



IBD Management in PSC

Sooraj Tejaswi, MD, MSPH

Assistant Clinical Professor

Division of Gastroenterology and Hepatology

University of California, Davis

Inflammatory Bowel Disease

- Chronic inflammatory condition of the gastrointestinal tract of unclear cause
- Two types
 - Ulcerative Colitis (UC)
 - Crohn's Disease (CD)

Inflammatory Bowel Disease

- Disease usually starts - 2nd to 3rd decade of life
- Incidence
 - UC - 8 to 12 per 100,000
 - CD - 5 per 100,000

IBD Symptoms

- Abdominal pain
- Bloody diarrhea
- Weight loss

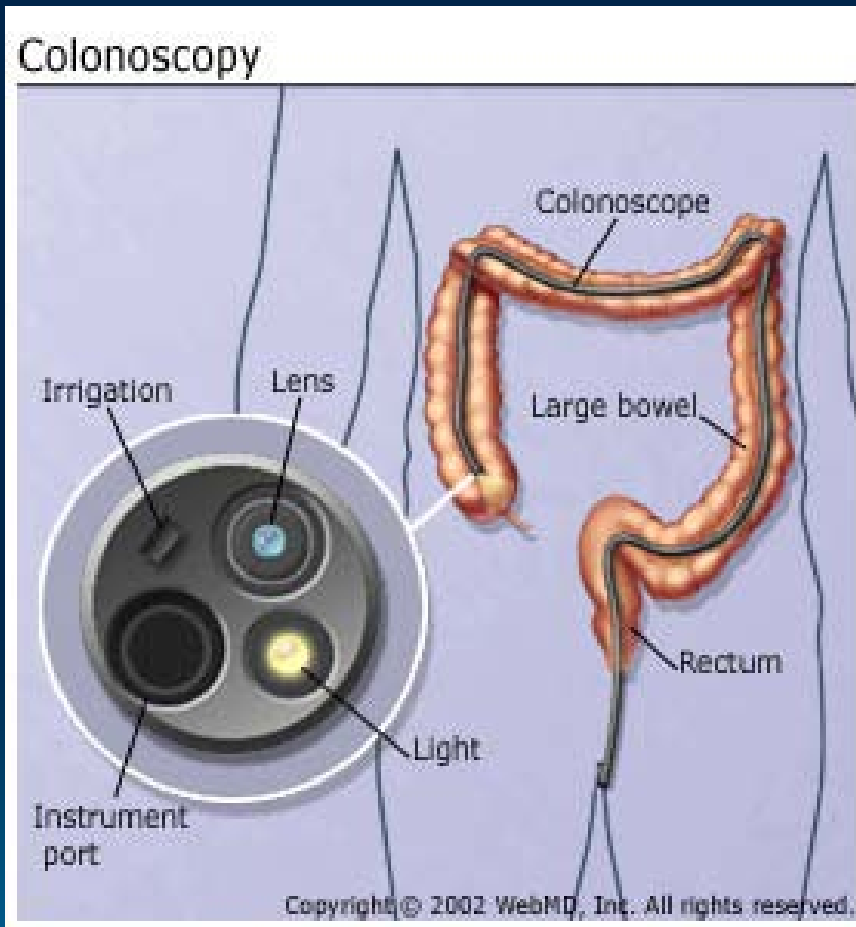
Differential Diagnosis Of IBD

- Irritable bowel syndrome
- Infectious ileitis/colitis
 - Ileo-colonic TB
- Neoplasm
 - Lymphoma
 - Carcinoma
- Medication related
 - NSAID-related
- Ischemic colitis
- Appendicitis
- Diverticulitis
- Radiation enteritis/colitis
- Eosinophilic gastroenteritis
- Microscopic colitis
- Sarcoidosis
- Acute self-limited colitis

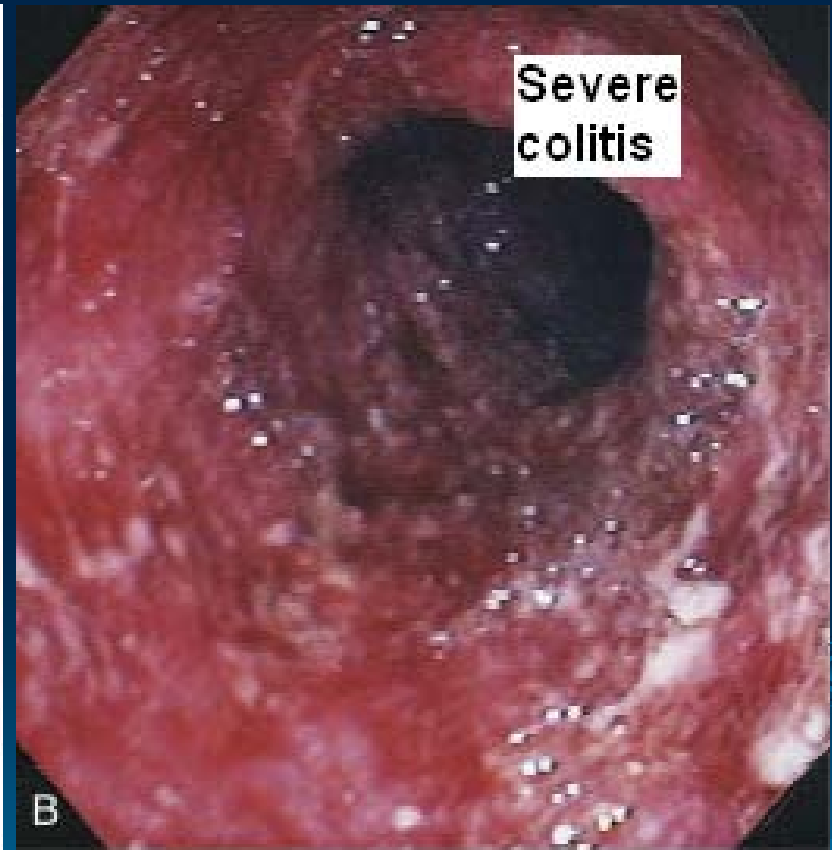
How Is IBD Diagnosed?

- Blood tests
- Stool test to rule out infection as a cause
- Radiology exams- X-Rays, CT scan
- Endoscopy with biopsies- gold standard

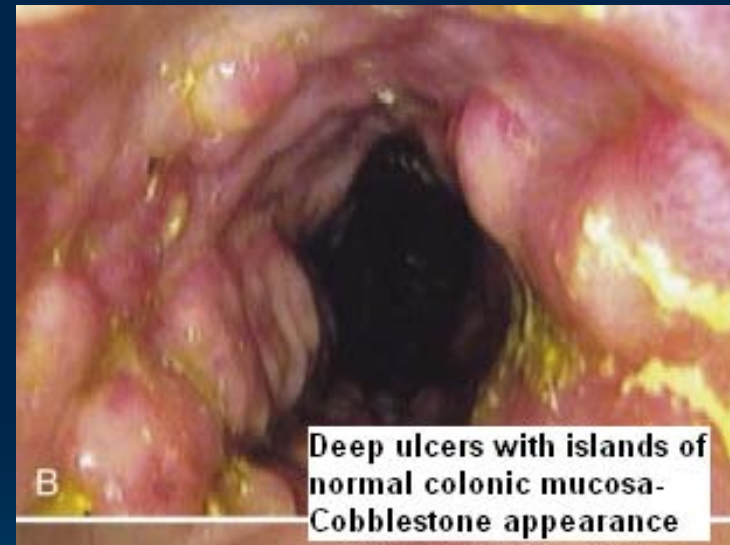
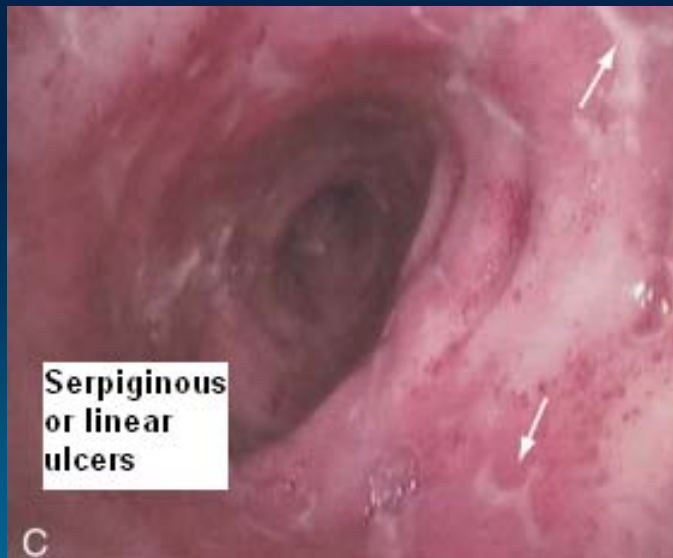
Colonoscopy

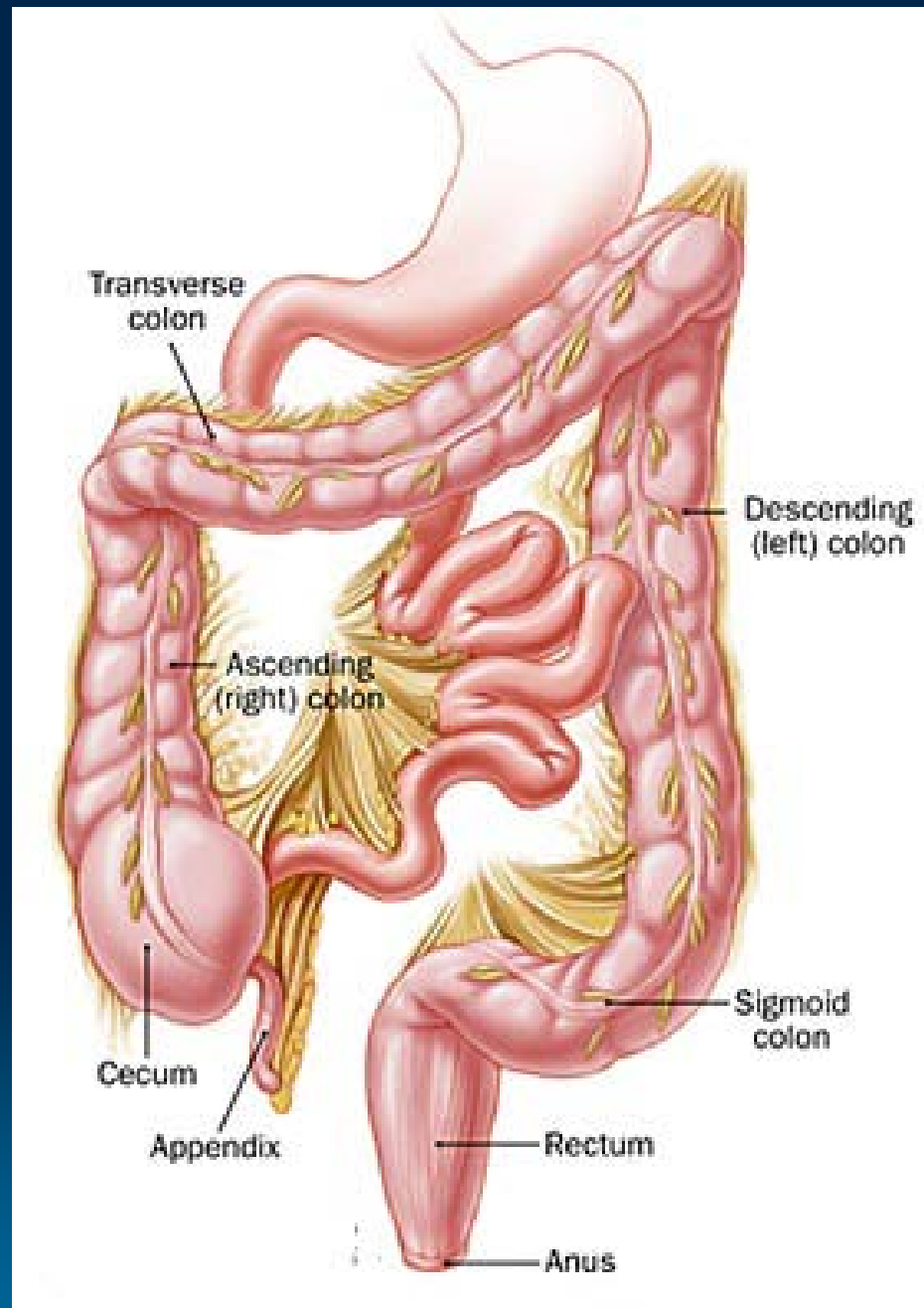


Colonoscopy Findings in UC



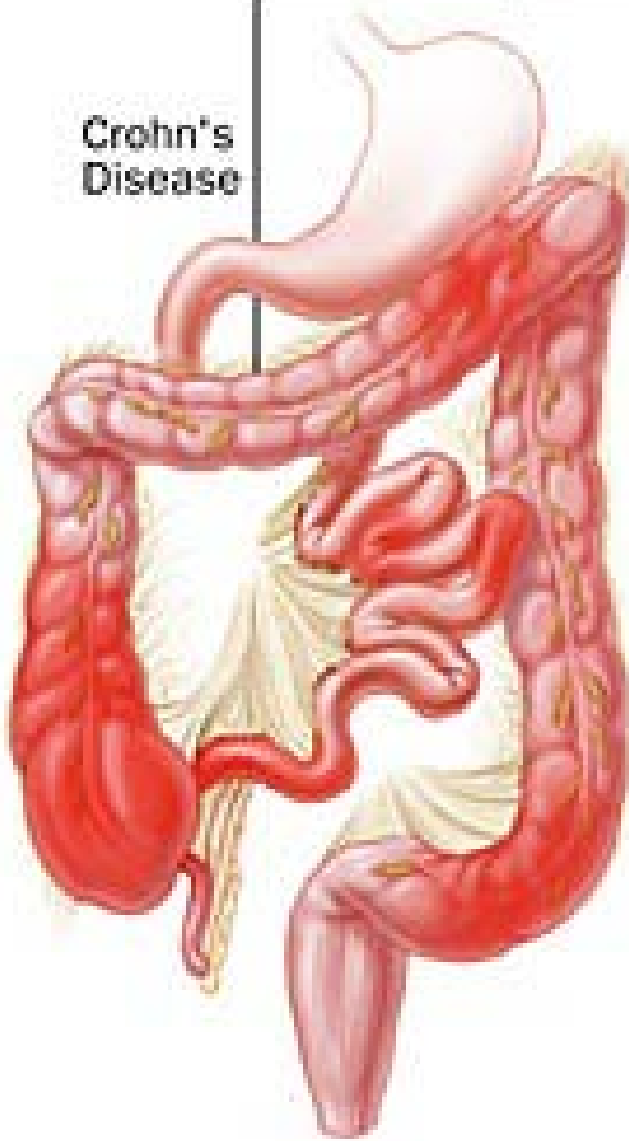
Colonoscopy Findings In CD



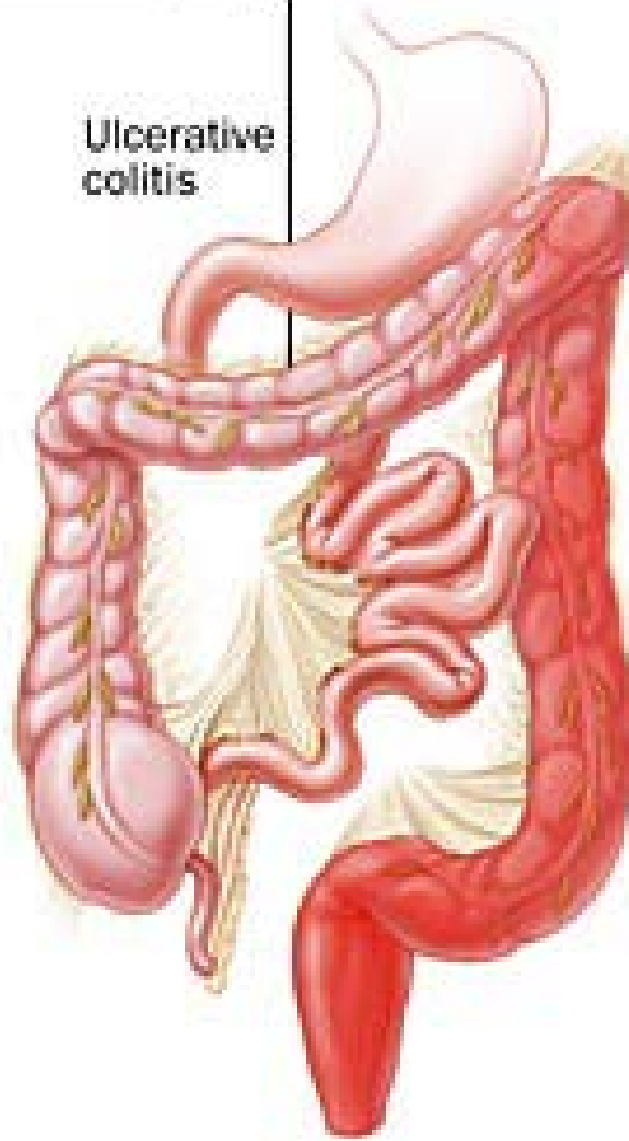


Inflammatory Bowel Disease (IBD)

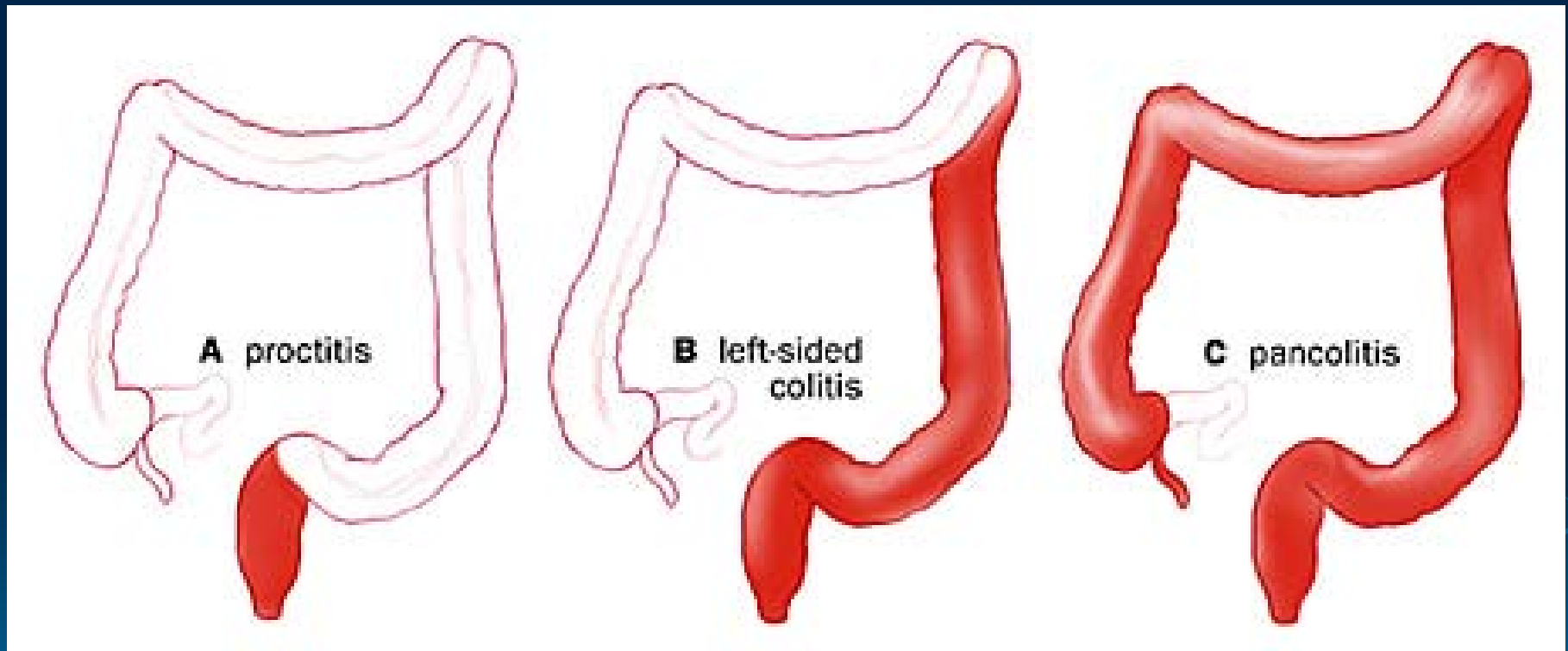
Crohn's Disease

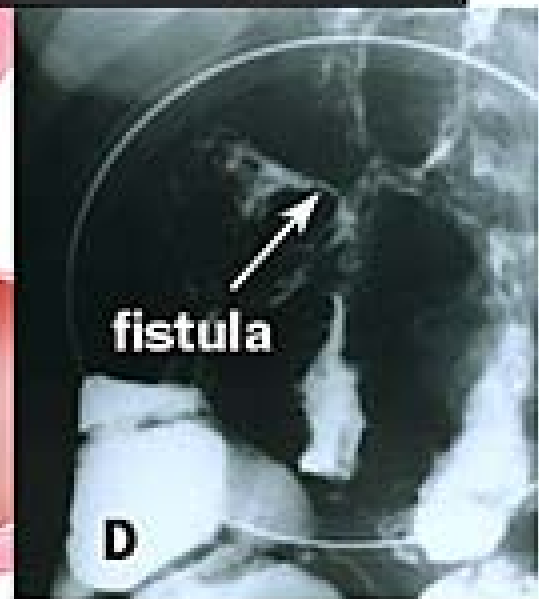
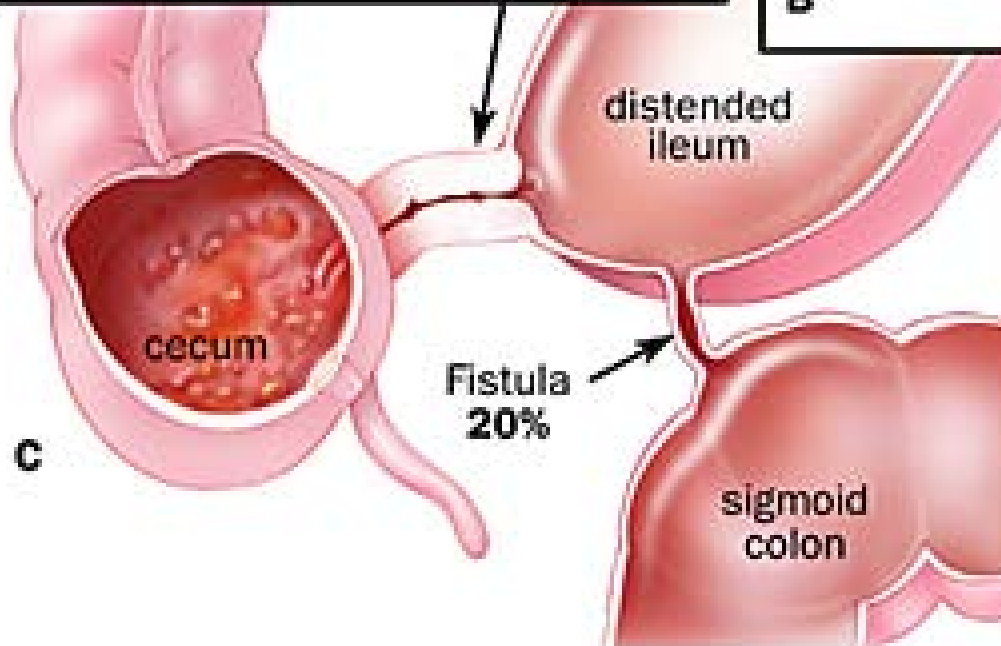
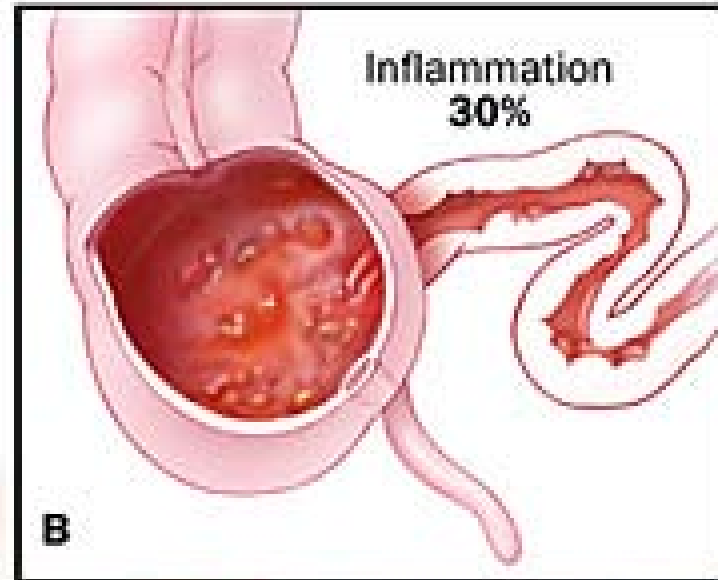
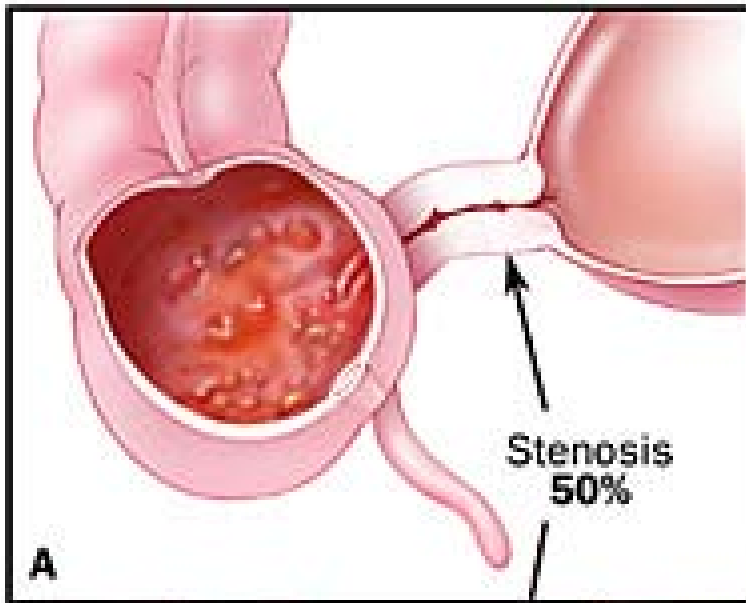


Ulcerative colitis



Patterns Of UC





Differences Between CD And UC

	UC	CD
Bowel involvement	Continuous involvement	Skip lesions
Depth of disease	Confined to surface	Extends deep through the wall
Rectum	Involved 95%	Spared
Terminal ileum	Spared	Involved 70%
Small bowel	Not affected	Affected 30%
	-	Fistula, perianal disease
Surgery/colectomy	Curative	Symptom relief
Prevalence in PSC	Common	Rare

Treatment of UC & CD

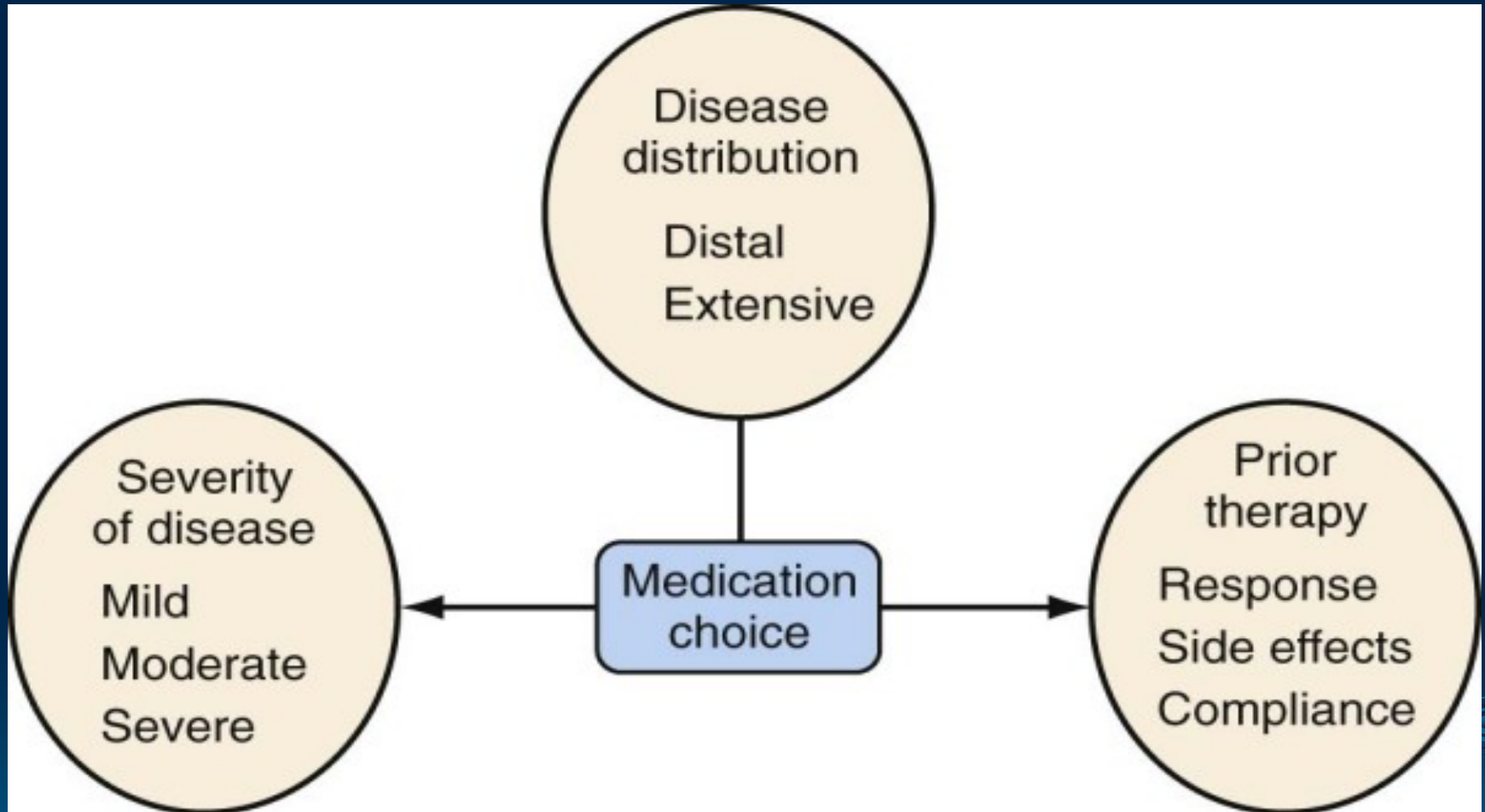
Goals Of Therapy

- Induce remission (disease control)
- Maintain remission
- Avoid treatment-related side effects
- Maintain adequate nutritional status
- Prevent/address long term disease-related complications
 - Cancer screening, osteoporosis

Available Medications For IBD

- 5-ASA preparations (Asacol, Mesalamine, Lialda, Pentasa etc)
- Immunomodulators (Azathioprine, 6-Mercaptopurine, Methotrexate)
- Steroids
- Cyclosporine
- Biologics (Remicade, Humira etc)

Choosing The Right Drug



Common Reasons For Flare (Disease exacerbation)

- Medication non-compliance
- Smoking (esp. Crohn's)
- NSAIDs (Ibuprofen, Aleve, Motrin etc)
- Infections (Upper respiratory, enteric)
- Natural disease progression

Surgery In IBD

Indications For Surgery In IBD

- Colon cancer
- Non response/inadequate response to maximal medical therapy
- Conditions that are unlikely to respond to medications – abscess (pus collection), fistula, stricture causing obstruction.

Types Of Surgeries In IBD

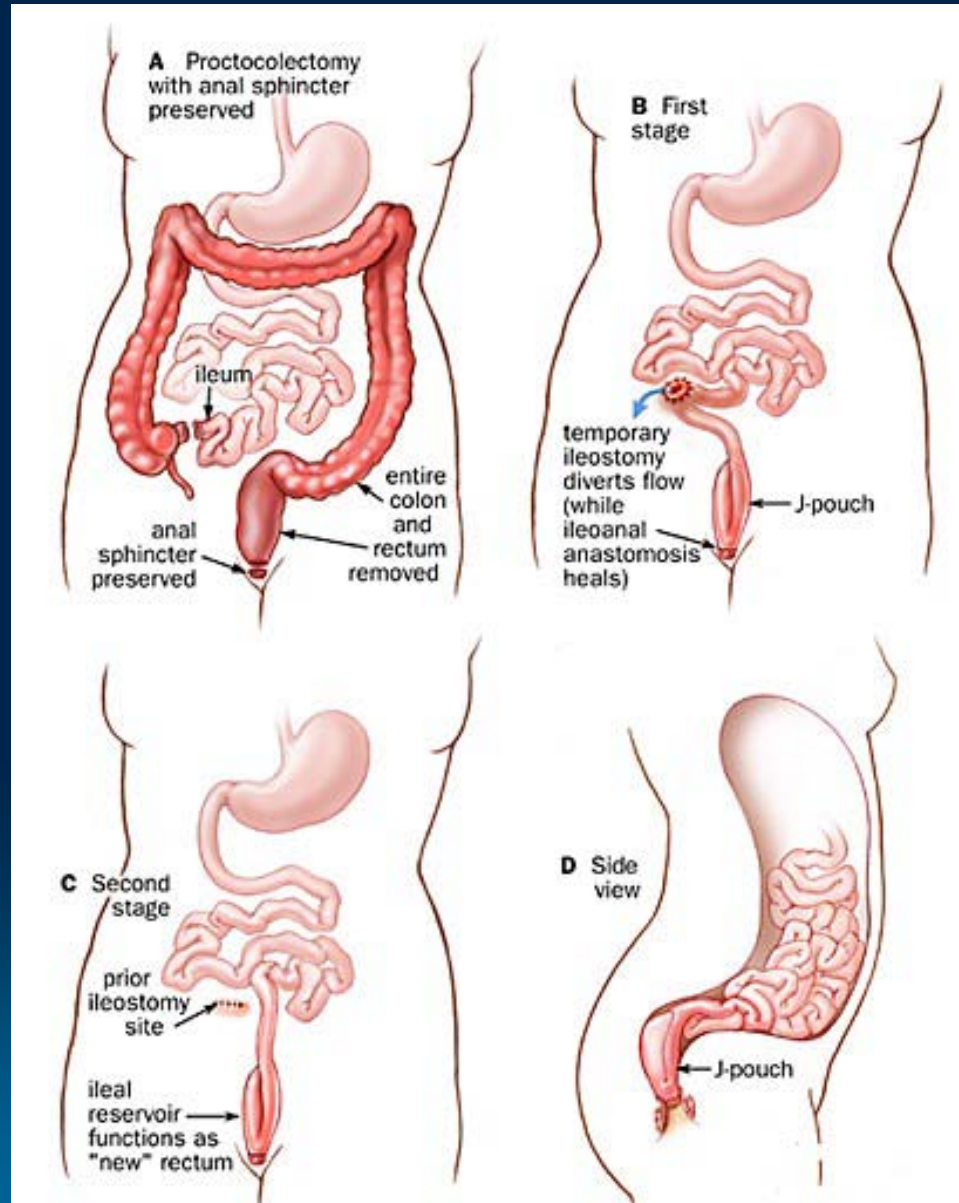
➤ For UC

- Colon resection (proctocolectomy) with pouch creation (Ileal Pouch Anal Anastomosis or IPAA) is the preferred surgery

➤ For CD- depends on the indication

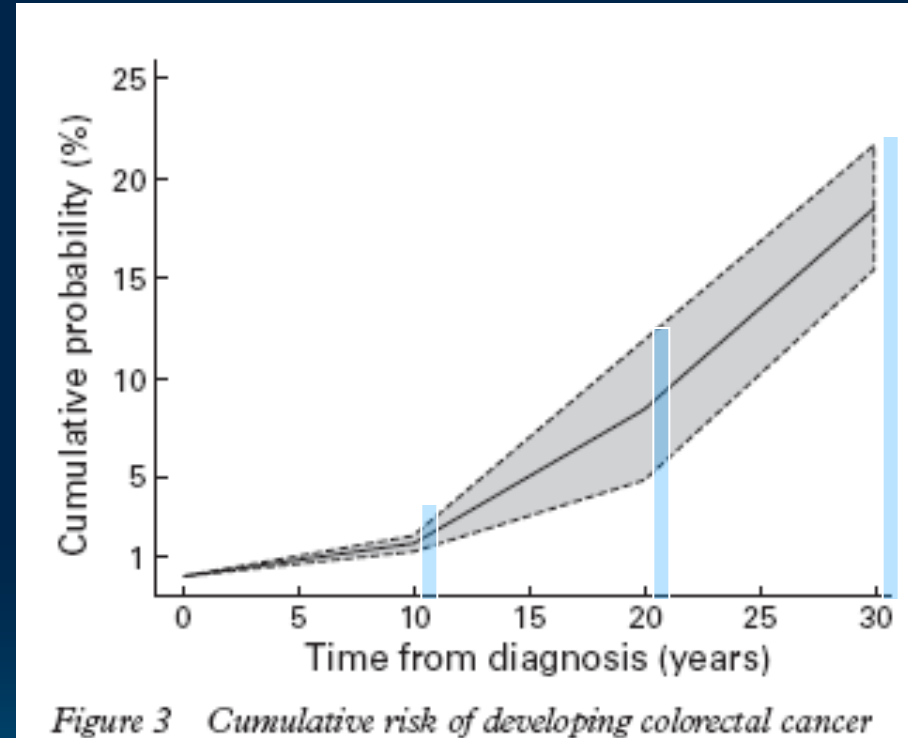
- Abscess drainage
- Resection of a narrowed segment of bowel
- Resection of a fistula

Proctocolectomy With Ileal Pouch Anal Anastomosis (IPAA)



Colorectal Cancer Risk In IBD

- Risk is 5 - 15 fold higher than general population
- Cancers
 - Multiple at same time
 - Arise from flat mucosa



Prevention/Treatment Of Osteoporosis In IBD

- Oral calcium/vitamin D supplementation
 - May be sufficient with normal BMD (DEXA scan)
- Bisphosphonate therapy (Fosamax, Boniva etc) may be needed if
 - On steroid therapy
 - Personal/family history of fractures

Reproductive Issues In IBD

- Fertility is similar to general population in pre-surgical UC and CD patients
- Some surgeries may affect fertility
- Pelvic inflammation in CD may decrease fertility
- Reversible sperm abnormalities with sulfasalazine use in 60% patients

Pregnancy And IBD

IBD in pregnancy

- Disease unchanged in 1/3 patients
- Remission in 1/3
- Disease flare in 1/3
 - Non-adherence to medical therapy

Pregnancy outcome

- No difference in pregnancy outcomes if disease in remission
- With relapse, risk of
 - Low birth weight
 - Preterm delivery

Will My Child Get IBD?

Scenario	Risk to child
Mother with UC	1.6%
Mother with CD	5.2%
Both parents with IBD	36%

IBD IN PSC

IBD In PSC

- 70- 80% of PSC patients develop IBD
 - Only 2 to 7.5% IBD patients develop PSC
- PSC patients are more likely to have UC (85-90%) versus CD (5-15%)
- Either PSC or IBD may manifest first

Unique Features Of IBD In PSC

- Continuous colon involvement (like UC)
 - But rectum spared (unlike UC)
 - Terminal ileum involved (like CD)
- Runs a mild, sometimes asymptomatic course
- Higher risk of colonic dysplasia and cancer

IBD Treatment in PSC-IBD

- Not different from treatment of IBD without PSC
- Under treatment more likely due to quiescent nature of IBD in PSC

How Does Coexisting IBD Impact Course Of PSC ?

- No differences seen w.r.t
 - Clinical features of PSC
 - Radiologic features of PSC
 - Biopsy (histopathology) features of PSC

Ludwig J et al. Hepatology 1981

MacCarty RL et al. Radiology 1985

Broome U et al. Gut 1996

Navaneethan U et al. Inflamm Bowel Disease 2009

Colorectal Cancer Risk In PSC-IBD

UC Duration	At 10 years	At 20 years	At 25 years
UC only	2%	5%	10%
UC + PSC	9%	31%	50%

More right sided cancers are seen for unclear reasons

Broome U et al. Hepatology 1995

Claessen MMH et al. Inflamm Bowel Dis 2009; 15:1331

Does The Risk of Colon Cancer Decrease with Liver Transplant?

	Colon Rectal Cancer
PSC-IBD with Liver Transplant (43)	34%
PSC-IBD (30)	30%
Liver transplant for non-PSC indication (43)	0

Ursodiol did not prevent colorectal cancer

Are There Medications That Can Prevent Colon Cancer ?

- Ursodiol use is not routinely recommended anymore
- Folic acid supplementation may help
- Role of 5-ASA drugs unclear at this time

Current Approach To Colorectal Cancer In IBD

- IBD alone (UC or Crohn's colitis)
 - Surveillance colonoscopies every 1-2 years after 8-10 years of IBD
- IBD with PSC
 - Surveillance colonoscopies every year starting in the first year of diagnosis

Outcomes of Common Surgeries In PSC-IBD

- Proctocolectomy with IPAA for colorectal cancer
- Liver transplant (OLT) for advanced PSC

Impact Of PSC On IPAA Outcomes

- Compared to patients without PSC
 - Pouch function is not different
 - Quality of life is not different
 - There is more pouchitis (9-90% Vs. 7-47%)
 - Long-term mortality may be higher
 - But this is usually due to worsening PSC

Impact of IPAA On PSC

- Finnish study of 30 PSC-IBD pts followed for median 11 years after IPAA showed

PSC activity on liver biopsy	No. (%)
No change	11 (37%)
Better/Decreased	15 (50%)
Worse/Increased	4 (13%)

How Does Liver Transplant For PSC Impact The Course Of IBD ?

Study	Outcome
Jorgensen, KK et al. Norway, 2011	Less colitis in liver transplant group
Moncrief, KJ et al. Canada, 2010	In 67% colitis remained unchanged In 6.1% colitis improved In 26.5% colitis worsened
Dvordik, I et al. US, 2002	Accelerated IBD progression seen in the liver transplant group
De Vrie, W et al. Holland, 2002	No observed differences

Summary

- PSC-IBD may be a separate entity with several unique features
- IBD should actively be sought in patients with PSC even if they are asymptomatic, and aggressive colon cancer surveillance should be undertaken
- Further studies into the pathogenesis of PSC-IBD may help manage increased cancer risk better

On The Horizon

- Colonoscopy imaging technology aimed at earlier colon cancer diagnosis
- Blood tests to identify high-risk IBD patients (serology)
- Drug trials of chemoprevention for colon cancer - needed

Thank You!