

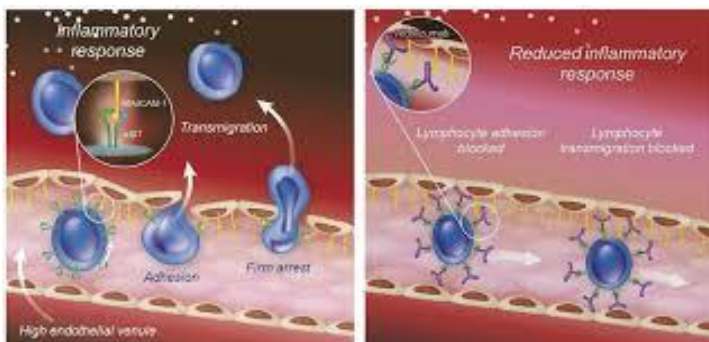


NEW MEDICATION APPROVED FOR USE IN ULCERATIVE COLITIS (UC) AND CROHN'S DISEASE.

Many patients with Inflammatory Bowel Disease (IBD) fail to respond adequately to conventional therapies. Great progress has been made over the last decade with the introduction of the anti-tumour necrosis factor (anti-TNF) antibodies, infliximab (Remicade) and adalimumab (Humira), but loss of response as well as development or risk of side effects, does limit their use, and further therapies are needed.

In recent months, the Pharmaceutical Benefits Scheme (PBS) has approved a new biologic agent, vedolizumab (Entyvio) for use in UC and Crohn's disease. Vedolizumab works by restricting the migration of inflammatory cells into the intestine, by specifically binding to and 'blocking' the alpha4-beta7 integrin adhesion molecule. This results in a 'gut-specific' form of immunosuppression, with little evidence of systemic immune inhibition. It is given via intravenous (IV) infusion every 8 weeks, after an initial accelerated 'induction' dosing.

The pivotal efficacy studies were published in 2013, (N Engl J Med 2013; 369:699-710 & N Engl J Med 2013; 369:711-721). In UC, Vedolizumab was roughly twice as likely to induce remission after 6 weeks when compared to placebo infusions, and roughly three times more likely to maintain remission over a year. Clear benefits were also seen for other end-points such as mucosal healing, faecal calprotectin, steroid withdrawal and quality of life scores. In Crohn's disease, similar but somewhat less impressive results were also seen, with a suggestion that it may be less effective in Crohn's patients who have previously failed anti-TNF therapy.



The incidence of adverse events with vedolizumab is similar to placebo. Common events included nasopharyngitis, headache, arthralgia, nausea and fatigue. Approximately 4% of the patients developed antibodies against vedolizumab. There may also be a small increase in the risk of gastrointestinal infections, including Clostridium difficile infection.

A theoretical but unproven, concern with vedolizumab is the risk of progressive multifocal leukoencephalopathy (PML), a potentially fatal brain infection caused by the JC virus. PML is particularly associated with natalizumab (Tysabri), a non-specific anti-alpha4 integrin antibody, used in multiple sclerosis. Natalizumab inhibits white cell migration to the brain, via blockade of the alpha4-beta1 integrin, and this seems to heighten the risk of PML. This pathway is not influenced by vedolizumab and no cases of PML have been seen in 3000-plus patients treated in clinical trials, nor the thousands now treated in the US and Europe, where this agent has been available for over a year. Nonetheless, counselling and monitoring for unusual neurologic symptoms is advised for all vedolizumab-treated patients.

The specific indications for the use of vedolizumab in Australia in both UC and Crohn's disease are similar to the anti-TNF agents. In brief, patients must have failed an adequate trial of conventional medications and demonstrate sufficiently severe disease using specific activity indices. At present vedolizumab is not approved for fistulising Crohn's disease. Pre-treatment screening for infections as well as attention to vaccination status, is recommended. It is hoped this agent will provide a new, effective and seemingly safe treatment option for IBD patients



JOLIMONT ENDOSCOPY

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MARCH 2016

Open Access Patients

Referrals for endoscopic procedures can be made directly to Jolimont Endoscopy, and the patient can select the day and time, and the specialist of their choice. Please note that extensive consultation is not provided with the open access system, and patients are instructed to return to their GP for follow-up.

This open access system is best suited for simple clinical problems, including routine cancer screening, in generally fit and healthy patients. If there is a need for specialist consultation, a direct referral to a specialist's rooms may be more appropriate. The Jolimont admission form and prep instructions are available on the web site, or they can be emailed out to the patient.

The admission form must be returned to Jolimont at least 3 days prior to the procedure so it can be reviewed by our nurses to ensure patient suitability. Please allow extra time if it is arriving in the mail.

Infection Control

Jolimont has systems in place to prevent and manage Hospital Associated Infections (HAI) and these have been developed using resources from relevant standards, Health Department policies and legislation.

To minimize risk of HAI transmission we

- Have ongoing education for staff
- Monitor processes and systems and do surveillance of infections
- Audits of Hand Hygiene, reported to the National Health Performance Authority for Data to be uploaded to www.myhospitals.com.au providing the public with comparable information
- Use disposable single use equipment where ever possible
- Have an Antimicrobial Stewardship program in place
- Adhere to best practice guidelines for cleaning of equipment.

**In 26 years of Operation Jolimont
has not had any reports of any HAI.**

Colonoscopy

Colonoscopy is the gold standard test for early detection of bowel cancer and is used for prevention of bowel cancer by removal of precancerous colonic polyps.

To help reduce cramping following the procedure we use Carbon dioxide (CO₂) to distend the bowel to achieve visualisation. CO₂ is a gas that is rapidly absorbed into the blood stream, then exhale in the breath. This has assisted in patient comfort following the procedure and reduced discharge delays due to abdominal pain.

Capsule Endoscopy



Actual size

Jolimont offers capsule endoscopy to your patients with unexplained anaemia who have had gastroscopy and colonoscopy. The procedure is completely Medicare-rebated, so there will be no out of pocket cost even if the patient is not insured

Staff Profiles

We welcome Dani to our nursing staff after working in a large Public Hospital for the last 6 years she was wanting to work in a smaller Endoscopy unit where she could work across all areas of this specialty – Procedure, CSSD and Recovery.

Quest Apartments

For patients requiring overnight stay before or after the procedure, Jolimont **Quest Apartments** are situated within walking distance and offer exclusive rates to our Jolimont patients. Phone (03) 9668 1200