Providing Patient Education and Support to Ileal Pouch-Anal Anastomosis Patients through the World Wide Web

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Background: Substantial patient education and support about ileal pouch-anal anastomosis (IPAA) is often not readily available. Patients are increasingly turning to the world wide web (WWW) for medical and health information. The J Pouch Web site was created in 1997 to extend its Philadelphia based network of education and support worldwide. Aim: To evaluate the nature of questions asked by patients worldwide concerning IPAA surgery via the World Wide Web. Methods: We recently analyzed all questions received at our website www.jpouch.org over a 54 month period, from January 1997 through June 2001. Results: A prospective analysis of 585 sequential questions submitted to our website. Questions were catalogued according to their focus: antiquating or between surgeries. Emails with multiple questions were sorted according to their primary or first question. A small subset of questions asked fell into an other category. The specific frequency of questions and inquiries are described. Results: Since the inception of The J Pouch Web Site in 1997, the number of reported monthly visits or hits has increased from 200 to 750,000. 585 email questions were received from six continents during a 54 month period from January 1997 through June 2001. Of the 585 questions posed, the composite number of questions in each category included: following surgery (67.2%), anticipating surgery (14.4%), in between surgeries (12.5%) and others (1.5%). The most common concerns in the following surgery category included stool frequency/diarrhea (14%), pouchitis (10%) and abdominal/flank pain (9%). Patients anticipating surgery most commonly had questions about success/compliances of the procedure (23%) and selection of a surgeon/hospital (14%); many also sought advice about IPAA surgery for pediatric patients (11%). The most common concerns for patients in between surgery included general procedural questions about future surgeries (32%), take down questions (9%) and rectal bleeding/discharge (7%). The most commonly asked other question was IPAA surgery for other disease states (23%), including Crohns disease, colon cancer, diverticulitis, and other diseases. Conclusions: Patients who are contemplating, undertaking or have completed IPAA surgery internationally seek information and support. These patients still have many questions and require follow up. The J pouch web site is an effective and much utilized method to provide additional education and support worldwide.

Conclusions: AGA

W1335

Lack of Association between SNPs in the NOD2 Gene and Response to Infliximab Treatment in Crohn’s Disease
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Background: Treatment with infliximab (anti-TNF-α, monoclonal antibody) has been proven to induce remission in 30-40% of steroid refractory Crohn’s disease (CD) patients. Clinical predictors for treatment response are still unknown. The first Inflammatory Bowel Disease (IBD) susceptibility gene (NOD1 on chromosome 16q12.1) has been recently identified as NOD2, a member of the Apal-1/4d superfamil of apoptosis regulators. 3 variants SNP8, SNP12 and SNP13 have been shown to be independently associated with CD susceptibility. Aim: To investigate SNP8, SNP12, and SNP13 (both missense mutations) and SNP13 (C insertion producing a truncated protein) in relation to therapeutic efficacy of infliximab. Methods: Two multicenter cohorts of active CD patients (CDAI 220-450), from independent clinical trials conducted according to GCP were studied. In both trials patients received open label infliximab (5 mg/kg AG at study start. The German study (n=90) was used for generation of SNP8, and the ASCERT study (n=444) for generation of SNP12. The therapeutic response was defined as drop of CDAI at least 70 points (a), at least 100 points (b) or achievement of remission as CDAI<150 points (c), respectively. The 3 SNPs under investigation were typed by TaqMan technology. Results and conclusion: No association with treatment response (p>0.3) in either of the cohorts under investigation. The subsequent negative findings in a two cohort model confirm that mutations in the NOD2 gene do not represent a predictor for therapeutic response to infliximab treatment.

W1336

Infliximab Inflammation Reactions: The Influence of Sex and Drugs
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Background: Infliximab infusions in Crohn’s patients may be complicated by infusion reactions or other adverse events (A). Patient risk factors, and the protective effect of concomitant administration of immunomodulators and/or corticosteroids has been postulated, but not conclusively shown. Methods: All patients who received infliximab from the 5 year period between 10/1998 and 9/2001 were prospectively entered into the study. Infusion reactions and adverse events were recorded at the day of infusion, as well as by personal or telephone interviews at weeks 1, 3, 7,12 and then at 3 month intervals following each infusion. Reinfusions were scheduled before each month of infusions. Infusion reactions or AEs were classified as Immediate (<24 hours of infusion), 1st Week (>24 hrs but <1 week), or 1st Month (>1 week but <1 month). Immunomodulator (6MP/6A or MTX) and corticosteroid use was recorded. Statistical analysis tested utilised (variable): Chi-square (chi-square), Rank-Sum (continuous), Logistic regression (multivariate analysis). Results: 271 patients (59% female, mean age 38.3, range 17-71) were infused a total of 1259 infusions (per patient range 1 to 30) over the 3-year period. Concomitant 6MP/6A was given in 50%, MTX in 10%, and prednisolone of daily dose >20mg (Pred) in 12% of infusions. Adverse events noted were defined as any events of infusions; infusion reactions >1 hour in 9.4%, between days 1 and 7 in 4.1%, and after the first week in 8.0% of all infusions. See Table for classification of type of reaction and percentage of patients in whom the events occurred. See Table for number of patients in whom the events occurred. There were no statistically significant differences in MTX or 6MP/6A use in patients with or without infusion reactions. Conclusion: Infliximab infusion reactions in Crohn’s patients are much less frequent in men, in younger patients, and with concomitant 6MP/6A. High dose prednisolone did not impact such protection.

<table>
<thead>
<tr>
<th>Time of AE</th>
<th>Male</th>
<th>Female</th>
<th>6MP/MTX</th>
<th>Neither 6MP/MTX</th>
<th>Pred&lt;20mg</th>
<th>Pred&gt;20mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate</td>
<td>5.7</td>
<td>11.9</td>
<td>7.8</td>
<td>12.0</td>
<td>6.0</td>
<td>6.3</td>
</tr>
<tr>
<td>1st Week</td>
<td>2.9</td>
<td>5.0</td>
<td>6.1</td>
<td>2.0</td>
<td>6.7</td>
<td>8.2</td>
</tr>
<tr>
<td>1st Month</td>
<td>0.8</td>
<td>9.4</td>
<td>6.3</td>
<td>6.8</td>
<td>6.3</td>
<td>8.2</td>
</tr>
</tbody>
</table>
| \(p=0.001\) Immediate, and \(p=0.05\) for 1st Week and 1st Month, compared to females. \(p=0.005\) \(p=0.022\) both compared to Neither 6MP/MTX. Values shown are percentages.

W1337

Predictive Value of Age at Onset of Disease in Natural History of Ulcerative Colitis (UC)
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Background: The age at onset of disease in UC may help in predicting its natural history. Aim: We examined the influence of age at onset of disease on the outcome of the disease extent, severity (clinical, colonoscopic and histological), the number of relapses, intensive therapy and requirement for surgery. Methods: Patients of UC diagnosed on the basis of clinical history, colonoscopy and rectal biopsy were included in this retrospective study. Subjects were divided into two groups according to age at onset of disease. Group I: <18 yrs, Group II: 18 to 50 yrs and Group III: >50 yrs. Outcome measures were extent, severity, number of relapses and treatment taken. Results: 578 patients of UC were included. Gr I -52 patients, Gr II - 647 patients and Gr III -52 patients. Age range at onset of disease was 3 to 70 yrs. The most common duration of disease was 7 years. Group I: range 1 to 4 years, Group II: 1 to 10 months to 1 year and Group III: 10 months to 1 year. The extent was proctosigmoiditis in 31.3%, left sided colitis in 30.5% and pancolitis in 38.3%. There was no significant difference in three age at onset groups when compared for clinical severity (p=0.43), extent (p=0.51), colonoscopic grading (p=0.26), biopsy grading (p=0.96), number of relapses (p=0.3), relapses per year (p=0.13), intensive therapy given (p=0.96), number of times intensive therapy given (p=0.76) and requirement for surgery (p=0.7). Conclusion: Age at onset of disease does not predict the natural history of ulcerative colitis as seen in a long-term follow up study.

W1338

Infliximab Therapy for Pediatric Crohn’s Disease
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Infliximab, a chimeric monoclonal TNF-α antibody, has proven efficacy in treating adults with Crohn’s disease (CD). However, there is little data on its effectiveness in pediatric clinical trials. Aim: To assess the safety and efficacy of open-label infliximab for pediatric CD. Methods: Medical records were reviewed of all consecutive CD patients (n=21) less than 19 yrs at the age of received infliximab. CD diagnosis was based on radiographic, endoscopic, AAGB Abstracts A-612