MEETING OF THE MINDS

RITZ-CARLTON HOTEL, TORONTO

2000 – MENTORING IN IBD – 2019
20 YEARS
ANNIVERSARY

FRIDAY, November 15, 2019

MENTORING in IBD XX
THE MASTER CLASS

#IBDMinds2019

Co-Chairs: **Alain Bitton**, MD FRCPC and **John K. Marshall**, MD MSc FRCPC AGAF

Crohn's and Colitis Canada
Crohn et Colite Canada

UNIVERSITY OF ALBERTA

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Inflammatory Bowel Disease Mimickers

Interactive Case Presentation with Audience Response System (ARS)

Initial Presentation

- 36-year-old female presents to your emergency room with:
  - Abdominal pain
  - Worsening bloody diarrhea (eight to 10 bowel movements [BMs]/day)
  - Five-pound weight loss over the past two weeks
- She denies sick contacts or recent travel
- She has been on antibiotics for a urinary tract infection
- She has a cousin and an uncle with histories of Crohn's disease
- Medical history is significant for a diagnosis of metastatic melanoma.

Initial Presentation

- On examination:
  - Temperature: 36.8° C
  - BP: 104/56 mmHg
  - HR: 102 bpm
- Abdomen is tender to palpation with localized peritonitis
- Stools (three days ago) were negative for *C. difficile* toxin
- C&S and O&P are pending.

Initial Presentation

- Investigations in ER show:
  - WBC: 10.4 $x10^9/L$
  - Hemoglobin: 109 g/L
  - MCV: 84.2 fL
  - Platelets: 438 x $10^9/L$
  - CRP: 45.2 mg/L
  - Creatinine: 104 µmol/L (baseline 70)
  - Abdominal X-ray: Diffuse colonic wall thickening, no free air or significant dilation

Initial Presentation

- ER doctor calls you for consultation and admission
- Informs you the patient is on a new chemotherapy regimen consisting of a combination of ipilimumab and nivolumab.

ARS Decision Node 1

- Which investigations would you arrange?
  - a) CMV PCR, abdominal CT scan, flexible sigmoidoscopy
  - b) CMV PCR, abdominal CT scan, colonoscopy
  - c) Abdominal CT scan, flexible sigmoidoscopy
  - d) Abdominal CT scan, colonoscopy
  - e) PET scan

Case Evolution

- She was started on ipilimumab + nivolumab six weeks ago (she has received the first two doses)
- You suspect an immune-related adverse event (irAE) and decide to admit her to hospital and perform a flexible sigmoidoscopy the same day.

Case Evolution

- Endoscopy shows a Mayo 2-3 colitis with some rectal sparing
- You take biopsies for histopathology and to rule out CMV and request that they be rushed
- CT of the abdomen confirms a pancolitis but no perforation, abscess or megacolon.

ARS Decision Node 2

- How do you want to treat this patient?
  a) Supportive care only; wait for the biopsies
  b) Prednisone 40 mg PO daily
  c) Methylprednisolone 30 mg IV BID
  d) Methylprednisolone 1-2 mg/kg IV/day
  e) Infliximab 5 mg/kg
  f) Vancomycin 125 mg PO QID

Case Evolution

- This patient has significant diarrhea/colitis and so you don’t wait for the biopsies
- As you suspect checkpoint inhibitor colitis, you start intravenous methyprednisolone 1 mg/kg/day
- Over the next 72 hours, the patient does not show a significant response to therapy.

ARS Decision Node 3

- What do you do now?
  a) Consult surgery for colectomy
  b) Increase methylprednisolone to 2 mg/kg/day
  c) Give infliximab 5 mg/kg IV
  d) Give infliximab 10 mg/kg IV
  e) Give vedolizumab 300 mg IV

Case Evolution

- You prescribe infliximab 5 mg/kg
- Following infliximab therapy, she has a partial improvement
- After six days she is better but still has four to five BMs per day—half of which are bloody—and mild abdominal cramps
- Her CRP is 18 mg/L (down from 45)
- The biopsies are now back from pathology and show neutrophilic infiltration in lamina propria, cryptitis, prominent distension of the crypts, no CMV inclusions.

ARS Decision Node 4

- What is your next step in management?
  a) Wait another week for response given she is improving
  b) Give another dose of infliximab 5 mg/kg
  c) Give infliximab 10 mg/kg
  d) Give vedolizumab 300 mg

Case Evolution

- You prescribe infliximab 10 mg/kg
- Within 72 hours she has a good response to therapy, with two to three non-bloody bowel movements per day, no abdominal pain and a CRP of 5 mg/L
- She is discharged from hospital on a tapering regimen of prednisone
- You see her in your office in two weeks
- The oncologist mentioned that he wished to put her back on ipilimumab + nivolumab, as her cancer had been responding to treatment

ARS Decision Node 5

- Will you put this patient on maintenance infliximab?
  a) YES
  b) NO

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