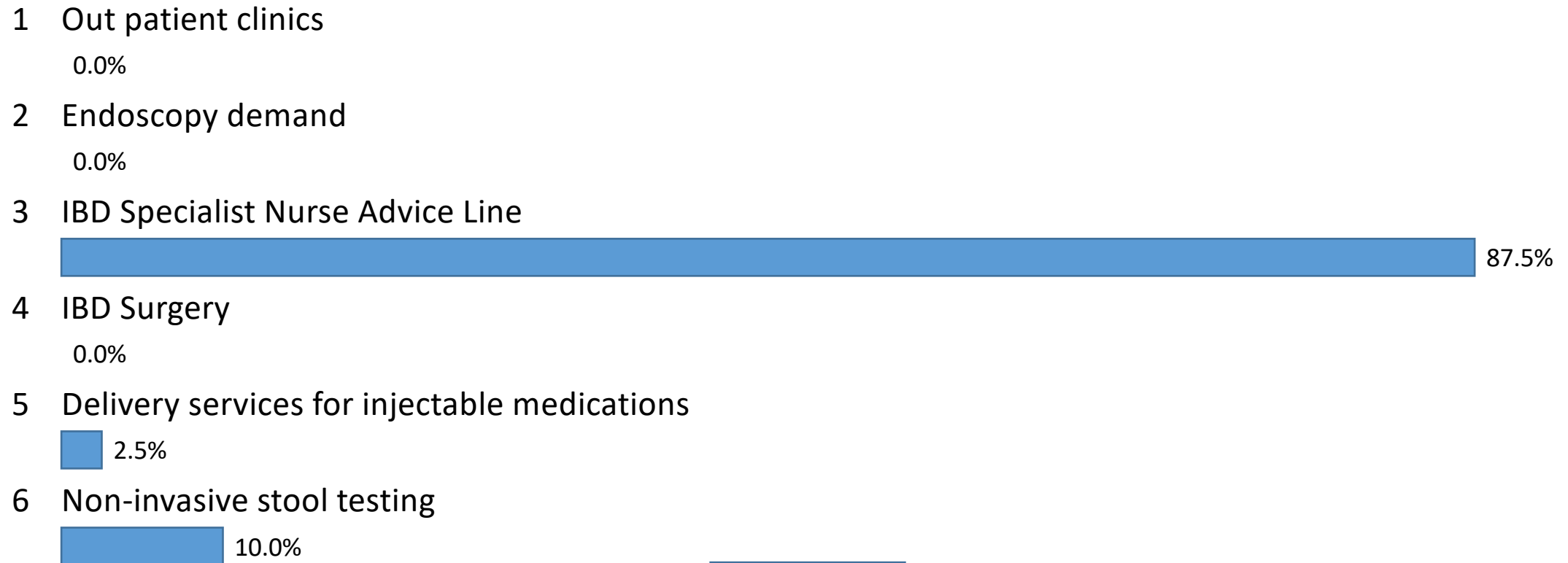
GI Service Adaptations



Question

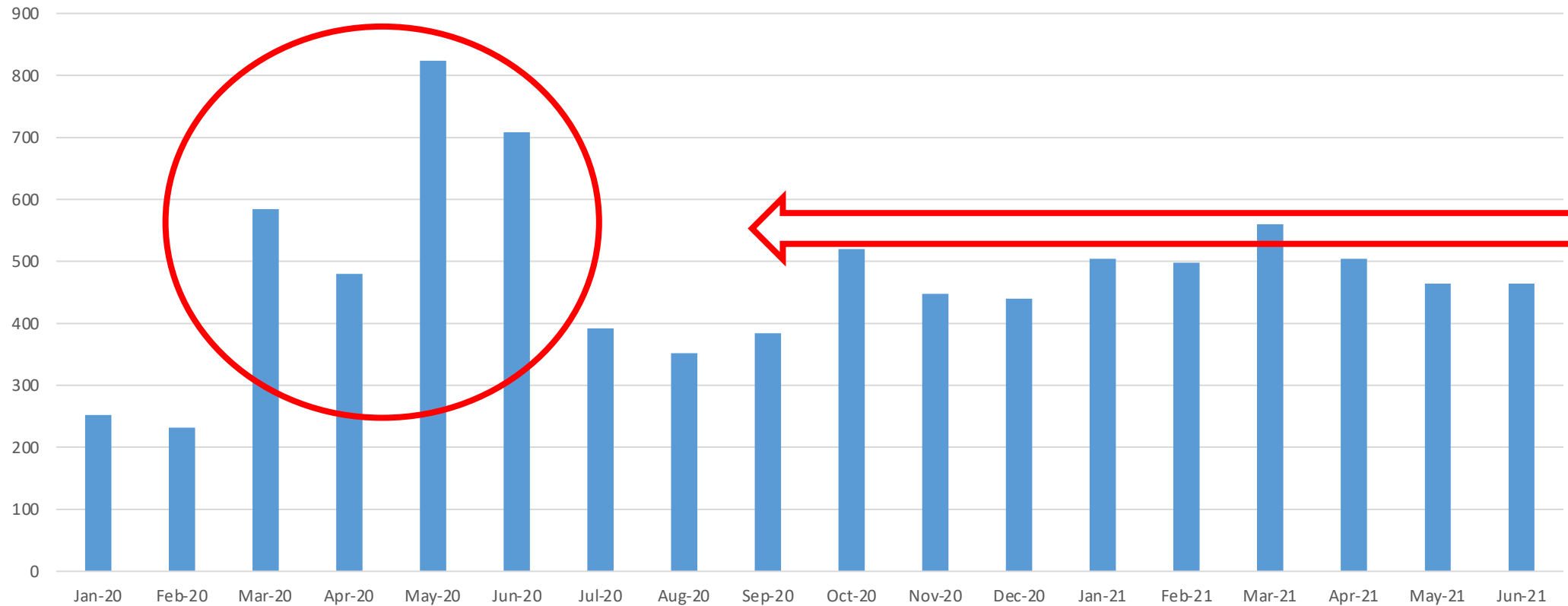


Which IBD service reported a 2-4 fold increase during the early phases of the pandemic?

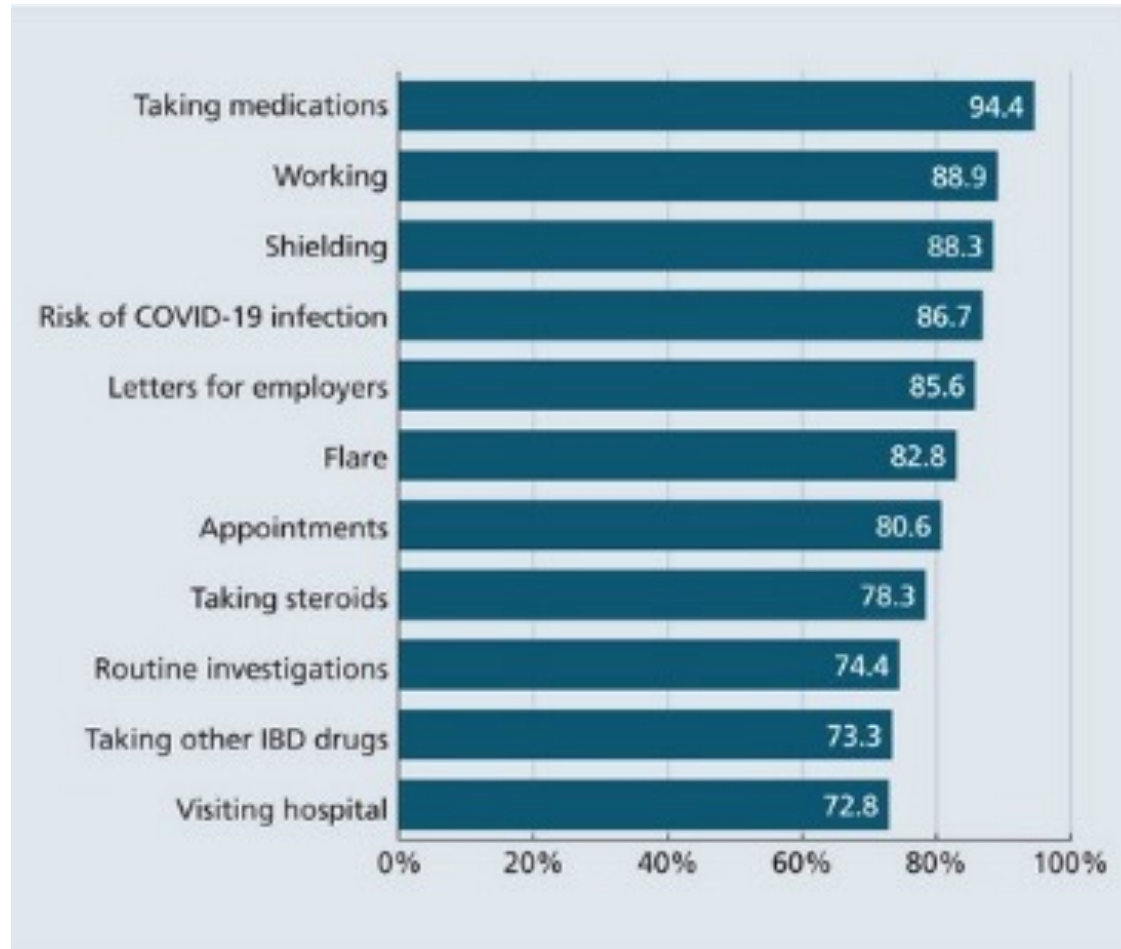


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IBD Nurse Advice Line



Reasons for Calling Helpline

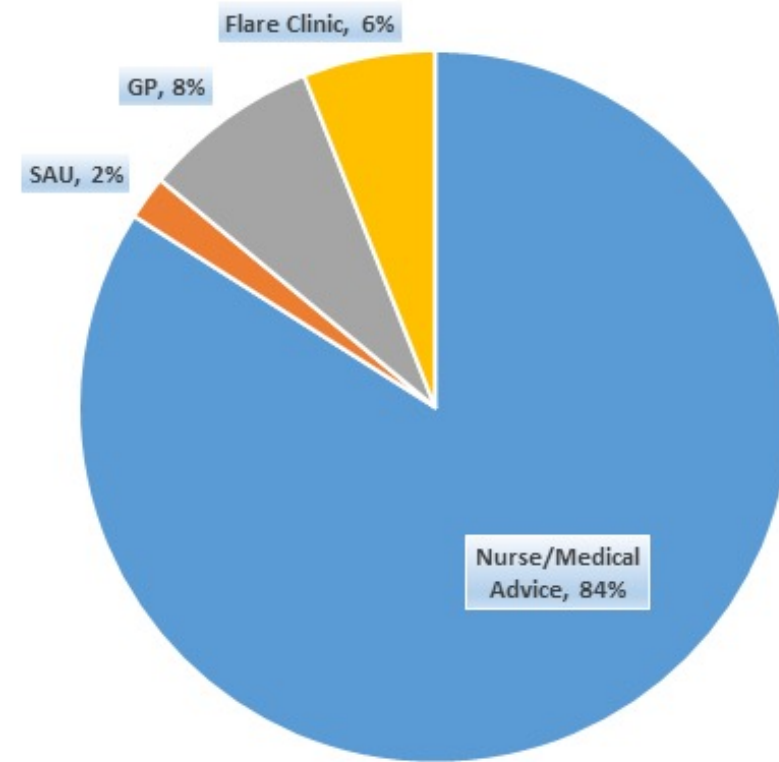
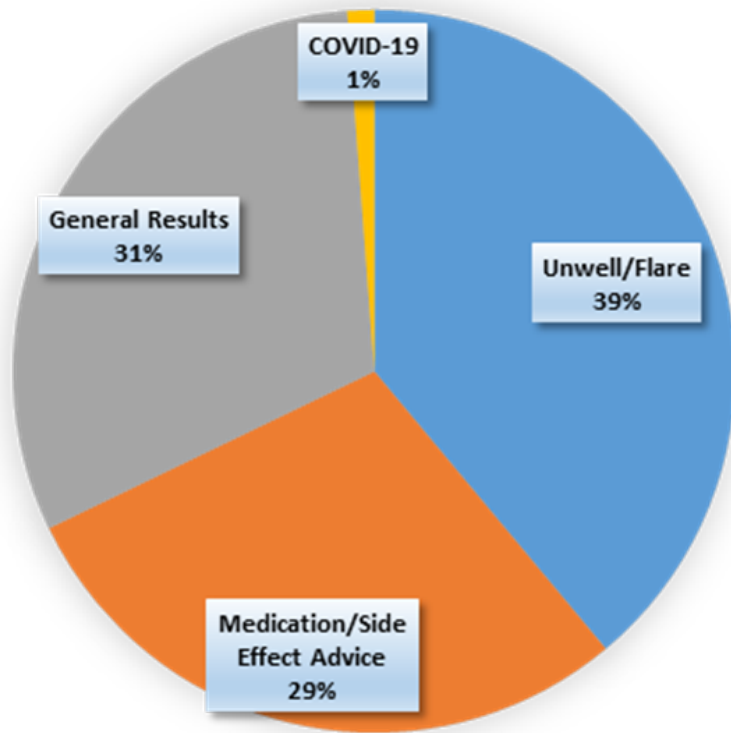


- Reassurance & Support
- Accurate Information
- BSG/IBD Registry COVID-19 self-assessment tool
- Crohn's & Colitis UK
- Sign-posting to relevant resources

IBD Service Changes

- IBD Huddle
 - Zoom 30 mins
 - Triage = advice & treatment/flare clinic/admissions unit
 - Information Clarification
 - Signposting
 - Supported decision making
- IBD Consultant Email Service
 - Signposting HCPs
- Flare Clinics
 - Urgent face to face review for treatment decisions
 - Lack of faecal calprotectin/endoscopy assessments
 - 2 appointments Monday-Friday
 - Patients supported with one-stop
 - Polymeric diets
 - Alternatives to Prednisolone
 - Oral and Subcutaneous drugs

Snapshot IBD Advice Line Jan-Jun 2021



Flare Clinic

18th March 2020-17th March 2021

		Patients [n=218]
Male, % (N)		44.0 (96)
Diagnosis, % (N)	Ulcerative colitis	43.1 (94)
	Crohn's disease	50.0 (109)
	IBD-U	6.9 (15)
Age (years), median (IQR)		39.0 (28.8-55.0)
CRP (mg/L), median (IQR)		7.0 (2.0-19.0)
Albumin (g/L), median (IQR)		38.0 (35.0-41.0)
Faecal calprotectin, (µg/g), median (IQR)		846.0 (221.0-1106.0)
Stool frequency, median (IQR)		7.0 (5.0-10.0)

- 218 patients in total attended for a flare of their disease
- 163 have not been admitted (74.8%) [median follow up time (months): 9 (6-10)]
- 36 have been admitted >30 days after attendance (16.5%)
- 13 were admitted within 30 days of attendance (5.9%)
- 6 were admitted directly from clinic (2.8%)

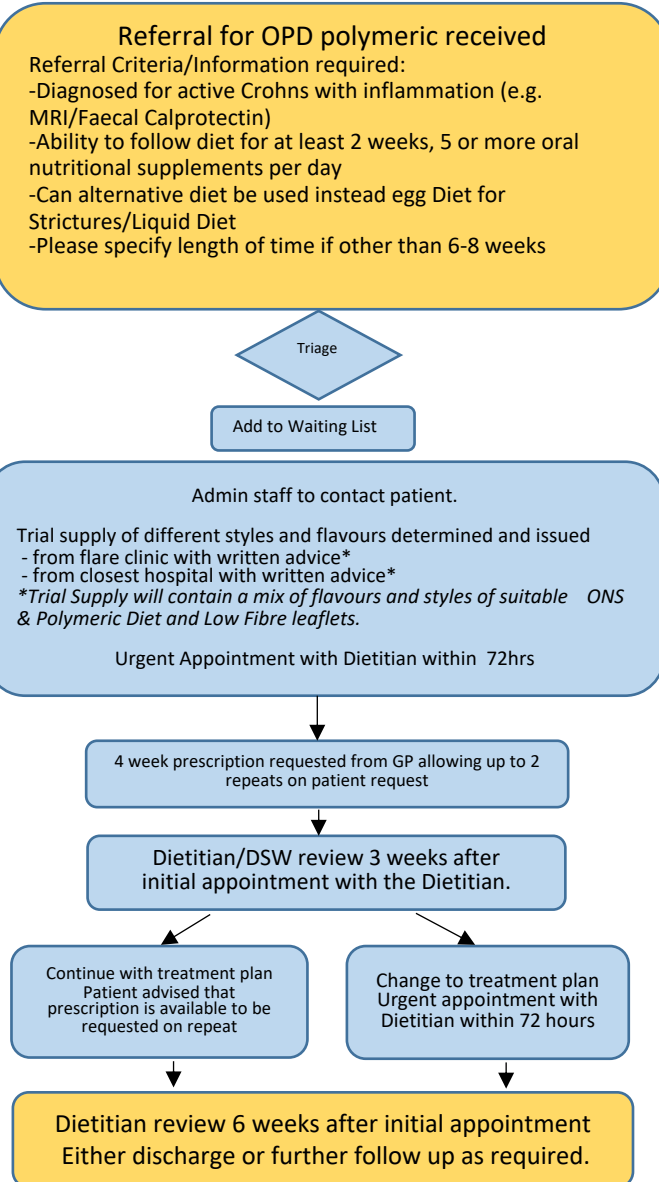
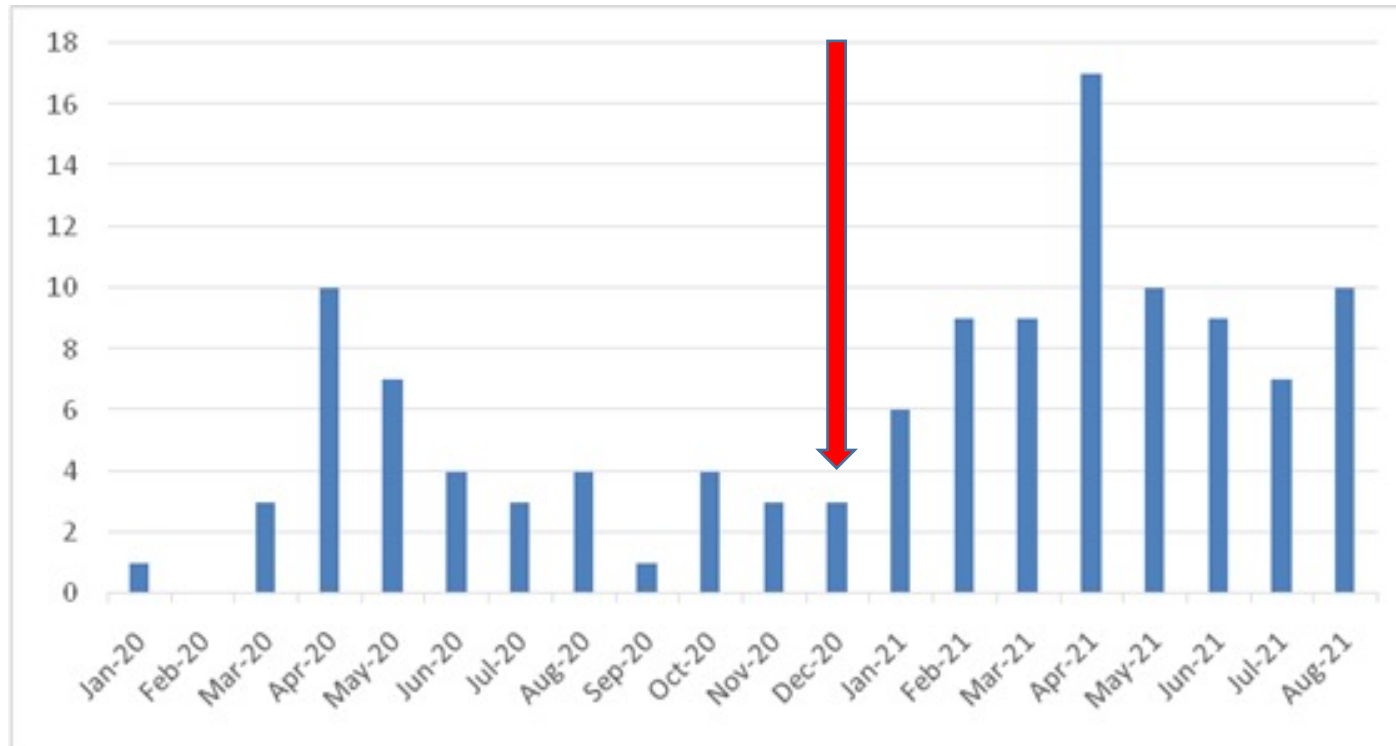
Flare Clinic Outcomes

		Never admitted+admitted >30 days from attendance [n=199]	Admitted <30 days (excluding pts admitted directly from clinic) [n=13]	p value
Male, % (N)		43.2 (86)	53.8 (7)	0.454
Diagnosis, % (N)	Ulcerative colitis	42.2 (84)	46.2 (6)	0.950
	Crohn's disease	50.8 (101)	46.2 (6)	
	IBD-U	7.0 (14)	7.7 (1)	
Age (years), median (IQR)		38 (28.0-55.0)	56.0 (31.5-59.0)	0.115
CRP (mg/L), median (IQR)		6.0 (2.0-18.0)	11.0 (5.0-66.0)	0.029**
Albumin (g/L), median (IQR)		38.0 (35.0-41.0)	35.5 (30.5-38.0)	0.093
Faecal calprotectin (µg/g), median (IQR)		715.0 (203.0-1101.0)	992 (750.0-1115.3)	0.130
Stool frequency, median (IQR)		7.0 (5.0-9.0)	10.0 (8.0-10.0)	0.011**
Change to maintenance medication initiated, % (N)		40.2 (98)	46.2 (6)	0.802
Plan to consider biologics/tofa start or change, % (N)		23.6 (47)	15.4 (2)	0.495
Polymeric diet started, % (N)		1.5 (3)	0 (0)	0.656

Flare Clinic v Admission Unit

		Pre-existing patients admitted to SAU [n=125]	Flare clinic patients [n=212] *Excludes those admitted directly from clinic	p value
Male, % (N)		50.4 (63)	43.9 (93)	0.245
Diagnosis, % (N)	Ulcerative colitis	78.4 (98)	42.5 (90)	<0.001**
	Crohn's disease	20.8 (26)	50.5 (107)	
	IBD-U	0.8 (1)	7.1 (15)	
Age (years), median (IQR)		48.0 (30.0-62.0)	38.5 (28.0-55.0)	<0.001**
CRP (mg/L), median (IQR)		30.5 (7.0-101.5)	6.0 (2.0-18.5)	<0.001**
Albumin (g/L), median (IQR)		33.0 (28.3-37.8)	38.0 (35.0-41.0)	<0.001**
Faecal calprotectin (µg/g), median (IQR)		1020.5 (451.5-1160.0)	789 (208.0-1101.0)	0.064
Stool frequency, median (IQR)		10.0 (7.0-12.0)	7.0 (5.0-9.0)	<0.001**
Plan to consider biologics/tofa start or change, % (N)		7.2 (9)	23.1 (49)	<0.001**
Polymeric diet started, % (N)		4.8 (6)	1.4 (3)	0.063
Change to maintenance medications		48.0 (60)	44.3 (94)	0.515

Polymeric Diet Pathway



Question

What transformation is likely to remain an integral part of IBD care?



1 Electronic case records



2 Virtual MDTs



3 Telemedicine



4 IBD Patient Apps



5 Point of care Faecal Calprotectin



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Consultant Oncall Week

◀ ▶ 16 - 22 August 2021

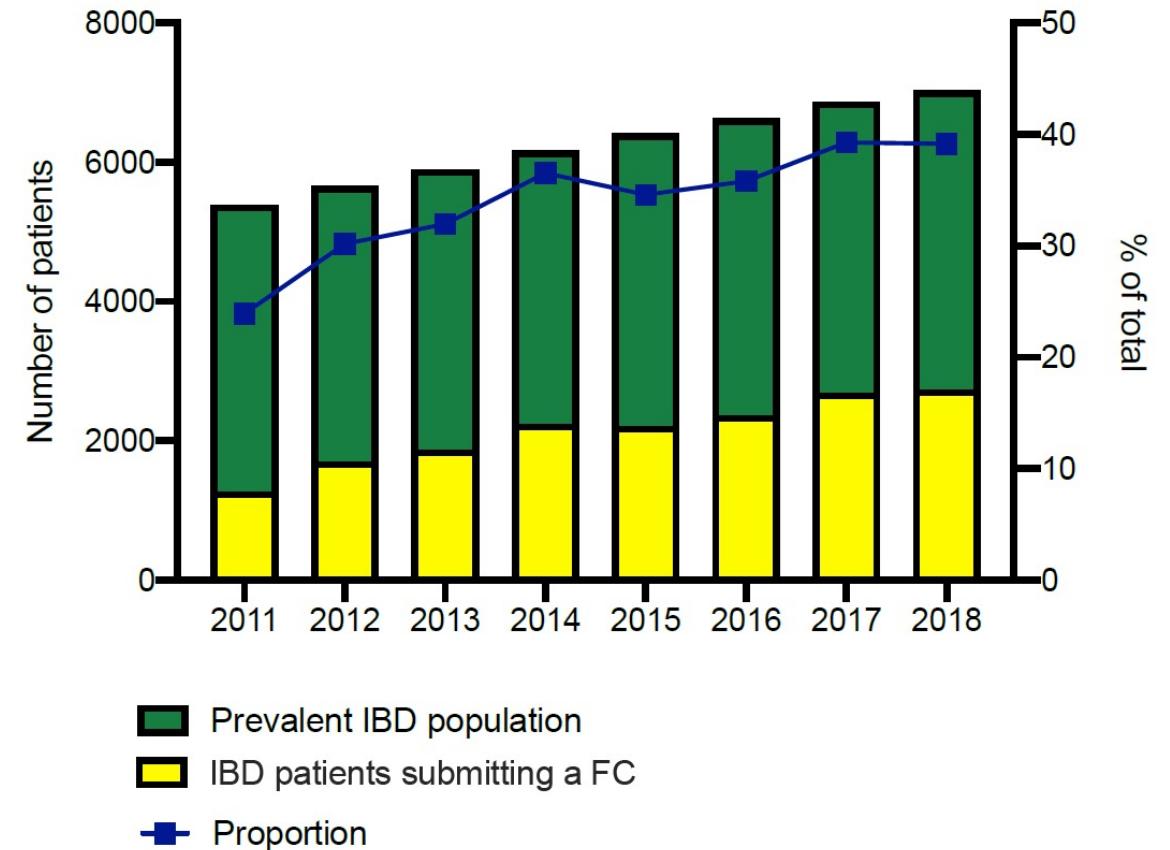
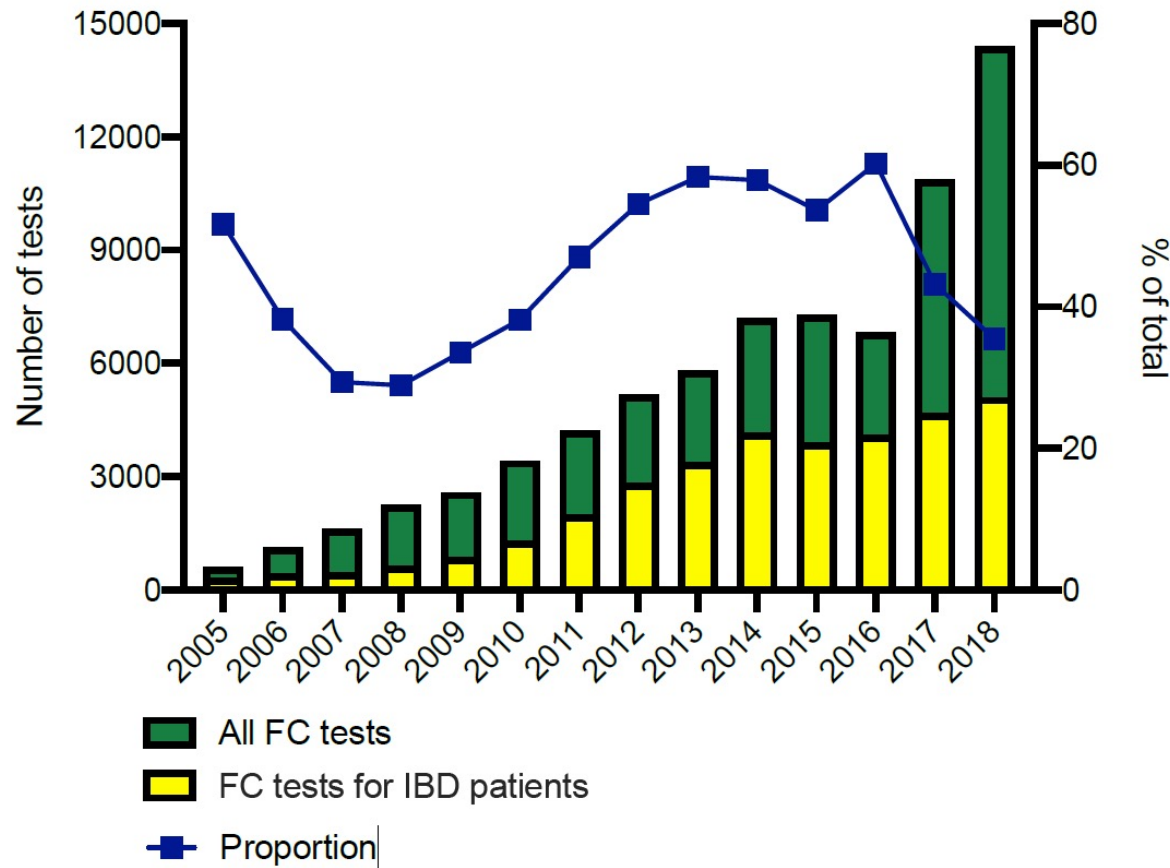
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	16	17	18	19	20
		MM Week 120; Home Dosing Due; IBDClinicalTrials, WGH			
08	Emergency Endoscopy	Emergency Endoscopy	Emergency Endoscopy	Emergency Endoscopy	Emergency Endoscopy; w
09	IBD Huddle		IBD Huddle		IBD Huddle
10	Ward Rounds	IBD Huddle	Ward Rounds	IBD Huddle	Ward Round
11		Shahida's Tuesday AM Clinic Kuchnowski, Audrey		NRS Fellowship	
12			Flare Clinic		Flare Clinic
13	Flare Clinic	Flare Clinic	IBD Unit Rounds; IBD Unit	Flare Clinic	IBD MDT - VC/Teams Hybrid Microsoft Teams Meeting; V
14	Referral & Endoscopy triage, Consultant Email Service. Oncall Duties	Research Weekly Meeting	Fw: VC GI meeting; NHSS	Referral & Endoscopy triage, Consultant Email Service. Oncall Duties	Handover, clearing the decks
15		Mini Ward round	Consultant Weekly Meet		
16			Admin		
17				Evening oncall	
18					

Faecal Calprotectin Protein

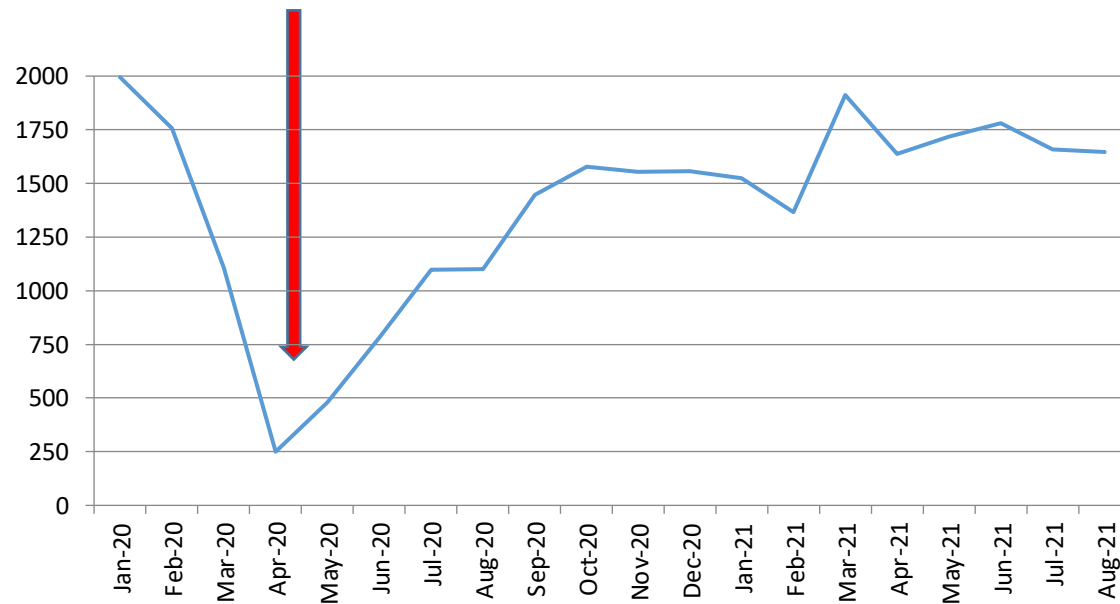


- Calprotectin is a 24 kDa dimer of calcium binding proteins S100A8 and S100A9
- Accounts for up to 60% of soluble protein content in the cytoplasm of neutrophils
- Measured in faeces
- 2004 ELISA test (CALPRO AS Norway)
- Raised in neutrophilic gut inflammation
 - infection
 - drugs (NSAIDs)
 - diverticulitis
 - ischaemia
 - inflammatory bowel disease
 - colorectal cancer

Lothian Faecal Calprotectin 2005-2018



NHS Lothian COVID-19 Effect



RefHelp Guidelines News Waiting Times Help Search...

Also, see updates to IBD, Urgent Suspected Upper GI Cancer and Colorectal Cancer pages.

COVID 19-Faecal Calprotectin:

The faecal calprotectin service has been severely affected by COVID-19 and the service was temporarily stopped. The service is now re-starting but laboratory capacity is restricted. We would therefore ask that the following rules are applied to faecal calprotectin requests during the pandemic.

1. The patient should have a negative stool culture before a calprotectin is requested.
2. They should have had symptoms for over 2 weeks.
3. If alarm symptoms are present, a faecal calprotectin is not needed and the patient should be referred to the appropriate speciality.
4. The result should change the management of the patient.
5. The patient should not have symptoms of COVID-19

Other guidance for requesting faecal calprotectin remains in place.

2nd June 2020

Faecal Calprotectin Response

- Reduction in Testing Capacity

- Routine 26 March 2020
- Risk Assessments
- Update Guidance
- Signpost to RefHelp
- Effective Triage
- Flare Clinics

- Shielding Patients

- Identify high risk patients
- Lothian IBD Registry
- Faecal Calprotectin >500µg/g
 - 1 Aug 2019 – 23 Mar 2020
- Shielding Letters ~ 700 patients
- IBD Risk Tool
- Point of Care Testing



Kennedy N, *et al.* Frontline Gastroenterology 2020;11:343-350
Lees CW *et al.* Gastroenterology. 2020 Sep;159(3):805-808.e1.
<https://ibdregistry.org.uk/covid-19/>
Jones G *et al.* Gut 2019;68:1953-1960.

Point of Care Faecal Calprotectin Test

- POC Calprotectin tests (Calprosmart™)
- Correlation with CalproLab ELISA: $R^2=0,875$
- Home kits 3-5 tests/pack
- Value 70-1500mg/kg
- <200 Mild Green
- 200-500 Moderate Yellow
- >500 Severe Red

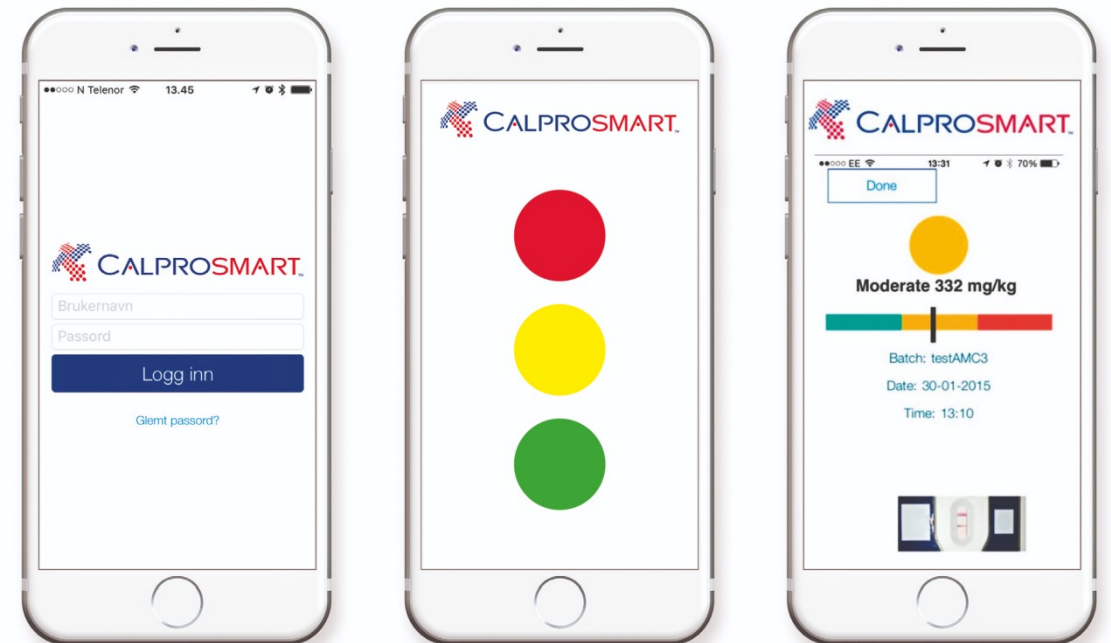


CalproSmart™

Factors

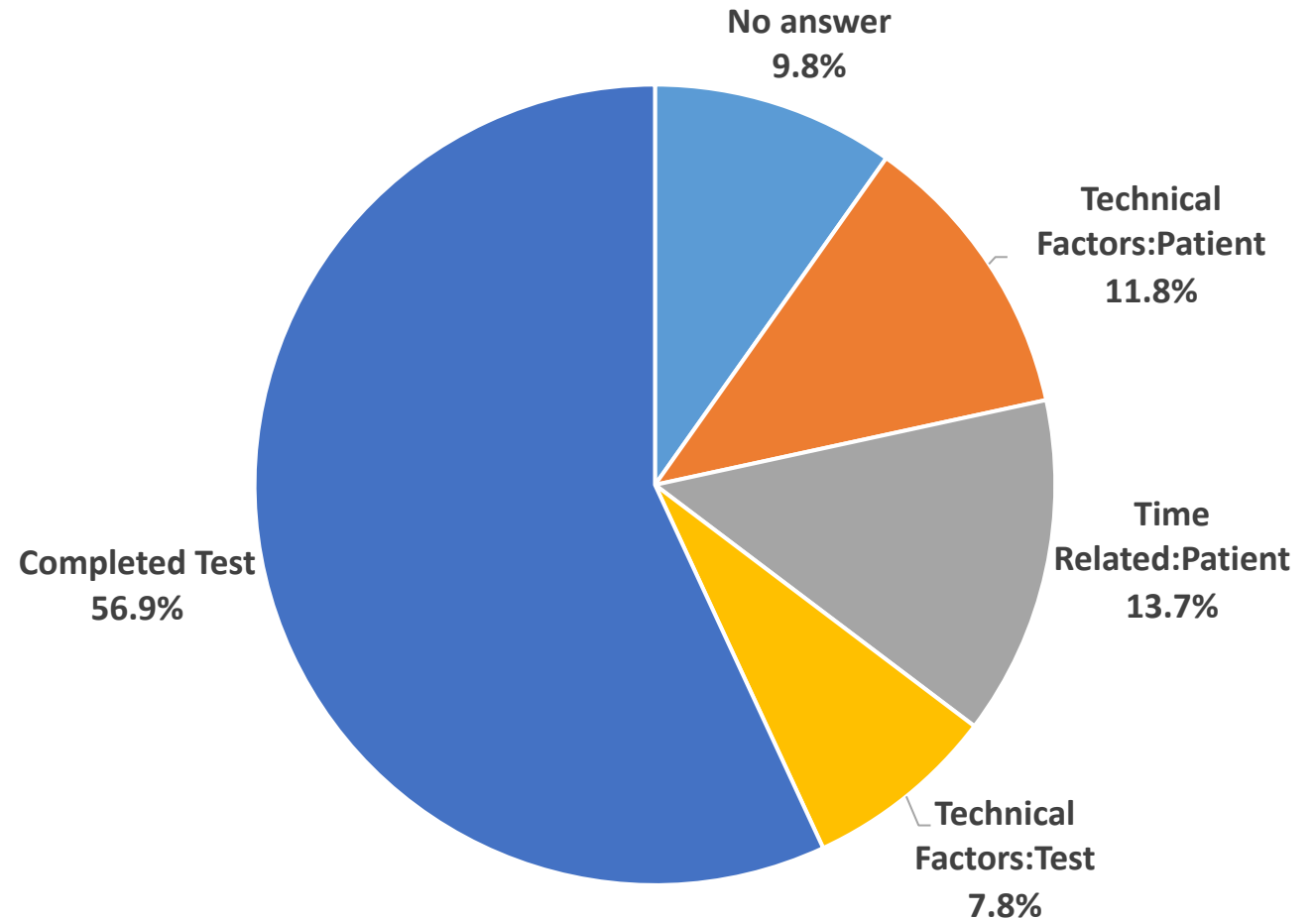
- Patient education
 - IBD Nurse
- Smartphone compatibility
 - iOS & Android
- Costs
 - Lab ELISA £12-15
- Dashboard to review results
 - Separate login access
 - Email alert for new reading
 - Not integrated TrakCare™

Traffic Light System



Preliminary Results

- 51 patients
 - 29 completed (56%)
- Patient related factors
- Technical/test related factors
- Patient Selection & Engagement
 - Geography
 - Travel Commitments
- Proactive Response System



Question

Which IBD service worsened during the pandemic?



1 Delays to diagnosis



2 Monitoring of biologics / immunosuppressants



3 IBD surveillance colonoscopy



4 Complications of untreated active IBD



5 IBD pregnancy outcomes

0.0%

Vote Now

Emerging from COVID Era

- Opportunity to transform how we provide care
- Align this to the 2019 IBD Standards and benchmarking reports
- Leverage resources to reduce variation in care
- MDTs
- Promote services which are traditionally not prioritised such as dieticians/psychological input
- IBD Nurse Advice Line
- Transformed Consultant Oncall
 - IBD Huddle
 - Flare Clinics
- Polymeric Pathways
- POCT - CalproSmart™
- IBD Colonoscopy Surveillance
- Monitoring Processes/Community Based Care
- New Diagnosis Pathway

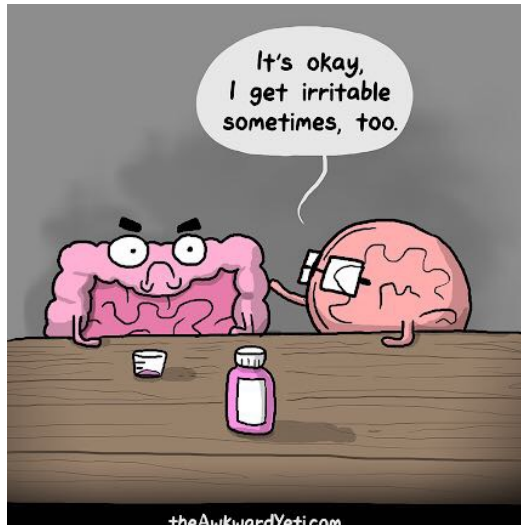
IBDUK Standards: High Quality Clinical Care

- “The aim of the IBD Standards is to remove variation in care. They’re designed to ensure that people with IBD receive safe, consistent, high-quality, personalised care, whatever their age and wherever they live in the UK.”
- High quality clinical service
 - Adaptable
 - Sustainable
 - Resilient





Acknowledgements



GI Team WGH





National IBD Doctors Annual Meeting 2021

**CLINICAL
CHALLENGES
& PEARLS**
IN CONTEMPORARY IBD CARE

FERRING

PHARMACEUTICALS