



Hot topics in Gastroenterology

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What are we going to cover?

- **Inflammatory Bowel Disease**
- **Colorectal Cancer**
- **Colonoscopy**





Inflammatory Bowel Disease (IBD)

- What is it?
- Is it the same as IBS?
- Who gets it?
- Investigations
- Treatments
- Services at Chelwest and further information





What is IBD?

- Chronic, inflammatory condition affecting the GI tract
 - Lifelong
 - Relapsing and remitting
 - Treatable
- Sister conditions
 - **Ulcerative colitis**
 - **Crohn's disease**





Is it the same as IBS?

- NO!
- Irritable bowel syndrome
- Similar symptoms but no underlying damage
 - Abdo pain
 - Bloating
 - Diarrhoea and or constipation
- Functional bowel condition
- Can get as well as IBD





Who gets IBD?

Ulcerative colitis

- 1 in 420 people in the UK
- Age - 20s (second peak in 50s)
- Genetic link
 - 2% risk in offspring
- Environment and immune system

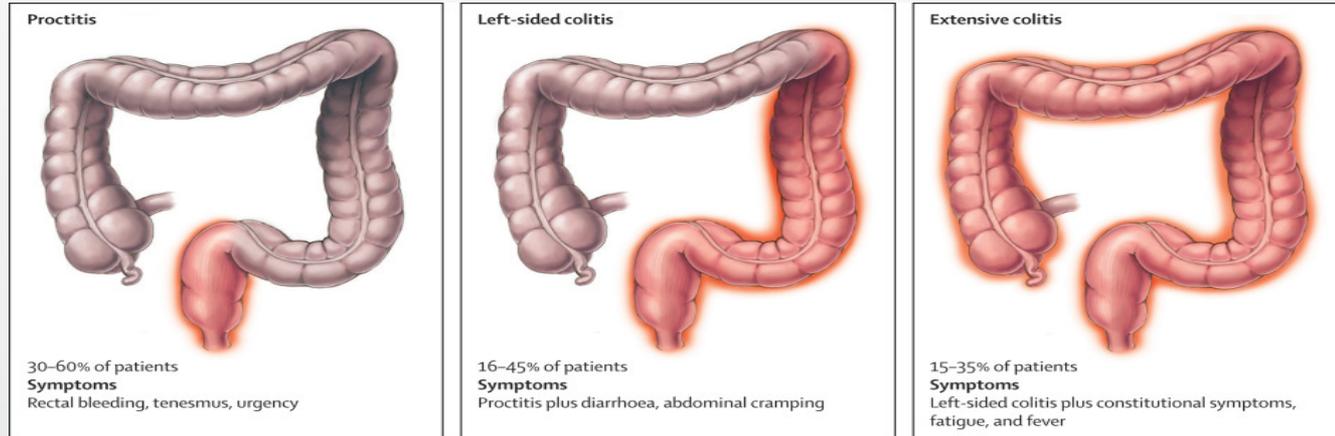
Crohn's disease

- 1 in 650 people in the UK
- Age – peak in 20s (10-40)
- Genetic link
 - 5-10% risk in offspring
- Environment and immune system
 - Smoking

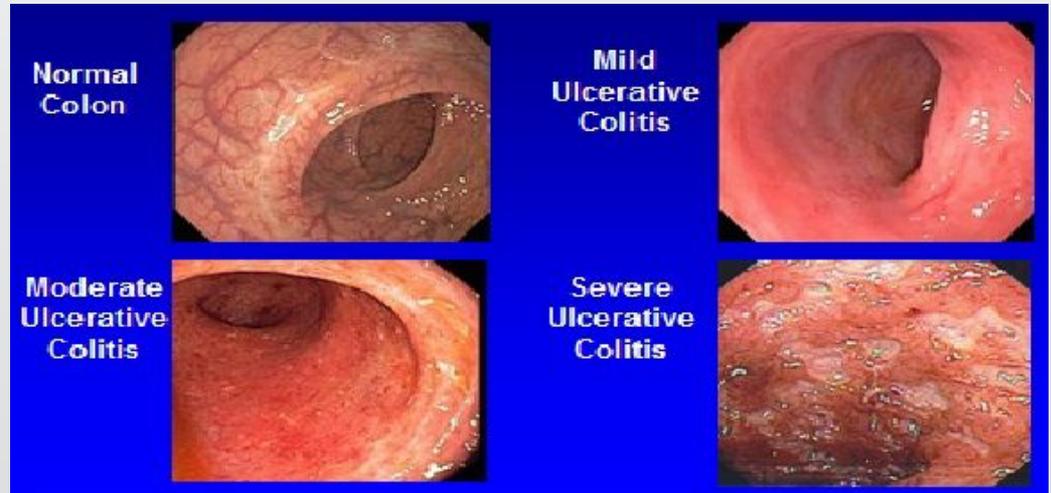


Ulcerative colitis

- Distribution
- Inflammation

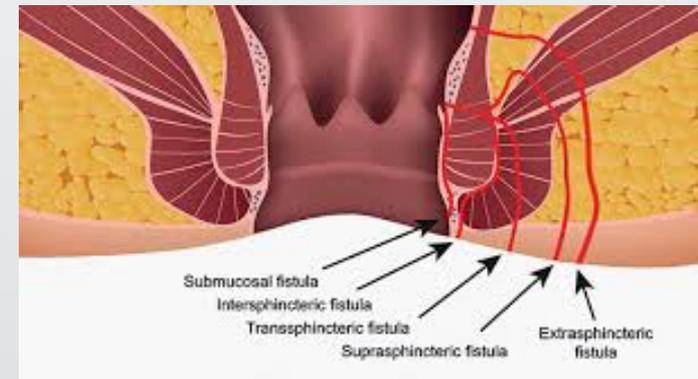
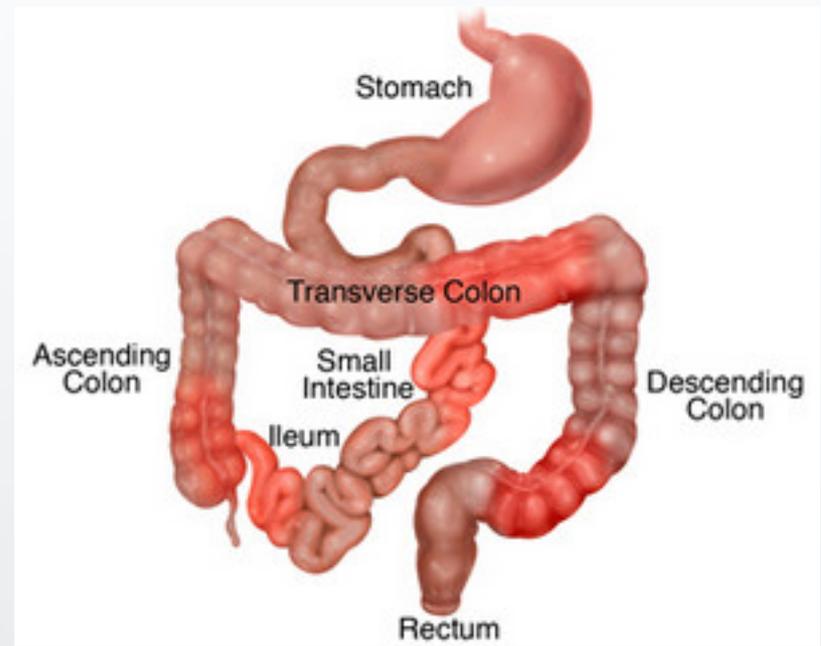
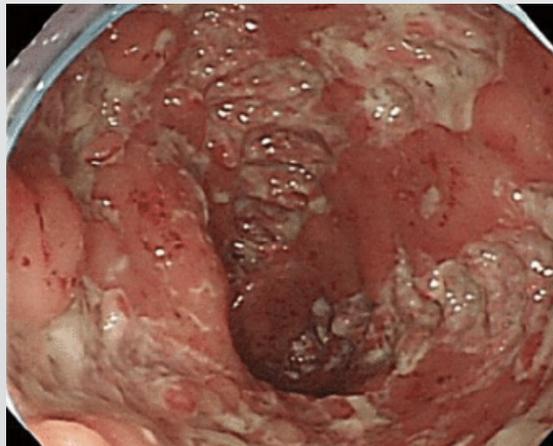


- Symptoms
 - Diarrhoea
 - Rectal bleeding
 - Pain



Crohn's disease

- Distribution
- Inflammation
- Symptoms
 - Diarrhoea
 - Rectal bleeding
 - Pain
 - Anaemia
 - Weight loss



Other features

Ulcerative colitis

- Acute severe UC
- Bowel cancer (2-3% at 10 years)

Outside the GI tract

- Skin
- Joints
- Eyes



Crohn's disease

- Abscesses
- Fistulae
- Perforation





Investigations

- Blood tests
- Stool samples
- Colonoscopy/flexible sigmoidoscopy (+/- endoscopy)
- Capsule endoscopy
- MRI scan
- CT scan





Treatment

- It's complex!
- Individual
- Compliance with medications and follow up
- Stop smoking
- Types of drug
 - Aminosalicylates
 - Steroids
 - Immunosuppressants
 - Biologics



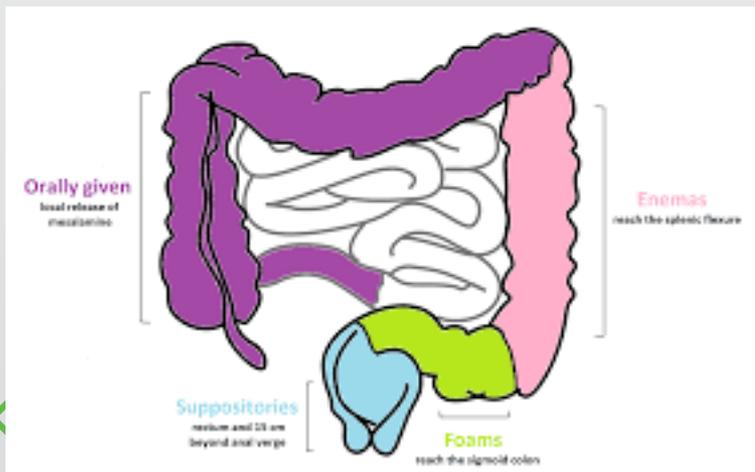
Treatment

Aminosalicylates

- Anti-inflammatories
- Mesalazine
- First treatment in UC
- Safe

Steroids

- Colonic disease
- Quick and effective
- Oral and IV
- Side effects
- Short term only





Treatment

Immunosuppressants

- Thiopurines & methotrexate
- Oral
- 'Steroid-sparing' agents
- 1st line Crohn's treatment
- Side effects
- Need monitoring

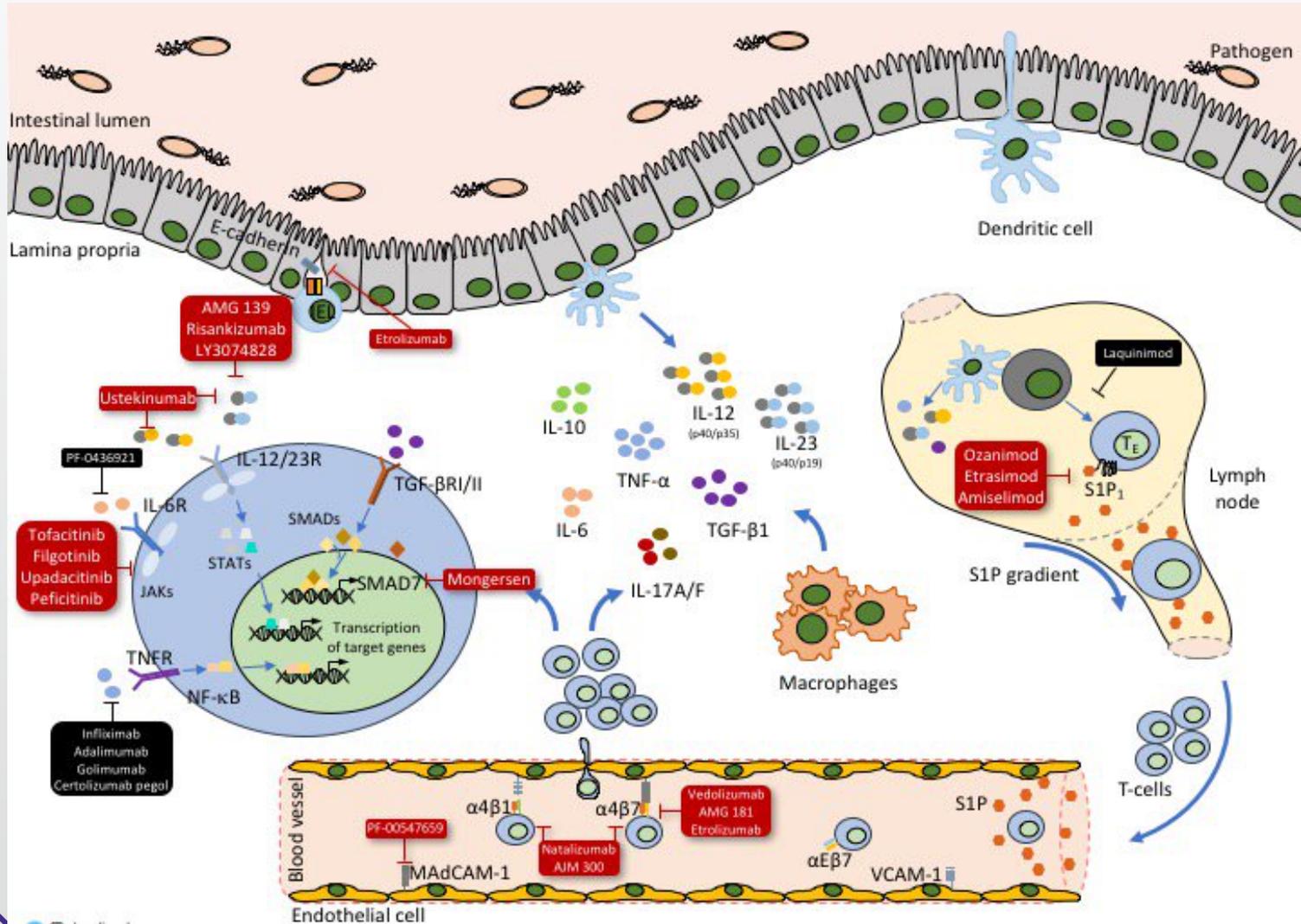
Biologics

- Severe disease or failed other therapies
- IV, SC and oral
- Mode of action
 - Anti-TNF
 - Anti-integrin
 - IL-12/23 blocker
 - JAK inhibitor
- Expensive
- Side effects





New treatments



@charlie_lees

Figure adapted from Coskun M, et al. *Trends Pharmacol Sci.* 2017;38:127-42





Surgery

Ulcerative colitis

- 1 in 4 people
- Subtotal colectomy



Crohn's disease

- 1 in 4 people within 10 yrs
- Different possibilities
 - Resection
 - Strictureplasty
 - EUA + seton placement





Is diet important?

- No evidence based dos or don'ts
- Healthy balanced diet
 - Caution with high animal fat, sugar and processed meats
- May need to avoid foods during a flare up
- Low residue diet in stricturing Crohn's





Services at Chelwest

- IBD specialists on both sites
 - Gastroenterologists, CNS, pharmacists, surgeons & radiologists
 - Cross-site working
- Specialist meetings, clinics & endoscopy lists
- E-mail and telephone advice line
 - Advice line: 020 8321 5403
 - Advice line: ibd.gastro@chelwest.nhs.uk
- www.crohnsandcolitis.org.uk





Summary

- UC and Crohn's are chronic, inflammatory conditions affecting GI tract
- Different from IBS
- Present in many different ways
- Treatable but medication needed long term
- Big IBD service at Chelwest





What should I know about Colorectal Cancer?

Richard Appleby

Consultant Gastroenterologist

West Middlesex Hospital





What should I know?

- What is it?
- How can I avoid it?
- How can I diagnose it?
- How can it be treated?



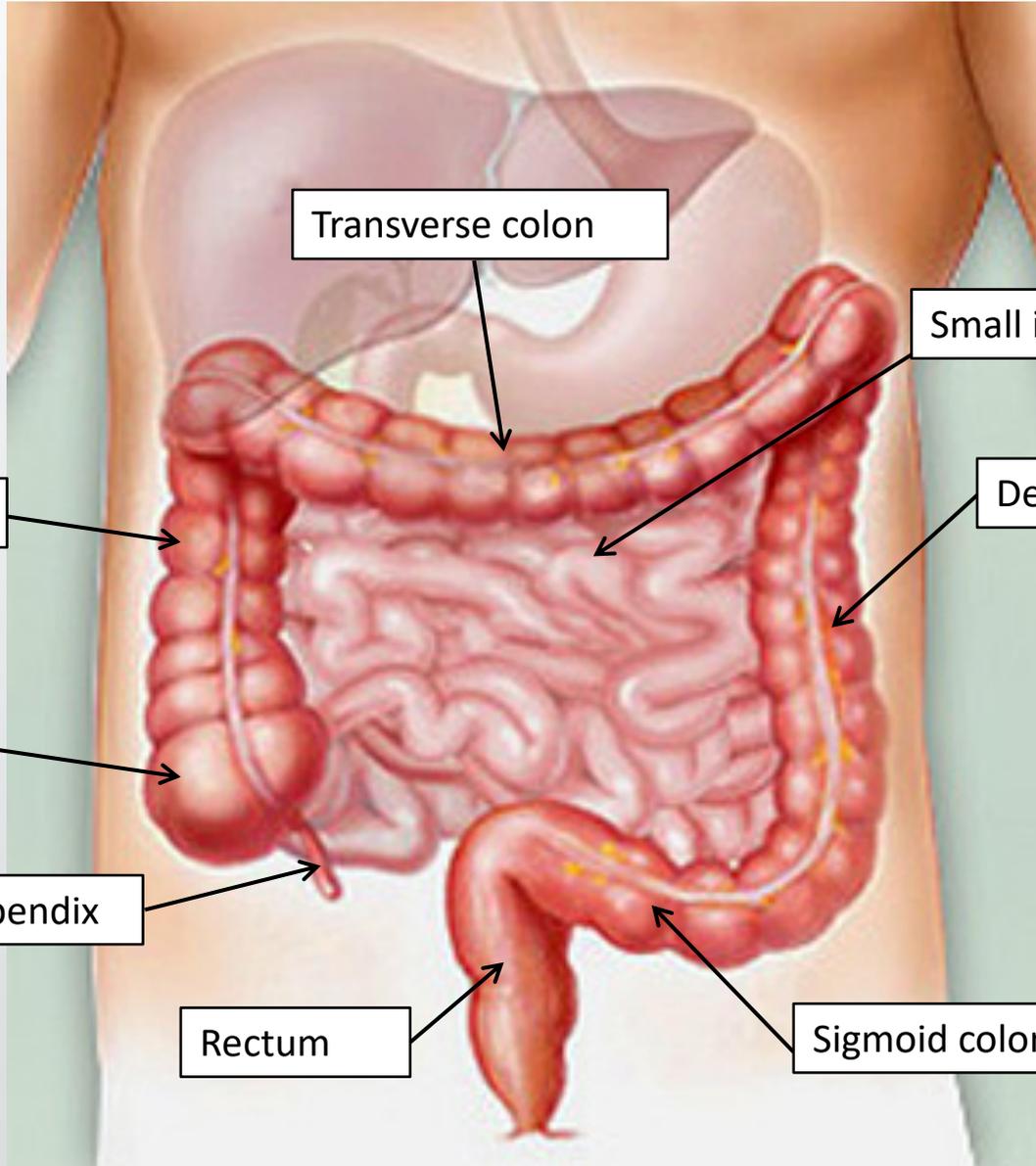


Colorectal Cancer – What is it?

- Common: 1 in 15-18
- Second biggest cancer killer worldwide
- Curable – if caught early (nationally 65%)
- Always treatable
- Preventable



Anatomy of the colon



Ascending colon

Transverse colon

Small intestine

Descending colon

Caecum

Appendix

Rectum

Sigmoid colon





How can I avoid it - Risk factors

Age

Family history

Inflammatory bowel disease

Smoking

Type 2 diabetes

Red meat

Low fibre diet



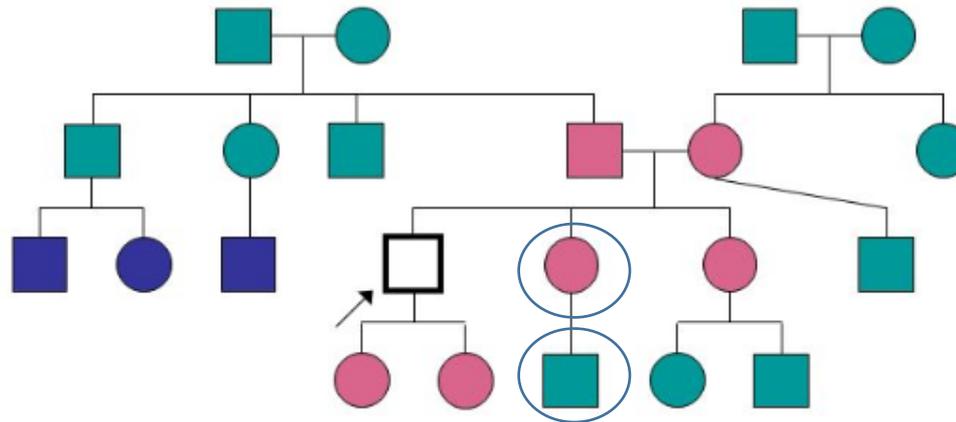


What is a significant family history?



Collection

Degrees of Relationship



-  **First-degree relatives:** parents, siblings, children
-  **Second-degree relatives:** half-siblings, aunts, uncles, grandparents, nieces & nephews
-  **Third-degree relatives:** first cousins





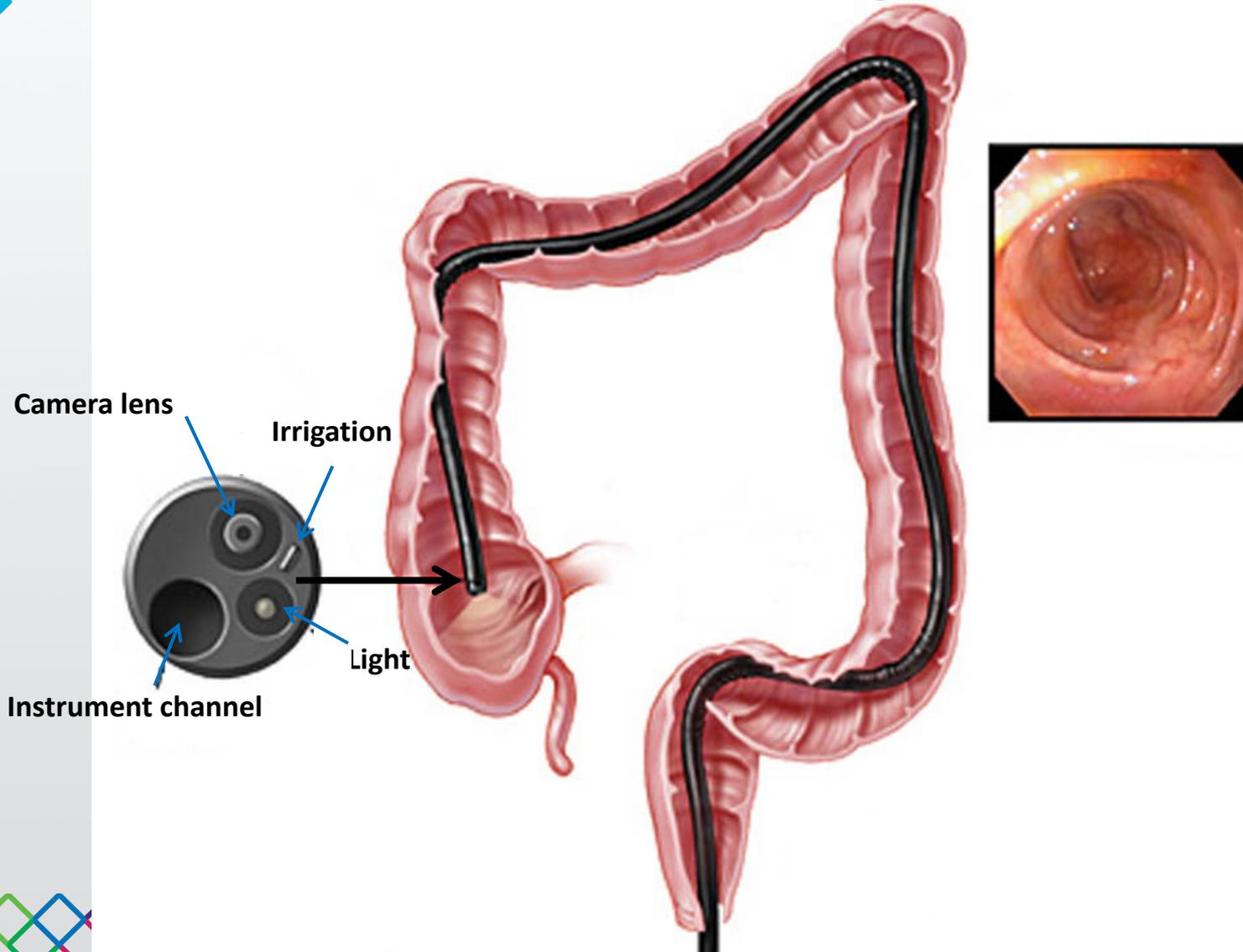
How can I diagnose it?

- Blood in the stool
 - A **CHANGE** in bowel habit towards looser stool
 - Anaemia (on a blood test)
 - Abdominal pain
-
-But it's difficult to know.....therefore we screen





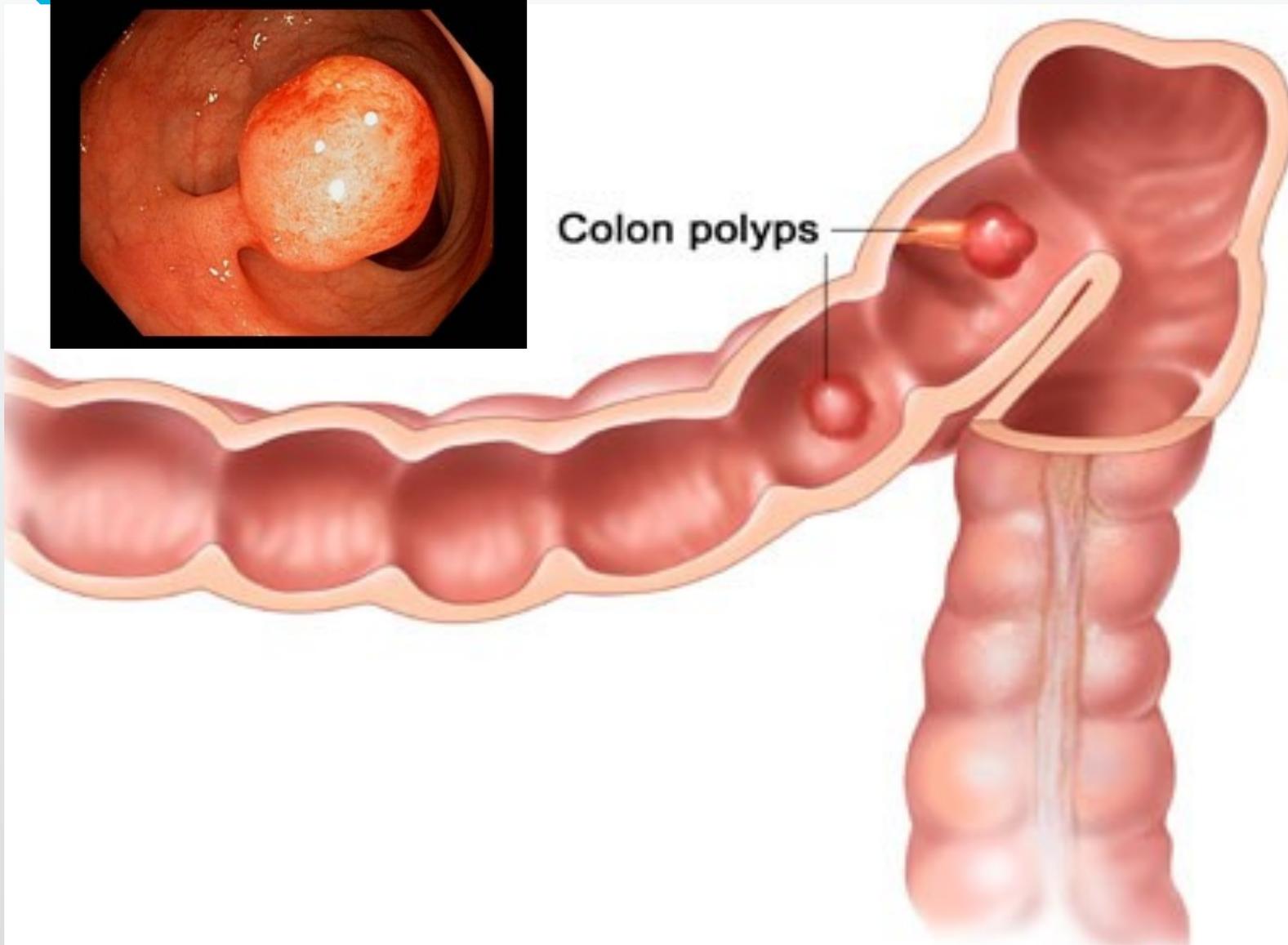
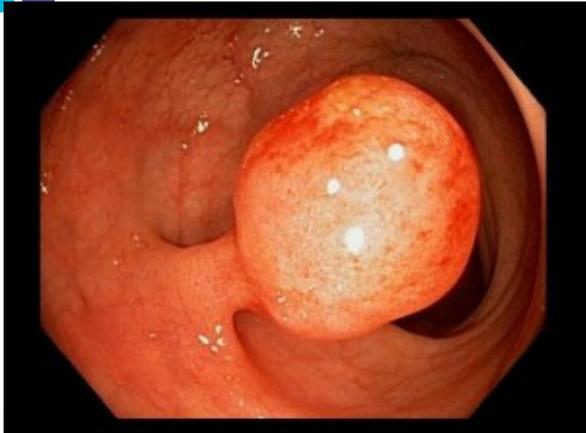
The colonoscopy procedure





The colonoscopy procedure room



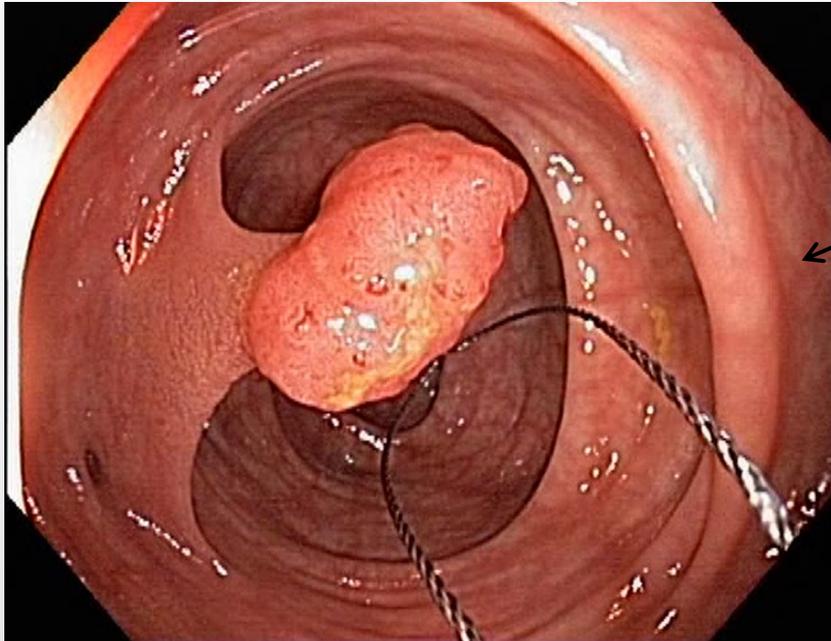


Colon polyps

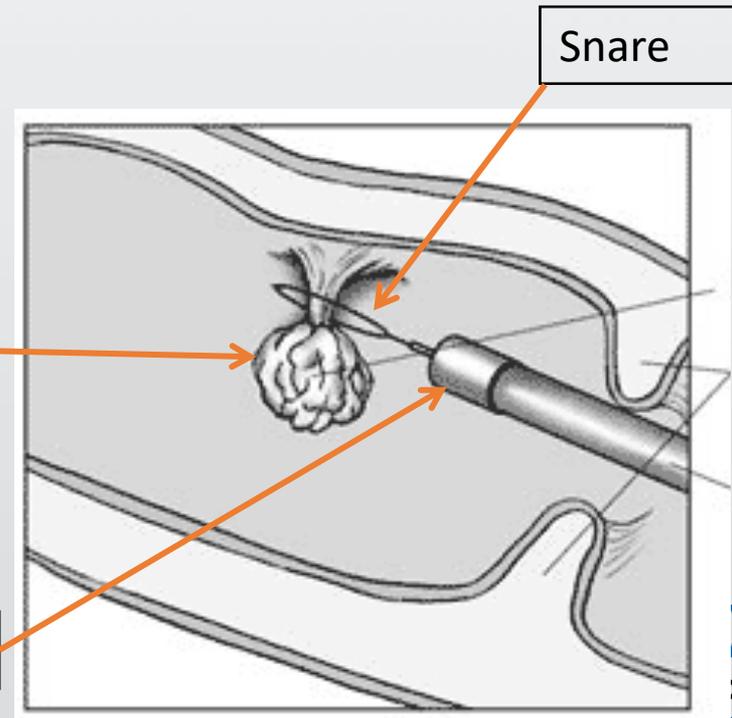




Removing a polyp



Endoscopic snare excision of a polyp





British bowel cancer screening programme

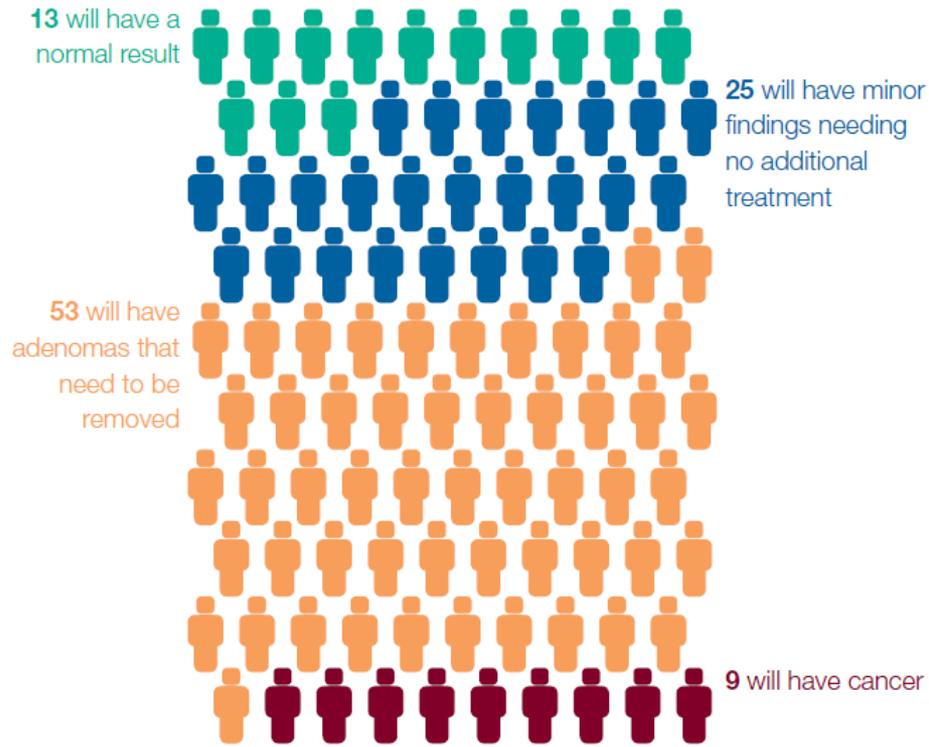
- Bowel Scope – aged 55
 - One-off flexible sigmoidoscopy
 - Colonoscopy if more than 1 large polyp (5%)
- Bowel cancer screening programme aged 60-74
 - FIT stool test every 2 years
 - Colonoscopy if FIT positive (2%)





Likely findings from 100 screening colonoscopies

For every 100 people having colonoscopy after an abnormal FIT kit result:





Complications from colonoscopy

- The risk of a perforation (hole in the bowel wall)
1 in 1,700 (around half of which may require surgery)
- Heavy bleeding needing a transfusion
1 in 2,400
- The chance of missing cancer or a polyp
3 in 100





CT Colonography

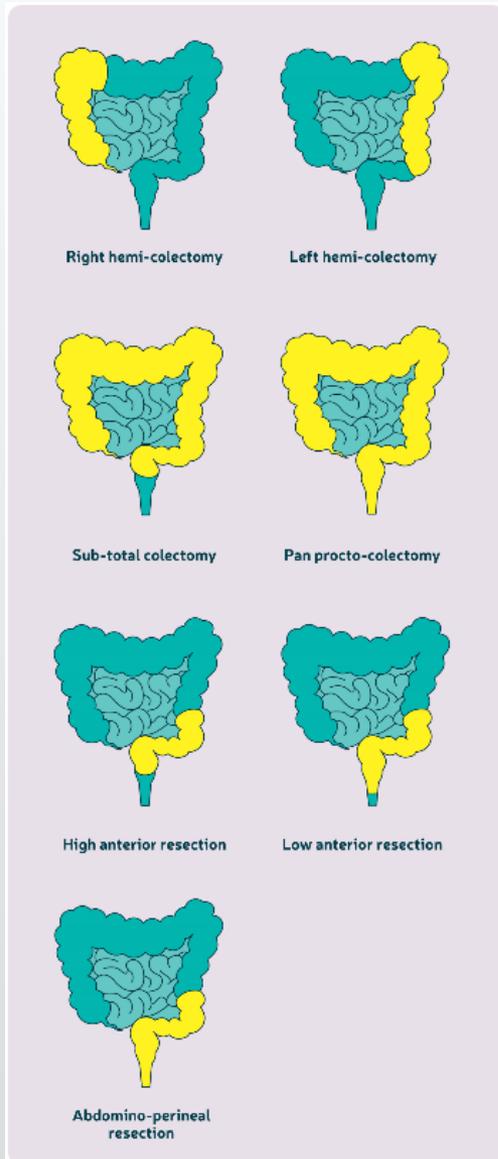


Some people are only suitable for a CT Colonography due to medical reasons.





How can it be treated?



Chemotherapy for bowel cancer



Chemotherapy treatment uses drugs to kill cancer cells

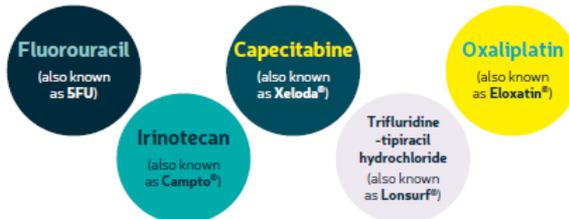


Treatment is usually given in cycles and often lasts between three to six months

Most chemotherapy for bowel cancer is given as an injection, drip or tablet

You might have a chemotherapy drug on its own or in combination with another drug or treatment

Common chemotherapy drugs for bowel cancer



Folic acid is not a chemotherapy drug, but is sometimes given as part of chemotherapy treatment.

Common combinations of chemotherapy drugs for bowel cancer

FOLFIRI Folic acid Fluorouracil Irinotecan	FOLFOX Folic acid Fluorouracil Oxaliplatin	FOLFOXIRI Folic acid Fluorouracil Oxaliplatin Irinotecan	CAPOX Capecitabine Oxaliplatin
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If you have any questions or concerns about your chemotherapy treatment:

- Speak to your doctor or medical team
- Contact our nurses at [bowelcanceruk.org.uk/nurse](https://www.bowelcanceruk.org.uk/nurse)
- Join our online community for everyone affected by bowel cancer at [bowelcanceruk.org.uk/community](https://www.bowelcanceruk.org.uk/community)



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Getting the most from your colonoscopy

- Relax
- Read the leaflet
- Low fibre diet for 48 hours before
- Take the prep as instructed
- If you are on blood thinners, alert the nurse who calls you
- Bring someone with you (but don't worry if you can't)
- Bring some music on the day





In Summary

- Bowel cancer is:
 - Common
 - Preventable (with colonoscopy)
 - Treatable





Thank you

