

IBD News

Summer 2010

U-M Division of Gastroenterology

Save the Date

Patient and Physician IBD Education in September

This year's University of Michigan IBD Update will take place on September 11th, 2010 in Plymouth, Michigan. This educational event will take place on this Saturday morning at The Inn at St. John's at 44045 5 Mile Road, in collaboration with the Michigan Chapter of the Crohn's and Colitis Foundation of America.

Speakers will include Crohn's and Colitis specialists Ellen Zimmermann, Peter Higgins, Timothy Nostrant, Leslie Aldrich, Akbar Waljee, and John Valentine (University of Florida).

Free parallel sessions for patients and for physicians will present the latest information on IBD diagnosis and treatment. Borrow a van or rent a bus; bring friends, family, or bring your boss to learn more about IBD!



Save the Date!

New on the Website

Look for regular updates of content on the University of Michigan Crohn's and Colitis Program website. (www.med.umich.edu/ibd)

We have new videos from IBD visiting professors available for you to watch and/or download. Marla Dubinsky, from UCLA and Cedars Sinai Hospital in Los Angeles, talks about trying to predict the future for individual patients with IBD in "The role of genetic and immune markers in predicting disease course and therapeutic outcomes." This video can be viewed on a computer as a webcast, downloaded to a video iPod, or viewed on YouTube.

We also have a lecture on "Colon Cancer in IBD: What's All the Fuss About" from Dr. Steven Itzkowitz from Mount Sinai Hospital in New York.

Finally, we have archived pdfs of past issues of this newsletter. Check them out!



University of Michigan
Health System

How to Refer a Patient to one of our IBD Specialists

Call our GI appointment center at 888-229-7408 for the appointment line, and specify that you want an IBD Specialist.

Fax patient records to our GI Call Center at 1-734-936-5458. Please include most recent labs, recent imaging reports or CDs, endoscopy reports, and pathology reports.

IBD specialists available by day:

Monday

Leslie Aldrich
Timothy T. Nostrant
Ellen M. Zimmermann
Kristen Boardman, PA

Tuesday

Grace Elta
Kristen Boardman, PA

Thursday

Peter Higgins
Akbar Waljee
Michael Rice
Leslie Aldrich
Kristen Boardman, PA

Friday

Leslie Aldrich
Kristen Boardman, PA

Looking for Something Better? Ongoing Clinical Trials in IBD:

IBD Visiting Professors Series

Continuing in the fall, the IBD Visiting Professors Series at the University of Michigan will be co-sponsored by Centocor, Abbott, and UCB. Invited IBD researchers will present their cutting-edge results and discuss their research with our University of Michigan IBD group.

For the 2010-2011 year, the IBD Visiting Professors will be:

August 27th

Dr. Uma Mahedevan
University of California, San Francisco

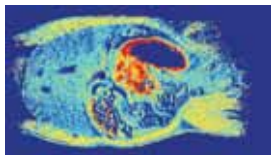
Spring 2011, date TBA

Dr. Sunanda Kane
Mayo Clinic

Talks will be recorded and webcast for those who can not attend in person.

Golimumab for UC – This medication is an under the skin injection of an antibody against TNF alpha, much like Remicade. This medication is designed for use in ulcerative colitis, and a clinical trial for patients with active ulcerative colitis is now underway. After an initial randomized study of induction of remission, subjects will be eligible for a maintenance trial, in which they can receive medication for up to 3 years. Please contact Carrie Bergmans at 734-615-2457 for patients with active ulcerative colitis.

Is your intestine scarred? – Being able to tell whether the intestine is becoming scarred and narrowed in Crohn's disease before an intestinal blockage occurs is a major goal of the research of Dr. Zimmermann and Dr. Higgins. Two studies of different approaches to this problem are now underway. Dr. Zimmermann's NIH-funded study uses a special kind of MRI to detect large molecules, like collagen, as they accumulate in scar in the intestines. Dr. Higgins' study uses a special kind of ultrasound to measure the stiffness of intestines of patients. Both studies will be available for patients with narrowing in their intestines who are



planning on surgery. The results of these imaging tests will be compared to the actual microscopic-level scarring found in the sections of the intestine removed at surgery to determine how accurate these non-invasive, radiation-free approaches to measuring scarring are. If you have an upcoming surgery for Crohn's, please contact Jessica FunNell at 734-615-4843 or Karla Helvie at 734-615-7977.

Measurement of ulcerative colitis and Crohn's disease – This is how we find out if new drugs actually work. Unfortunately, all of our current measures require endoscopy, so clinical trials in ulcerative colitis require patients to undergo repeated endoscopies. The UCPRO and CDPRO studies, sponsored by Genentech, ask patients with ulcerative colitis and Crohn's disease about what impact IBD symptoms have on their lives, how they cope with them, and how to measure the effect of these symptoms on patients' lives. If you are willing to talk about your IBD, or evaluate draft versions of questions to measure symptoms, please contact Carrie Bergmans at 734-615-2457.



Databases – We have an active IBD databank that collects clinical information and biologic samples to help discover the causes of IBD. Patients with IBD and family members without IBD can participate. If you are interested, please contact Cait Plonka at 734-764-0507.

Medication Registries – For newer medications, we have registries to follow patients over time and determine if any side effects or adverse events occur more often in patients on these medications. Currently we have registries enrolling for Humira, Cimzia, and Tysabri. If you are interested in participating, please contact Cait Plonka at 734-764-0507.



On the Drawing Board

This is a list of clinical studies we are currently designing, considering, trying to get funding for, or filing the paperwork to get institutional permission to do in the future:



Website Review:

The United Colon Video Blog

Two patients from the University of Michigan IBD center recently volunteered to review a website about IBD from the patient perspective. While we like the University of Michigan IBD website (<http://www.med.umich.edu/ibd/>) the best, other websites can offer different perspectives on IBD.

The website reviewed this quarter is www.ucvlog.com, which provides information about living with inflammatory bowel disease, living with an ostomy, and living with a J pouch. Many patients with ulcerative colitis and Crohn's have questions about what it is really like to have surgery, have an ostomy, or have a J pouch. This site presents answers to these questions from actual patients with IBD (Dennis and Nadia), in a video format. Now, on to the reviews.

Reviewer 1 had severe ulcerative colitis for several years, but despite multiple medical therapies, could not find one that worked for him, and had a very successful colectomy with an ileostomy several years ago. He wrote:

I think that the web site and accompanying videos are extremely helpful. One of the difficulties that I experienced both pre and post surgery was not knowing what to expect. Seeing and hearing peers, that is, non-medical personnel, with experiences such as mine, illuminates some of the situations that we must deal with. I have not watched all of the videos, but I would definitely recommend this to others trying to get a better idea of what dealing with an ostomy is like.

Reviewer 2 had severe ulcerative colitis that was initially controlled with medications, but side effects made it impossible to continue these medications, and she had a colectomy with ileostomy 3 years ago. She wrote:

I had viewed some of these videos in the past and found them helpful. I viewed more of them for this review (there are a lot of them, as you know pertaining to a number of topics). What I do like is that they are rather straightforward and not "hyped," especially the ones that Dennis has done. He's young and brings that perspective to his experience. On the other hand, even for someone like myself who is not that young, his observations are applicable. I think that for many patients it's really important to have information come from another patient. One of the many down sides of being hospitalized is that by the time you have concerns or questions, you've been discharged and there is no one around to ask. Just as with anything else on the Internet, these experiences are unique to these individuals but I do think they may help a lot patients begin to put some words to their feelings and fears— enough to perhaps help generate their own questions specific to their situations. I've heard folks sometimes say "I didn't even know what to ask" as it can feel overwhelming being in the midst of a flare, or after surgery or when dealing with an ostomy in the early stages. I also like that it normalizes the experience and can perhaps give others some solace in knowing that they have common issues and concerns. So I do think this website may be very useful and a good resource for patients.

- A study of whether molecules (biomarkers) in the stool or blood can predict which IBD patients currently in remission will have a flare, and which patients will stay in remission.
- A study of whether molecules (biomarkers) in the blood can predict which Crohn's disease patients are actively developing scarring of the intestine.
- A study of whether using remicade (infliximab) after surgery can prevent Crohn's from returning (sponsored by Centocor).
- A study of whether methotrexate can control symptoms in ulcerative colitis, and whether it has to be continued after patients go into remission (sponsored by CCEA).

How to Refer a Patient to an IBD Clinical Trial

They do not need a clinic appointment –
Just call one of our IBD Study Coordinators:



Carrie Bergmans
734-615-2457



Jessica FunNell
734-615-4843



Karla Helvie
734-615-7977



Cait Plonka
734-764-0507



University of Michigan
Health System

**U-M Inflammatory
Bowel Diseases Program**
www.med.umich.edu/ibd

**U-M Division of
Gastroenterology**
www.med.umich.edu/gi

For a physician to
physician consultation, call
M-Line at 1-800-962-3555.

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IBD News You Can Use

Accutane a Cause of UC, or an Innocent Bystander?

Accutane use has been linked to increased numbers of new cases of ulcerative colitis. However, it is not entirely clear that Accutane is at fault, as other studies have not found an effect. People who have severe acne in their teens are also more likely to develop ulcerative colitis (perhaps an immune reaction to the bacteria on the skin is not too different from an immune reaction to the bacteria in the colon). So Accutane may be used more often in patients who later develop UC, but it may not be to blame.

Is a Colonoscope Like a Crystal Ball?

In a study of humira (adalimumab) for Crohn's disease, patients who had mild endoscopic ulcers or no ulcers at colonoscopy 12 weeks after starting humira were 33 times more likely to be in remission at one year than patients who had moderate or severe ulceration. Colonoscopy to see how well a treatment is working after 3 to 6 months may become part of patient care, unless non-invasive stool markers can work just as well. Coming soon: Wall Street tests colonoscopy to predict future pork belly prices.

PIANO Newborn Registry

This CCEA sponsored registry study (Pregnancy in Inflammatory Bowel Disease and Neonatal Outcomes) found no significant increase in birth defects in children born to women with IBD on immunosuppressive medications. The study, based at the University of California at San Francisco, and directed by Uma Mahadevan, has been funded to follow up to 1,000 women and their newborns until the children are four years old to look at developmental milestones and infection rates in children exposed to immune suppressants. If you are pregnant and have IBD, you can participate in this registry. Contact Yelena Idomsky at UCSF at 415-353-7871.



Patient Question of the Quarter:

Has Any Diet Been Tested and Shown to Reduce Symptoms of IBD?



As every IBD patient knows, what you eat can dramatically affect how you feel. Even when the inflammation is under control, many IBD patients experience symptoms of bloating, abdominal pain, gas, and diarrhea that can negatively affect their quality of life. The questions patients ask are:

why does this happen, what types of food trigger these symptoms, and is there a diet that has been proven to reduce them?

The "FODMAP restricted diet" has been shown to help IBD patients. This is a diet where one avoids Fermentable, Oligo-, Di-, Mono-saccharides And Polyols (FODMAPs). FODMAPs are a group of sugars that are frequently poorly absorbed in the small intestine, and rapidly used by bacteria in the intestine to help them grow. FODMAP intolerance is more frequent in people with recent inflammation of the intestine, narrowings of the intestine, or an intestine that has been shortened by surgery. These undigested sugars act like fast food to the bacteria that live in the intestines. The bacteria quickly break down the sugars and grow

rapidly, creating a lot of gas as they do so. The second problem is that undigested sugars, or the fermented products released by the bacteria, hold on to water. This causes you to absorb less water through the wall of the large intestine, which increases the water content of stool and can lead to watery diarrhea, even when bowel inflammation is well controlled. Put together, people who have trouble absorbing these sugars properly in their small intestine will have increased symptoms of bloating, gas, abdominal pain, and diarrhea.

A recent study showed that limiting FODMAPs in the diet of people with Crohn's disease reduced abdominal pain, diarrhea, bloating and gas in more than 50% of patients. The point of this diet is to reduce the amount of FODMAPs in what you eat. It would be almost impossible to completely eliminate FODMAPs due to their prevalence in food. For more information about the FODMAP restricted diet, talk to your doctor. If you are having bloating, gas, or pain without a lot of inflammation, ask your doctor about whether a restricted FODMAP diet might help your symptoms. A restricted FODMAP diet will not reduce inflammation, change the course of IBD, or improve intestinal narrowings, but it can reduce symptoms in many patients.