crohn's colitis

## Name of Clinical Care Pathway

Therapy decision tree—Crohn's disease

## Objective

Provide direction regarding the choice of therapy for patients with Crohn's disease

## Patient Population

Adult patients (≥18years) with a known diagnosis of Crohn's disease

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PACE Inflammatory Bowel Disease Clinical Care Pathways

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## Highlight Box

Therapy decisions are based on anatomic location of disease, severity of disease, disease complications, extra-intestinal manifestations of the disease, other comorbidities, and patient preference. Treatment goals include induction and maintenance of remission.

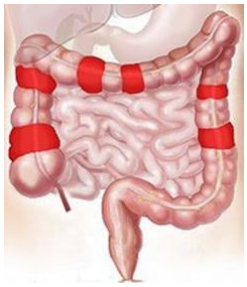
New therapies are constantly being developed and should be considered.

## Introduction

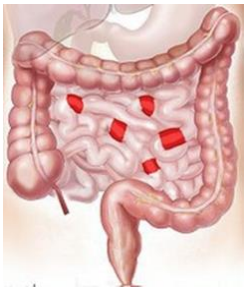
Crohn's disease (CD) is a chronic inflammatory condition that affects any portion of the gastrointestinal tract from the mouth to the anus and perianal region. Extra-intestinal manifestations and/or complications can occur. The most commonly affected parts of the GI tract are the terminal ileum and colon. Inflammation is typically segmental, asymmetrical and transmural. Most patients are diagnosed with an inflammatory phenotype at first presentation, but over time, complications such as strictures, fistulas or abscesses can develop in over half of patients. These complications often require surgery.

Types of Crohn's Disease

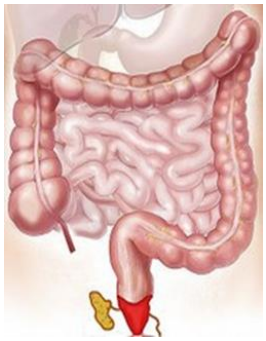
Ileal



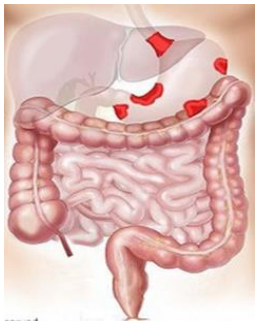
Colonic



Proximal Small Bowel



Perianal



Gastroduodenal

The Montreal classification is commonly used to classify the major phenotypic features of CD based on age at diagnosis, location of the disease and disease behavior.

| Clinical factors | Montreal Classification |
|---|---|
| Age at diagnosis (A) | A1: 16 years or younger<br>A2: 17-40 years<br>A3: Over 40 years |
| | |
| Disease Location (L) | L1: Terminal ileum<br>L2: Colonic<br>L3: Ileocolonic<br>L4: Upper GI* |
| | |
| Disease Behavior (B) | B1**: Nonstricturing, nonpenetrating<br>B2: stricturing<br>B3: penetrating<br>p***: perianal disease modifier |

*L4 is a modifier that can be added to L1-3 when concomitant upper GI disease is present

**B1 category should be considered 'interim' until a pre-specified time has elapsed from the time of diagnosis. Such a time period may vary from study to study (e.g. 5-10 years is suggested) but should be defined in order for B1 behavior to be considered 'definitive.' GI—Gastrointestinal

***p is a modifier that can be added to B1-3 when concomitant perianal disease is present

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Prior to therapy decisions, the following assessments should be carried out and treatment goals discussed with the patient.

Goal of therapy: deep and prolonged remission with long-term goal of preventing complications and halting the progressive course of the disease. Deep remission is a combination of symptomatic and objective markers of remission.

**A**

Assess the inflammatory status of the disease:

- Symptoms: Fever, abdominal pain, diarrhea, GI bleeding, localized tenderness, weight loss and symptoms of extra-intestinal manifestations of IBD.
- Clinical laboratory testing: Complete blood count (CBC), C-reactive protein (CRP), Fecal calprotectin (FCP)
- Imaging: Endoscopy and Computed Tomography (CT)-Enterography OR Magnetic resonance enterography OR intestinal ultrasound

**B**

Assess comorbidities as well as disease and therapy-related complications:

1. Infections such as *C. difficile*, cytomegalovirus (CMV)
2. Stricture/remodeling: Abnormal imaging (bowel dilation), obstructive symptoms, stricture on endoscopy
3. Symptoms related to prior surgery: Bile acid diarrhea, Bacterial overgrowth, Steatorrhea/fat malabsorption.
4. Previous IBD medication history
5. Perianal or abdominal abscess or fistula: Pain, fistula drainage, fever (see Perianal Crohn's protocol)
6. Immune mediated inflammatory conditions: Ankylosing spondylitis, arthritis, psoriasis, pyoderma gangrenosum, uveitis, etc.
7. History of malignancies

**C**

Predicted severity of disease course:

Moderate/High risk:

1. Active smoking
2. Recurrent hospitalizations
3. Perianal disease, stricturing/penetrating disease
4. >1 bowel resection
5. Length of affected bowel (ileocolonic and/or small bowel involvement beyond TI)
6. Diagnosis at a younger age (<40 years)

The absence of the above-mentioned factors are indicative of low risk.



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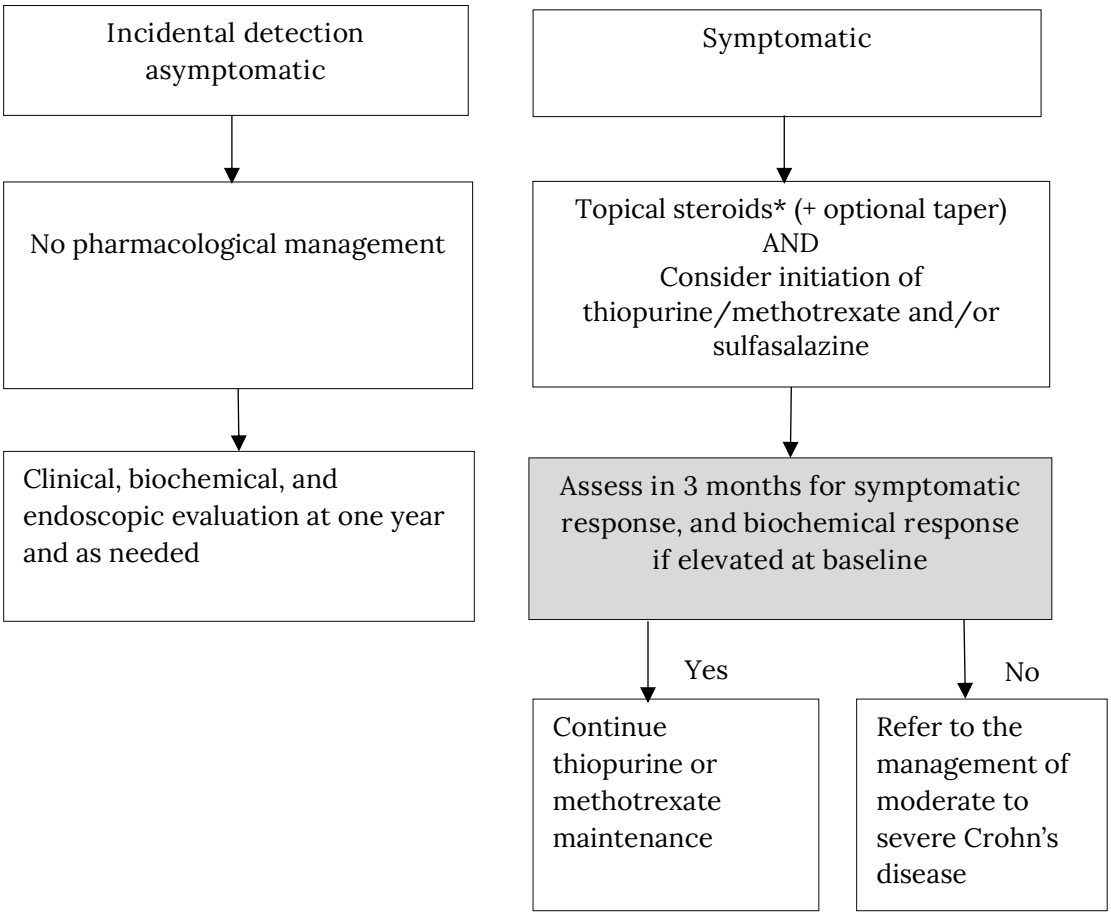
# Management of mild Crohn's disease

Mild disease defined as CDAI <220 or HBI ≤7. Following complete evaluation with endoscopy (ileocolonoscopy +/- upper endoscopy) and/or imaging (enterography, capsule endoscopy, and/or intestinal ultrasound), and lab tests, the choice of treatment will in part depend on the distribution of disease as well as disease activity.




*Topical steroids includes steroids such as budesonide



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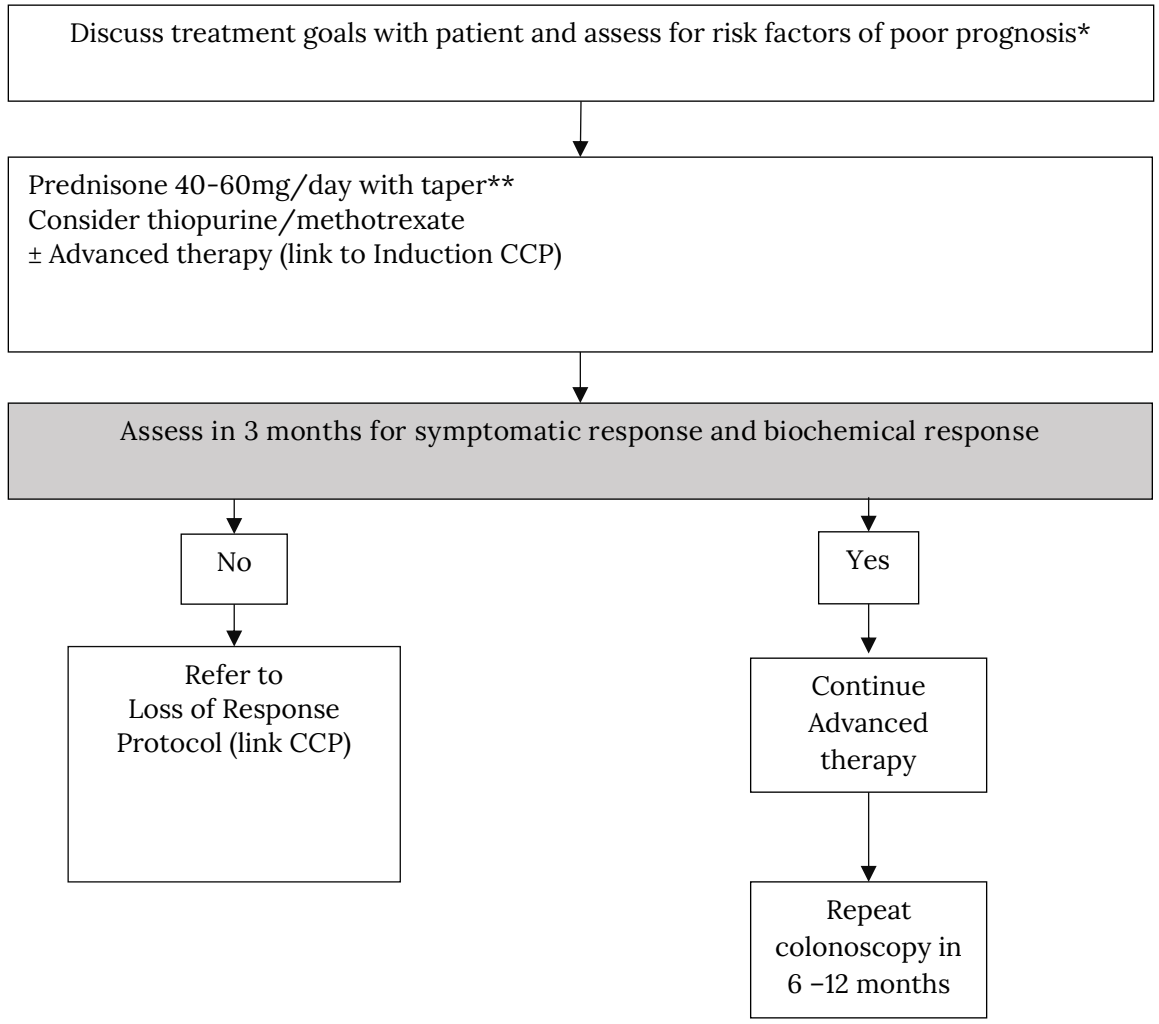
# Management of moderate to severe Crohn's disease




Instruct the patient to contact the office if new symptoms occur

* Consider early ileal resection (especially in localized ileo- cecal disease and stricturing disease)

**Ongoing use of steroids is not recommended; do not prescribe more than 2 courses of steroids over 12 months



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## Other Resources

For IBD Providers

Inflammatory Bowel Disease: Drug Comparison chart

For Patients

Crohn's and Colitis Canada: IBD journey webpage

UpToDate® - Patient education: Crohn's disease (Beyond the Basics) (freely accessible) https://www.uptodate.com/contents/crohn-disease-beyond-the-basics?search=crohns%20disease&source=search_result&selectedTitle=1~20&usage_type=default&display_rank=1

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2024 ECCO guidelines (expected Jan 2024)