crohn's colitis

Name of Clinical Care Pathway

Initiation of Immunomodulators (Thiopurines and Methotrexate)

Objective

Appropriate initiation and use of immunomodulators (thiopurines and methotrexate)

Patient Population

Individuals with a known diagnosis of inflammatory bowel disease (IBD)

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These clinical decision support tools were developed by Canadian experts in IBD, based on their interpretation of current evidence and considerations specific to Canadian healthcare. International guidelines from Europe and the United States are available. However, these may reflect regional factors not directly applicable in Canada.

Abbreviations

6-MMP	6-methylmercaptopurine
6-TGN	6-thioguanine nucleotides
6MP	6-mercaptopurine
CBC	Complete blood count
EBV	Epstein-Barr virus
FCP	Fecal calprotectin
IBD	Inflammatory bowel disease
IgG	Immunoglobulin G
PACE	Promoting Access and Care through Centres of Excellence
QPI	Quality Performance Indicator
TPMT	Thiopurine methyltransferase

Highlights from this CCP

- Methotrexate should not be used in females wanting to become pregnant (discuss alternate therapy prior to family planning).
- Imuran and 6MP can be continued as ordered throughout pregnancy and breastfeeding.

Introduction

This care protocol provides a general guideline for initiating immunomodulators (also called immunosuppressants) in adults with IBD.

IBD provider:

1. Prior to starting an immunomodulator, **consider thiopurine methyltransferase (TPMT) testing and Epstein-Barr virus (EBV) IgG screening**. It is important to remember that patients may need to switch to a different immunomodulator or require advanced therapy. Refer to the Induction of Advanced therapy (Link) protocol for pre-biologic work-up.

2. At the time of the medication initiation appointment, the patient is to be given:
   - A patient information sheet and instructions for taking the medication (PACE QPI 22,23).
   - Bloodwork requisitions:
     - A new start immunomodulator lab requisition is to be done every week for 1 month. Then monthly bloodwork for the first 6 months, then every 3 months thereafter. This should include complete blood count, c-reactive protein, liver biochemistry, ± albumin electrolytes and creatinine (PACE QPI 12).
     - 6-thioguanine nucleotides (6-TGN) and 6-methylmercaptopurine (6-MMP) levels to be done when on a stable dose for at least at 3 months (physician discretion).
     - Collection kit for fecal calprotectin (FCP) at baseline, 3 months, 6 months, and then 6-monthly thereafter.

3. After the patient has been on an immunomodulator for 3 months, assess for clinical, biochemical (including FCP response), Harvey Bradshaw Index and Partial Mayo Scoring Index (PACE QPI 15).
4. If there is inadequate response (including the inability to wean corticosteroids), consider dose optimization (± with the assistance of 6-TG, 6-MMP level) or switch to an alternative therapy. See Induction of Advanced Therapy protocol.
5. Skin cancer surveillance is to be performed by a family physician or dermatologist annually.

Support staff:

1. Arrange a follow-up assessment (phone/clinic visit/telehealth) clinic appointment in 3-4 months.