



crohn's colitis

Name of Clinical Care Pathway

Maintenance of Advanced Therapy

Objective

Appropriate management of patients on advanced therapies during maintenance

Patient Population

Adult patients (>18 years) with a known diagnosis of IBD

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Highlight Box

Patients maintained on advanced IBD therapy should have regular monitoring

Introduction

Monitoring may include clinical visits, laboratory tests and/or endoscopy. The results can assist healthcare team in detecting and minimizing IBD flare.

IBD Provider:

1. Document [Harvey Bradshaw Index](#) or [Partial Mayo \(pMayo\)](#) at every visit. Record this value in the patient's chart. If the patient is flaring, refer to the [Suspected IBD Outpatient Flare](#) protocol. Review information collected during biologic administration, if available. If there are any adverse events or issues, review with the patient. If not, sign and have scanned to the patient chart.
2. Send a message to support staff to make follow-up appointments for 6-12 months and to send out lab requisitions.

Support Staff:

3. Arrange follow-up clinic visit every 3-6 months (peds) or 6-12 months (adults), after the initial 3-4 months follow-up.
4. Along with the appointment notification, send the patient the following lab requisitions:
 - Follow-up bloodwork to be done every 3 - 6 months.
 - Fecal Calprotectin kit for the patient to complete every 3 to 6 months or prior to the next appointment. In the pediatric population, FCP should be completed every 6 months for the first year, then annually. Fecal calprotectin can be added to the follow-up requisition if available at the local lab.
5. Ensure that the patient has been scheduled for colonoscopy at 8-12 months or at the provider discretion, as per *IBD Patients on Biologic* – [Induction of Advanced Therapy](#) protocol

IBD Provider:

1. Consider dose optimization if FCP >250 (refer to [Loss of response/Partial response protocol](#)), but consider the FCP trend
2. Consider dose optimization at 8-12 month colonoscopy or at provider discretion* if not at mucosal healing.

*Flexible sigmoidoscopy for left-sided ulcerative colitis