Case 1 - Biomarkers

- 32 year old female
- Patchy Crohn’s colitis x 2 years
- Presenting symptoms:
  - Bloody diarrhea 8-10/day
  - Abdominal pain
  - Mouth ulcers
  - Joint aches
  - Weight loss 10 kg
- Initial response to prednisone
- Intolerance to azathioprine
- adalimumab monitoring with clinical response
- In clinical remission after 1 year
  - 2 formed non-bloody bowel movements daily
  - No pain
  - Good appetite, stable weight
Case 1 - Biomarkers

- Clinical remission on adalimumab 40 mg q2 weeks
- Slight rise in fecal calprotectin and serum CRP

One year after prednisone induction therapy
Notes for panel discussion:

- What treatment decision will you make based on the information presented?
- If you are not going to treat based on biomarkers, what is the purpose of measuring them?
Case 2: Endoscopy

- 72 year old female
- Bloody diarrhea 5 times daily
- Colonoscopy showed mild ulcerative pancolitis
- Achieved remission on oral 5-ASA 2.4g/day
- Increasing symptoms for 3 months
- No benefit from 5-ASA 4.8 g/day and 4 g enemas nightly
- Colonoscopy showed severe colitis
- Partial response to prednisone
Case 2: Endoscopy

- Treated with vedolizumab + MTX and achieved clinical remission
- Colonoscopy showed improvement but not complete mucosal healing
- Mayo Score: 2
Notes for panel discussion:

-The patient is not in endoscopic remission
-Do you treat the patient, if so, how?
Case 3: Histopathology

- 46 year old man
- 4 week history of:
  - Bloody diarrhea 5-10 times daily
  - Abdominal cramps
  - Weight loss 5 kg
Case 3: Histopathology

- WBC 12.1 x 10⁹/L
- Hgb 115 g/L
- ESR 38
- Negative:
  - Stool culture
  - Ova and parasites
  - C. difficile

Left-sided colitis
Case 3: Histopathology

- Colonoscopy
- Moderate L sided ulcerative colitis
- Rx: steroids + 5-ASA 2.4 g
  \(\rightarrow\) Clinical remission

- 3 months later
- Mayo Endoscopy Score = 0
- Robarts Histopathology Score (RHI) = 33
- Geboes Score = 5.3
  \(\rightarrow\) Management?
Notes for panel discussion:

- Patient is in endoscopic, but not histologic, remission
- Do you treat the patient? If so, how?
Case 4: Prognostic factors

- 22 year old male smoker
- 1 year history of 10kg weight loss, diarrhea, abdominal pain with CRP = 45
- Presents to surgical take with a painful peri-anal abscess
- Colonoscopy - patchy Crohn’s colitis with deep ulcers and a stenosed ileo-cecal valve
- MR enterography shows long segment ileal disease with stricturing
- MR pelvis shows a single transphincteric fistula
- Treated with steroids, anti-TNF and methotrexate at diagnosis
Notes for panel discussion:

-The patient wants to know the likelihood:
  - He will require surgery
  - He will be hospitalized for his Crohn’s disease
  - Of having a normal life expectancy