



## IBD News You Can Use:

### Why Should Patients with IBD Avoid Live Vaccines?

Vaccination, especially when using immunosuppressant IBD medications, is one way you can keep healthy and protect yourself from disease. While it is important to complete your vaccinations soon after being diagnosed with IBD, it is also important to remember to avoid “live vaccines” if you are taking immunosuppressant IBD medications, such as immunomodulators and biologics (examples including prednisone, Imuran®, methotrexate, Remicade®, Humira®, and Cimzia®).



While many vaccines are inactivated (not containing any live virus), live vaccines contain a version of the living microbe that has been weakened in the laboratory so it can't cause disease in healthy individuals. In individuals who are immune-suppressed or taking immunosuppressive medication, these vaccinations have the potential to cause infection. Live vaccines should not be given while taking immunosuppressant drugs or within 2 months after stopping them. Common live vaccines include the Nasal Spray Flu Shot, Varicella (Shingles and Chicken Pox), MMR (Measles, Mumps, and Rubella), Rotavirus, and Oral Polio. Inactive forms of vaccinations should be used whenever possible, such as receiving the flu shot injection over the nasal spray flu shot. Be sure to let your primary care physician know if you are taking immunosuppressant medication so they can decide the best course of action for vaccination.



## Introducing: Dr. Megan Riehl

***The Division of Gastroenterology welcomes Dr. Riehl, a clinical health psychologist who specializes in gastrointestinal disorders***

Dr. Megan Riehl is a licensed clinical health psychologist with extensive experience working with individuals with various physical and mental health issues. She specializes in the treatment of gastrointestinal problems and anxiety related-disorders. Working from a collaborative perspective, she believes that a strong therapeutic relationship will aid in facilitating change and promoting well-being. Her approach to therapy relies on principles of cognitive behavioral, humanistic and client-centered therapies to design unique and flexible treatment plans tailored to the individual she is working with. She received her master's degree in counseling psychology and doctorate in clinical psychology from the Adler School of Professional Psychology. Dr. Riehl completed a 2-year health psychology fellowship in the Division of Gastroenterology at the Feinberg School of Medicine at Northwestern University.

The behavioral health service now offered in the Division of Gastroenterology at the University of Michigan Health System is designed to provide patients with a resource to address the many complexities associated with having gastrointestinal disorders. While working with a health psychologist, you have the opportunity to focus on learning coping skills to deal with the many challenges that arise beyond just physical symptoms. Dr. Riehl uses the most up-to-date, scientifically based treatments (including Cognitive-Behavioral Therapy, coping skills training, gut-directed hypnosis and stress-management/relaxation training) to assist you with managing your condition and improving your quality of life. She provides a safe, comfortable therapy environment (within the Taubman Center) where treatment is designed to help you feel better. Contact your gastroenterologist to discuss a referral to meet Dr. Riehl for an initial consultation.

# Ongoing IBD Clinical Studies

**Title:** [OCTAVE for UC](#)      **Drug:** Tofacitinib (CP-690,550) – oral medication

This is a phase 3 study for subjects with moderately to severely active ulcerative colitis. This medication is a JAK inhibitor which reduces many cytokines, rather than blocking one cytokine at a time, as is the case of anti-TNF drugs.

**Title:** [HICKORY for UC](#)      **Drug:** Etrolizumab, injection under the skin

This is a phase 3 study for patients with moderate to severe active ulcerative colitis. This medication is an anti-integrin  $\beta 7$  therapy that regulates white blood cell trafficking in the lining of the intestines.

**Title:** [JNJ JAK for UC](#)      **Drug:** JNJ-54781532, oral medication

This is a phase 2b study for subjects with moderately to severely active ulcerative colitis. This medicine is also a JAK inhibitor, but has a slightly different mechanism of action than the medicine being studied in the OCTAVE study.

**Title:** [Abbvie M-14 for Crohn's and UC](#)      **Drug:** Humira (adalimumab), injection under the skin

**Crohn's:** A phase 3 study for subjects with moderately to severely active Crohn's disease to evaluate the efficacy and safety of two Humira induction regimens followed by standard maintenance therapy with Humira.

**UC:** A phase 3 study for subjects with moderately to severely active ulcerative colitis to evaluate a high dose Humira induction regimen versus a standard dose induction regimen, followed by high dose versus standard dose maintenance therapy.

**Title:** [Tofa for Crohn's](#)      **Drug:** Tofacitinib (CP-690,550) – oral medication

This is a phase 2b study of subjects with moderately to severely active Crohn's disease. The medicine is the same JAK inhibitor from the OCTAVE trial for UC.

**Title:** [CT-P13 for Crohn's](#)      **Drug:** Generic Remicade, infusion

This is a phase 3 study for patients with moderate to severely active Crohn's disease to evaluate the safety and effectiveness of CT-P13 (a generic form of Remicade) versus Remicade. Patients will be randomized to receive either CT-P13 or Remicade (no placebo) for up to 54 weeks.

**Title:** [GEM Project \(observational study\)](#)

**Our goal for this study is to follow healthy brothers, sisters and children of patients with Crohn's Disease to try and identify the different factors that may lead to the development of this disease.**

**WHO CAN PARTICIPATE?** You can participate in this study if you are generally healthy, between the ages of 6 and 35, and have a sibling or parent that has been diagnosed with Crohn's Disease.

**WHAT IS INVOLVED:** Your participation would involve one visit where we would ask you to complete 3 questionnaires and give us a blood, urine, and stool sample. You would then be contacted by telephone every 6 months for up to 6 years to ask if there are any changes to your health. You will be compensated \$20 to thank you for your participation.



**University of Michigan  
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U-M Inflammatory Bowel  
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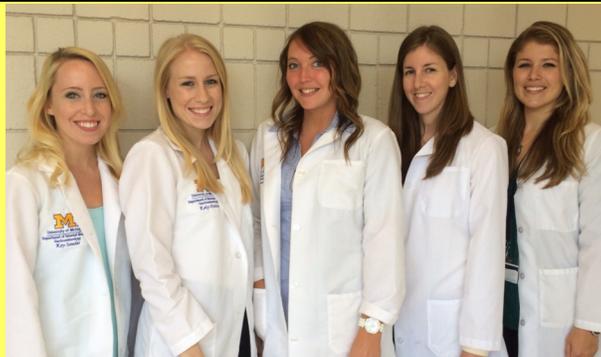
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**Contact the UM IBD  
Clinical Trial Team!**

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