SESSION 4
OPTIMIZING MANAGEMENT IN IBD: MUCOSAL HEALING
Case-based Workshop

Objectives

- Examine the concept of mucosal healing and be clear on when and how the concept should be applied

CASE 1

After a consultation that included a panel of laboratory tests and a full colonoscopy with mapping biopsies, you start induction therapy in a 22-year-old female with ulcerative colitis.

Decision Node 1

- After starting induction therapy, when do you first see or communicate with the patient to determine if the therapy is working?
- Are there tests you would perform at baseline (i.e., before starting therapy) that would help in your decision about the efficacy of therapy at this first communication point?

Decision Node 2

- At this first visit or communication do you rely on clinical symptoms or on objective measures to determine response?
- Explain your reasons.

Decision Node 3

- When do you decide induction therapy is not working? What is the maximum amount of time you would wait before concluding induction therapy is ineffective?
- What criteria do you use to make that decision?

Your patient goes into full clinical (as determined by the partial Mayo score you conduct at each visit) and biochemical (normal laboratory tests) remission on induction therapy. She now enters the maintenance phase of IBD therapy.

Decision Node 4

- How do you monitor your patient while she is receiving maintenance therapy?
- Do you use clinical or objective measures? Why?

As part of your protocol for objective monitoring of your IBD therapy you perform a colonoscopy.

Decision Node 5

- At what point during maintenance therapy do you use endoscopic assessment to define mucosal healing?
- Could you use diagnostic imaging (computed tomography, magnetic resonance imaging, or ultrasound) for a similar assessment?
- Are there any surrogates for diagnostic imaging or endoscopy that you might consider to define mucosal healing?
- Define mucosal healing.