Canada Future Directions in IBD: Pandemics, Practice, and Policy

Drs. Jennifer Jones and Eric Benchimol

November 7, 2020

Objectives

- Review the most up-to-date public health policies from the Government of Canada
- Review the up-to-date recommendations from the CCC COVID-19 Task Force
- Consider how the IBD clinical and research communities can plan for the next pandemic

Case 1. Ms. Jones

Setting the scene: It is April 2020, and you are conducting a virtual visit at the request of Ms. Jones who you have been following since 2016 for ileocolonic Crohn's disease.

- Ms. Jones is a 37 year-old female who was diagnosed in 2010 with long-segment ileal Crohn's disease after presenting with an acute small bowel obstruction
  - extended ileocolonic resection (> 35cm) with primary ileocolonic anastomosis
  - 2016: admitted to hospital after presenting with an acute CD flare with acute on chronic diarrhea, RLQ abdominal pain, a 20 lb weight loss and CT enterography findings consistent with recurrent long-segment ileal CD
  - Induced with IV solumedrol and received infliximab in combination with azathioprine (2mg/kg- TPMT phenotype normal).

6 Months later . . .April 2020

- You document endoscopic remission and she has been well since this time with recently documented therapeutic infliximab trough concentration and a normal fecal calprotectin.

- During your virtual visit you learn that Ms. Jones is suffering from acute anxiety and emotional distress in relation to the COVID-19 pandemic and its impact on her work, her children, and her personal mental health.

She has several questions for you

- She is perseverating, tearful, and very fearful.
  - What risk does my medication put me at for contracting SARS-CoV-2?
  - Will I get sicker if I contract SARS-CoV-2?
  - What is the risk to my children?
  - How can I control my COVID-related anxiety? I have tried but I think I need help with this. Is this normal? Are others feeling this way?
  - I am an elementary grade school teacher. Should I be going back to work? How can I protect myself if I do go back to the classroom? What do I tell my employer?

COVID-19 COHORT STUDIES

SECURE-IBD DATABASE
Surveillance Epidemiology of Coronavirus (COVID-19) Under Research Exclusion

COVID-19 in People with Inflammatory Bowel Disease

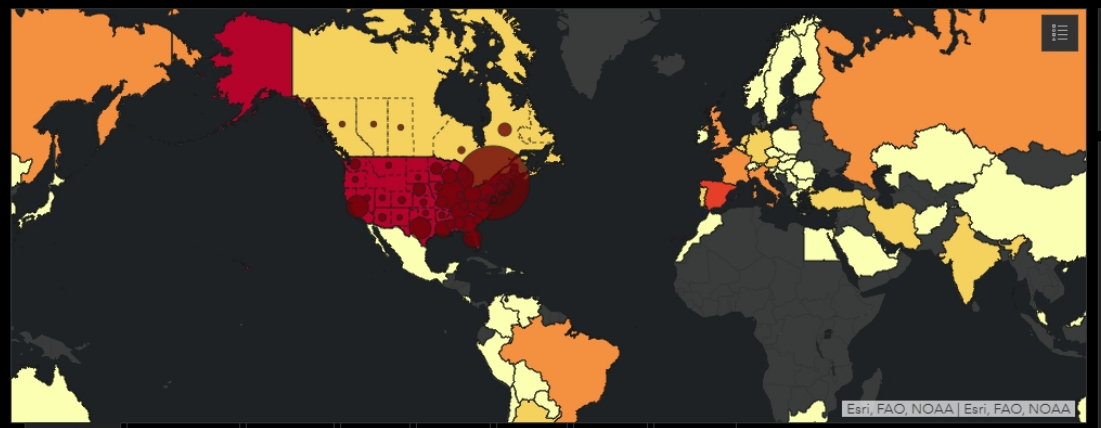
Surveillance Epidemiology of Coronavirus (COVID-19) Under Research Exclusion. Visuals prepared by Dr. Gilaad G. Kaplan, Cumming School of Medicine, University of Calgary.

Country Breakdown: World

Directions
Click on the countries in the map, the slices in the pie charts, and the bars in the bar graphs for more information. Click on the tabs at the bottom of each window to explore different topics. Click and drag the spaces between the windows to resize them. In the map, toggle between country and state information by clicking the arrows at the top right on the comment box window. To see a legend for the snapshot maps, click the top right icon in the map window. For a breakdown of countries reporting 50 or more cases, click the top right dropdown menu to select a country.

About
Surveillance Epidemiology of Coronavirus Under Research Exclusion (SECURE-IBD) is an international, pediatric and adult registry to monitor and report on outcomes of COVID-19 occurring in IBD patients. The SECURE-IBD registry is funded by the Helmsley Charitable Trust.

We encourage IBD clinicians worldwide to report ALL cases of COVID-19 in their IBD patients, regardless of severity (including asymptomatic patients detected through public health screening). Reporting a case



October 27 | September 22 | August 25 | July 21 | June 23 | May 25 | April 22 | March 23

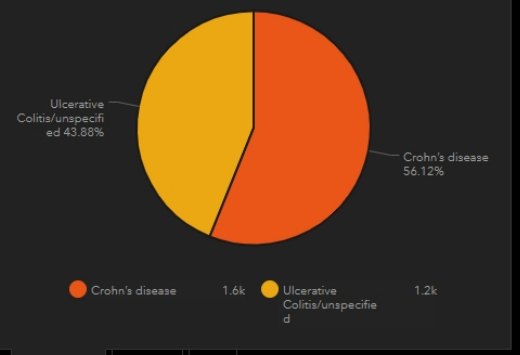
As of October 27th.

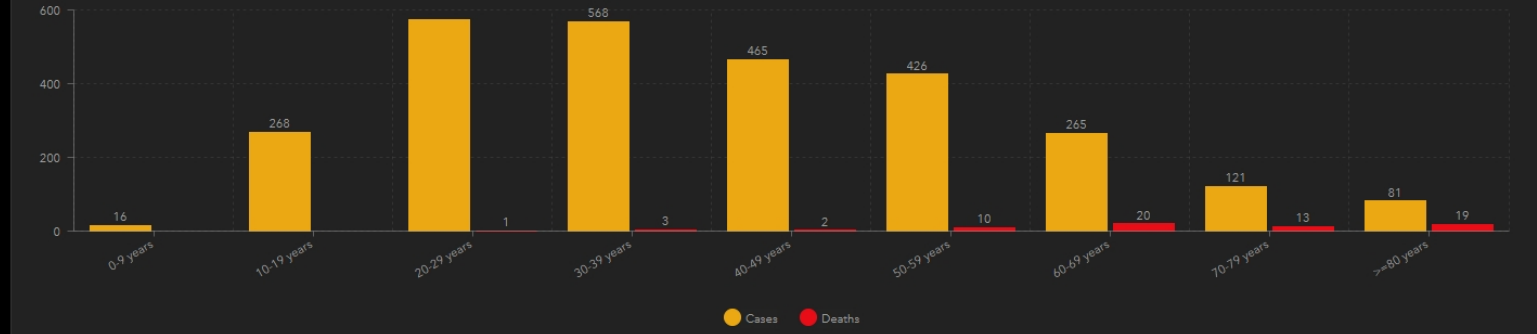
COVID-19
Cases
287 - 1,110
168 - 286
65 - 167
25 - 64
1 - 24

Cases 2,797

Hospitalizations 639

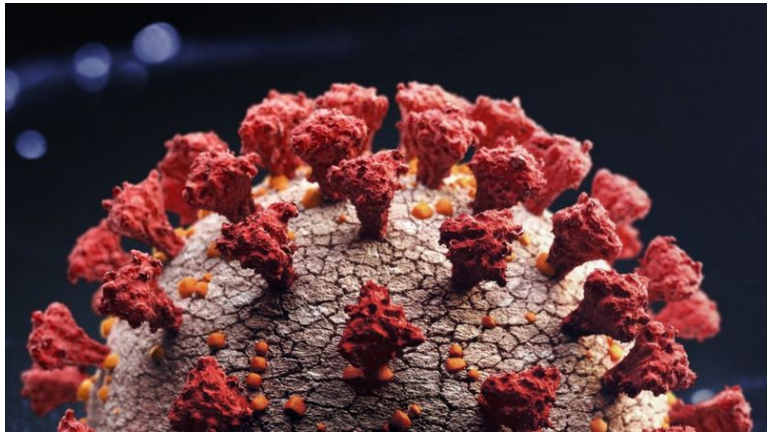
Deaths 69





CD and UC | Activity | Sex

Timeline (Cumulative Cases) | Age | Treatment | Country | State or Province

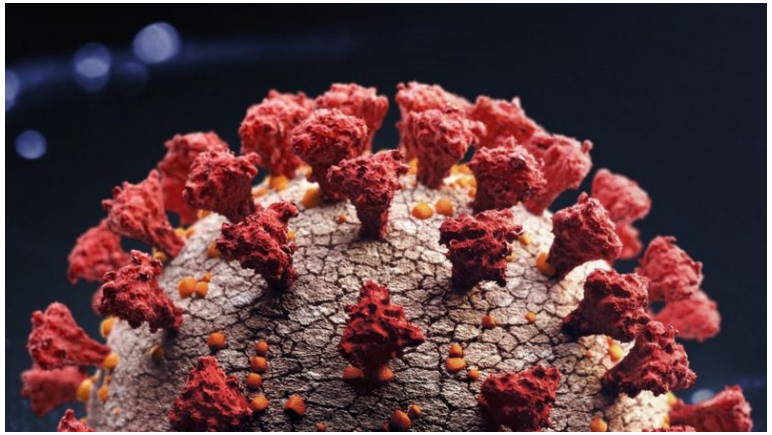


SECURE-IBD DATABASE

Surveillance Epidemiology of Coronavirus (COVID-19) Under Research Exclusion

Ungaro, Brenner, et al., Gut; ePub 2020 Oct 20.

- 1439 cases from 47 countries
- 7.8% had 'severe' COVID-19
- Steroids strongly associated with severe
  - aOR 4.63, 95% CI 1.82-11.79
- Increased risk (REF anti-TNF monotherapy):
  - Thiopurine monotherapy: aOR 4.08, 95% CI 1.73-9.61
  - Combo: aOR 4.01, 95% CI 1.65-9.78
  - Any 5-ASA: aOR 3.52, 95% CI 1.93-6.45



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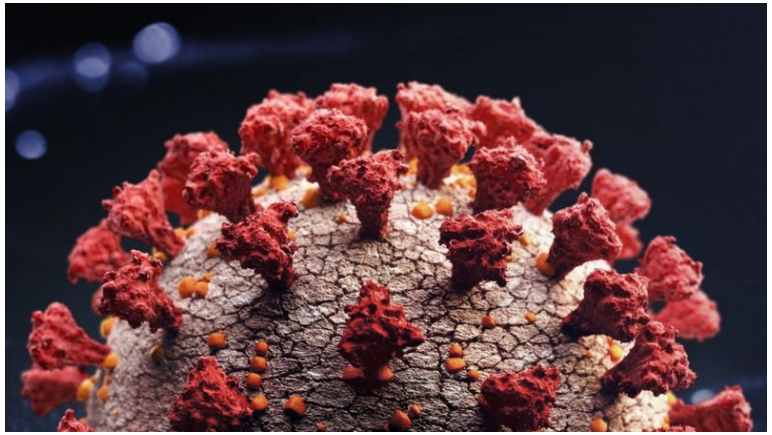
Surveillance Epidemiology of Coronavirus (COVID-19) Under Research Exclusion

- **Any vs. no 5-ASA: aOR 1.70, 95% CI 1.26-2.29**
- **5-ASA users:**
  - Older
  - Less likely Black, more likely Asian or Hispanic
  - More likely UC
  - More likely on Steroids
  - Less likely on biologics
  - More likely to have comorbidities

Ungaro, Brenner, et al., Gut; ePub 2020 Oct 20
doi 10.1136/gutjnl-2020-322539



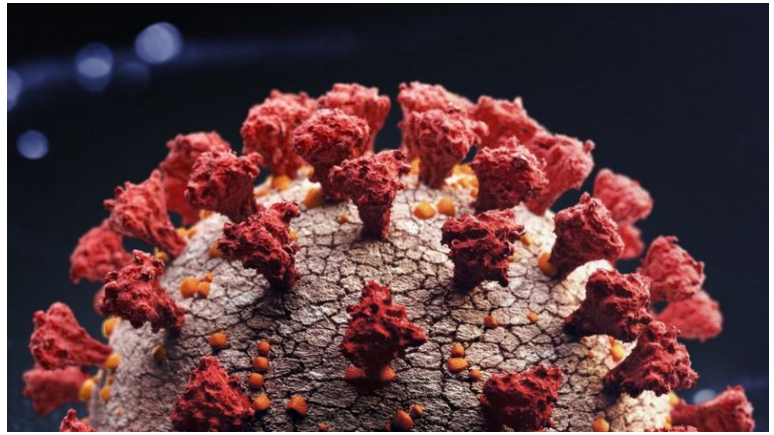
SECURE-IBD DATABASE
Surveillance Epidemiology of Coronavirus (COVID-19) Under Research Exclusion

The Paediatric IBD Porto Group
ESPGHAN

- 209 pediatric patients from 23 countries
- 14 patients hospitalized, 2 required ventilation

- 5-ASA risk:
  - Adjusted for disease activity
  - aOR 4.2, 95% CI 1.3-14.1

Brenner et al., Clin Gastroenterol Hepatol; ePub 8 October 2020
doi 10.1016/j.cgh.2020.10.010



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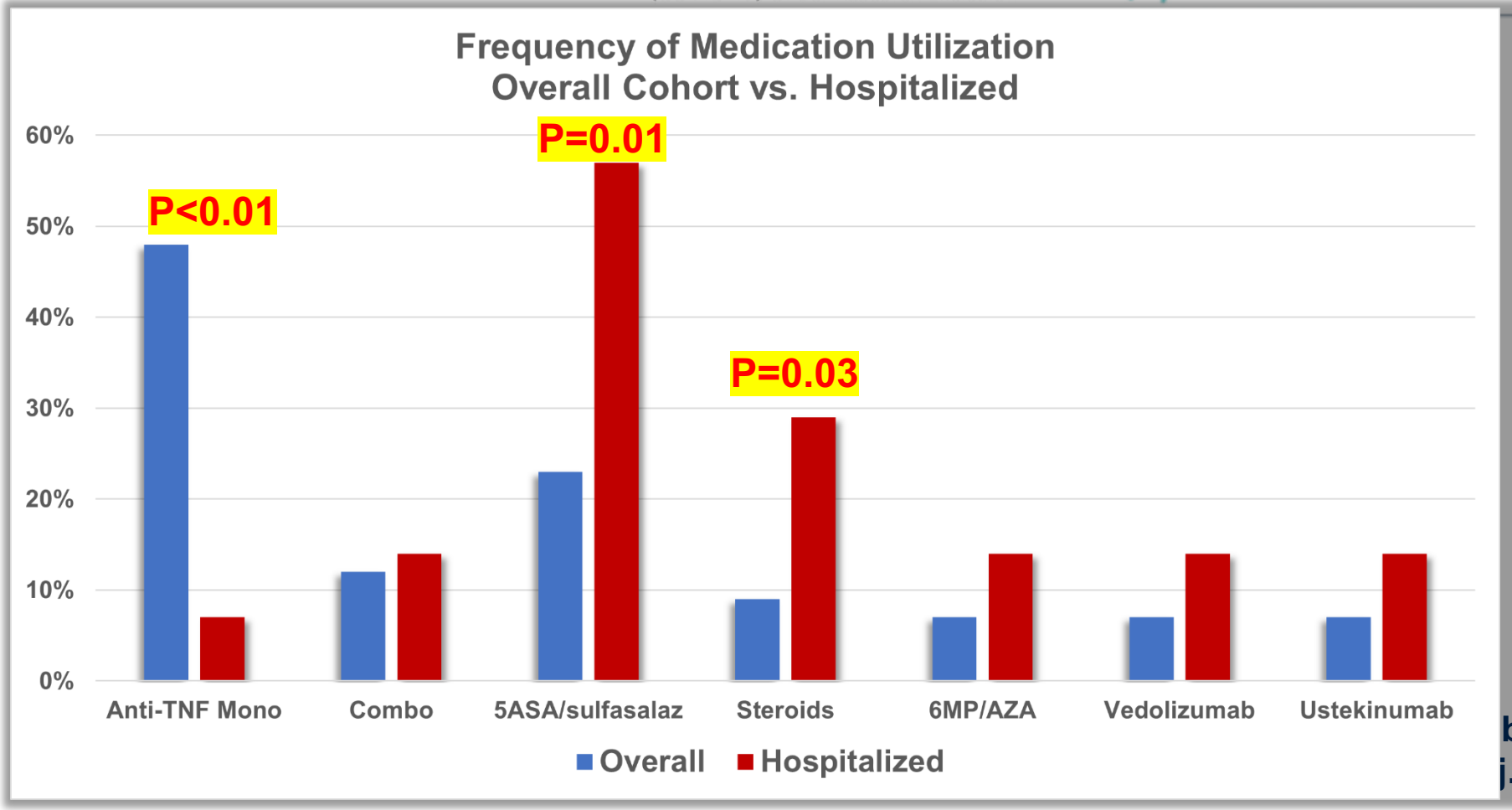
ESPGHAN

Frequency of Medication Utilization
Overall Cohort vs. Hospitalized



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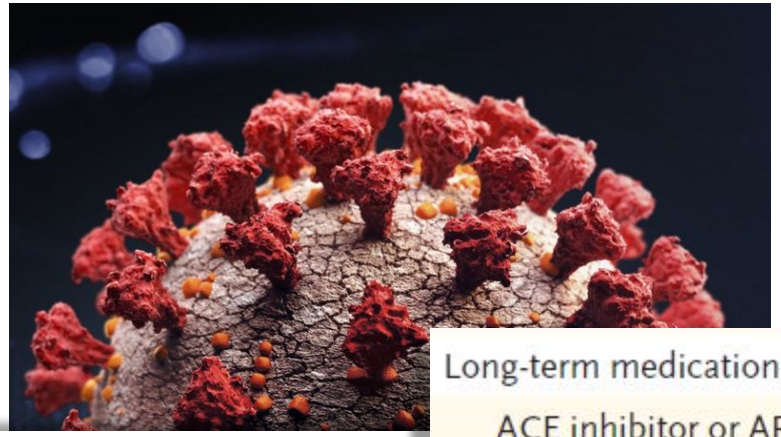

Covid-19 in Immune
— Case

TO THE EDITOR: Data on Covid-19 in pat
immune-mediated inflammatory dis
have received anticytokine biologics, oth
nomodulatory therapies, or both on a
basis are scarce. Trials to assess the e
antirheumatic therapies such as hydr
quine[1] and anticytokine therapies such
leukin-6 inhibitors[2] to improve outcon
tients with Covid-19 are ongoing. The
for their use is that worse outcomes (i
talization, ventilation, or death) may
to a proinflammatory cytokine storm.

Here, we report a prospective case
volving patients with known immune
inflammatory disease (rheumatoid
psoriatic arthritis, ankylosing spondylit
sis, inflammatory bowel disease, or re
ditions) who were receiving anticytokine biolog-
ics, other immunomodulatory therapies, or both
when confirmed or highly suspected symptom-

available with the full text of this letter at NEJM
.org). Of these patients, 62 of 86 (72%) were
receiving biologics or Janus kinase (JAK) inhibi-

Long-term medications — no. (%)	All Patients (n=86)	Ambulatory (n=72)	Hospitalized (n=14)
ACE inhibitor or ARB	13 (15)	8 (11)	5 (36)
Any medication for primary IMID diagnosis	75 (87)	62 (86)	13 (93)
Methotrexate	17 (20)	11 (15)	6 (43)
Hydroxychloroquine	8 (9)	5 (7)	3 (21)
Oral glucocorticoids	8 (9)	4 (6)	4 (29)
Any biologic or JAK inhibitor	62 (72)	55 (76)	7 (50)
Tumor necrosis factor inhibitor	38 (44)	35 (49)	3 (21)
Interleukin-17 blocker	6 (7)	5 (7)	1 (7)
Interleukin-23 blocker	3 (3)	3 (4)	0
Interleukin-12/23 blocker	6 (7)	6 (8)	0
JAK inhibitor	6 (7)	5 (7)	1 (7)

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Article Contents

ACCEPTED MANUSCRIPT

Prevalence and outcomes of COVID-19 among patients with inflammatory bowel disease – A Danish prospective population-based cohort study

FREE

Mohamed Attauabi ✉, Anja Poulsen, Klaus Theede, Natalia Pedersen, Lone Larsen, Tine Jess, Malte Rosager Hansen, Marianne Kajbæk Verner-Andersen, Kent V Haderslev, Anders Berg Lødrup ... Show more

Journal of Crohn's and Colitis, jjaa205, https://doi.org/10.1093/ecco-jcc/jjaa205

Published: 09 October 2020 **Article history** ▾

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Clinical Outcomes of CoVid-19 in Pa
and/or Methotrexate: A Multi-Center

Ahmed Yousaf, BA, Swapna Gayam, MD, Steve Feldman, MD, Zachary Zinn, MD, Michael Kolodney, MD, PhD

PII: S0190-9622(20)32593-7

DOI: https://doi.org/10.1016/j.jaad.2020.09.009

Reference: YMJD 15198

To appear in: *Journal of the American Academy of Dermatology*

IBD Profile

RISK

65+ years OR
Under 65 years old , AND

- Oral or intravenous systemic corticosteroids ≥20 mg/day (or ≥0.5 mg/kg for children):
- Moderate/Severe active inflammation (new diagnosis or recent flare)
- Moderate or severe malnutrition
- Requirement of parenteral nutrition (intravenous nutrition through a central line)

HIGH RISK

- Self-isolate
- Considerations for other family members:
  - Try to avoid in-person meetings
  - Try to work from home. If not possible, speak to your employer about physical distancing at work
  - Use services for vulnerable people
  - Clean your residence - avoid transmission

+

Under 65 years old *AND using* immunosuppressives or biologics

- Immunomodulators: azathioprine (Imuran), 6-mercaptopurine (Purinethol), methotrexate
- Anti-TNF biologics: infliximab (Remicade®, Inflectra®, Renflexis™), adalimumab (Humira®), golimumab (Simponi®)
- Anti-IL12/23 biologics: ustekinumab (Stelara®)
- Anti-leukocyte migration biologics: vedolizumab (Entyvio®)
- JAK inhibitor small molecules: tofacitinib (Xeljanz®)

MEDIUM RISK

- Avoid in-person meetings
- If possible, work at home and hold meetings with virtual technology
- If not possible, talk to your physician, and discuss options with your employer for modified duties
- Use services for vulnerable people to avoid contact with other people

+

Under 65 years old AND NOT TAKING immunosuppressive or biologic medications, AND

- IBD in remission, no significantly active inflammation
- Not malnourished
- No comorbidities (respiratory, cardiac, hypertension, diabetes)

Follow Public Health (PHAC) Guidelines

Follow public health guidelines for general population (physical distancing, hand hygiene, self-monitoring, etc.)

Crohn's and Colitis Canada
Crohn et Colite Canada

Case 2. Mr. Smith

Setting the scene: It is October 2020, and a resurgence of COVID-19 has begun with demonstrated community transmission in your province. You are seeing Mr. Smith virtually.

- Mr. Smith is a 74 year-old male who you diagnosed as having moderately severe pan-ulcerative colitis 6 months previously.
  - He has medical comorbidities consisting of HTN, obesity, and dyslipidemia.
  - He had recently quit smoking just before his diagnosis.
  - He was steroid refractory and started on vedolizumab which has been effective for induction and maintenance of steroid-free remission.

Case 2 cont’d . . .

- You learn that Mr. Smith lives in a COVID “hot spot” and has been moving about freely in his community within both indoor and outdoor venues and spaces
- Mr. Smith says that he is “sick and tired” of COVID-19. He wants to get back to a normal life and feels that the overall risk of SARS-CoV-2 is “overblown”
- How do you respond to Mr. Smith’s concern?

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Crohn's and Colitis Canada
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References

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