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FALL 2023



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THE LATEST ON

INFLAMMATORY BOWEL DISEASE

A NEW TARGET FOR IBD TREATMENT

Researchers have a new understanding of a gene that underpins IBD: PTPN2. This gene helps produce cells that regulate the balance of bacteria in the gut. It may also help keep *E. coli*—a harmful bacteria that lives in the guts of people and animals—at bay. In people with IBD, the PTPN2 gene may be less active. Researchers have found that this can throw off gut bacteria balance and also allow for overgrowth of *E. coli*—both of which are common in people with IBD. These new findings on PTPN2's role in IBD could lead to targeted drugs that might boost the gene's activity.

SOURCE: *Cellular and Molecular Gastroenterology and Hepatology*

No. 1 Fatigue's rank as the most common and bothersome symptom of both Crohn's disease and ulcerative colitis.

SOURCE: *Alimentary Pharmacology and Therapeutics*

8 Average number of months it takes to get a Crohn's disease diagnosis after the first symptoms. For ulcerative colitis, it's about half as long.

SOURCE: *Alimentary Pharmacology and Therapeutics*

NANOPARTICLES TARGET INFLAMMATION

A new approach to IBD treatment may target a root cause of disease. Inflamed bowel cells have a carbohydrate layer on their surface called the glycocalyx. Typically, this layer would have an anti-inflammatory effect on damaged parts of the intestines. But in people with IBD, the glycocalyx is so dysfunctional that it causes harm rather than good. Researchers have developed nanoparticles that can mimic a properly functioning glycocalyx. Taken in pill form, the miniscule particles latch onto the surface of bowel cells and help combat the inflammation that leads to damage and symptoms. Still in development, this approach could one day help people with IBD.

SOURCE: *Angewandte Chemie International Edition*

SUGAR'S NOT-SO-SWEET SIDE

Your diet didn't cause your IBD, but some people say that high-sugar foods trigger flares. New research may help explain why. During an IBD flare, the lining of your intestines gets inflamed, which causes pain and other symptoms. Lab experiments in mice found that too much sugar can handicap the cells that help regenerate the lining of the large intestine after a bout of inflammation. This may be why some people swear by a low-sugar diet to help control symptoms and prevent flares.

SOURCE: *Cellular and Molecular Gastroenterology and Hepatology*



CHRISTOPH HETZMANN/SHUTTERSTOCK VIA GETTY IMAGES

STATS & FACTS

By Sonya Collins

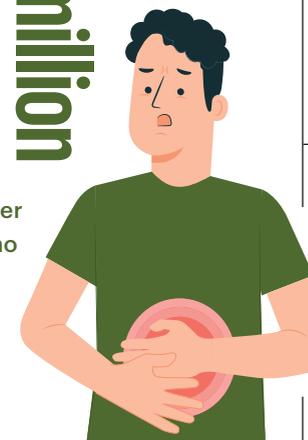
Reviewed by Melinda Ratini, DO, MS, WebMD Medical Reviewer

UP TO **1 in 5**

Number of people with inflammatory bowel disease (IBD) who have a next of kin that has it, too.

3.1 million

Estimated number of U.S. adults who have IBD, which includes Crohn's disease and ulcerative colitis.



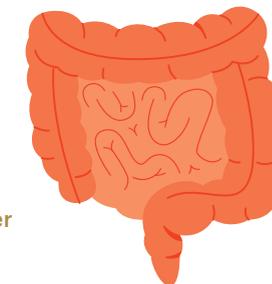
10 million



Estimated number of people who have IBD worldwide. It's most common in the United States, the United Kingdom, and other industrialized countries.

2x to 3x

How much your risk for colon cancer increases when you have Crohn's disease or ulcerative colitis.



>1 in 3

Number of people with IBD who also have arthritis—compared to 1 in 5 in the general population. (In fact, most chronic diseases are more common among people who have IBD.)

250



Estimated number of gene variants discovered so far that may raise the risk for IBD.

FREPIK.COM/GETTY IMAGES

SOURCES: CDC, European Federation of Crohn's and Ulcerative Colitis Associations, *Gastroenterology*, Crohn's & Colitis Foundation, *Biologics: Targets and Therapy*

YOU WEREN'T MADE FOR
MODERATE TO SEVERE ULCERATIVE
COLITIS OR CROHN'S DISEASE.

BUT ENTYVIO IS.

ENTYVIO has helped many people achieve long-term relief and remission. It may help you too. At your next doctor visit, make sure to:

- Bring up ALL symptoms that are bothering you (don't worry, they've heard it all!)
- Ask how ENTYVIO works
- Ask if ENTYVIO is right for you



Scan the code for help talking with your doctor

Important Safety Information for ENTYVIO® (vedolizumab)

- Do not receive ENTYVIO if you have had an allergic reaction to ENTYVIO or any of its ingredients.
- ENTYVIO may cause serious side effects, including:
 - Infusion-related and serious allergic reactions can happen while you are receiving ENTYVIO or several hours after treatment. You may need treatment if you have an allergic reaction. Tell your healthcare provider or get immediate medical help if you get any of these symptoms during or after an infusion of ENTYVIO: rash, itching, swelling of your lips, tongue, throat or face, shortness of breath or trouble breathing, wheezing, dizziness, feeling hot, or palpitations (feel like your heart is racing).
 - ENTYVIO may increase your risk of getting a serious infection. Before receiving and during treatment with ENTYVIO, tell your healthcare provider if you think you have an infection or symptoms of an infection, such as fever, chills,

muscle aches, cough, shortness of breath, runny nose, sore throat, red or painful skin or sores on your body, tiredness, or pain during urination.

- People with weakened immune systems can get progressive multifocal leukoencephalopathy (PML) (a rare, serious brain infection caused by a virus). Although unlikely while receiving ENTYVIO, a risk of PML cannot be ruled out. PML can result in death or severe disability. There is no known treatment, prevention, or cure for PML. Tell your healthcare provider right away if you have any of the following symptoms: confusion or problems thinking, loss of balance, change in the way you walk or talk, decreased strength or weakness on one side of the body, blurred vision, or loss of vision.
- Liver problems can happen in people who receive ENTYVIO. Tell your healthcare provider right away if you have any of the following symptoms: tiredness, loss of appetite, pain on the right side of your abdomen, dark urine, or yellowing of the skin and eyes (jaundice).

- The most common side effects of ENTYVIO include common cold, headache, joint pain, nausea, fever, infections of the nose and throat, tiredness, cough, bronchitis, flu, back pain, rash, itching, sinus infection, throat pain, and pain in extremities. These are not all the possible side effects of ENTYVIO. Call your healthcare provider for medical advice about side effects.
- Before receiving ENTYVIO, tell your healthcare provider about all of your medical conditions, including if you: have or think you may have an infection or have infections that keep coming back; have liver problems; have tuberculosis (TB) or have been in close contact with someone with TB; have recently received or are scheduled to receive a vaccine; or if you are pregnant, breastfeeding, plan to become pregnant, or plan to breastfeed.

Please see the Important Facts for ENTYVIO on the following page and talk with your healthcare provider.

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Uses of ENTYVIO® (vedolizumab)

ENTYVIO is a prescription medicine used in adults for the treatment of:

- moderately to severely active ulcerative colitis
- moderately to severely active Crohn's disease

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IMPORTANT FACTS

ENTYVIO (en ti' vee oh)
(vedolizumab)

for injection, for intravenous use

What is the most important information I should know about ENTYVIO?**ENTYVIO may cause serious side effects, including:**

- **Infusion-related and serious allergic reactions.** These reactions can happen while you are receiving ENTYVIO or several hours after treatment. You may need treatment if you have an allergic reaction. Tell your healthcare provider or get medical help right away if you get any of these symptoms during or after an infusion of ENTYVIO: rash, itching, swelling of your lips, tongue, throat or face, shortness of breath or trouble breathing, wheezing, dizziness, feeling hot, or palpitations (feel like your heart is racing).
- **Infections.** ENTYVIO may increase your risk of getting a serious infection. Before receiving ENTYVIO and during treatment with ENTYVIO, tell your healthcare provider if you think you have an infection or have symptoms of an infection such as fever, chills, muscle aches, cough, shortness of breath, runny nose, sore throat, red or painful skin or sores on your body, tiredness, or pain during urination.
- **Progressive Multifocal Leukoencephalopathy (PML).** People with weakened immune systems can get progressive multifocal leukoencephalopathy (PML) (a rare, serious brain infection caused by a virus). Although unlikely while receiving ENTYVIO, a risk of PML cannot be ruled out. PML can result in death or severe disability. There is no known treatment, prevention, or cure for PML. Tell your healthcare provider right away if you have any of the following symptoms: confusion or problems thinking, loss of balance, change in the way you walk or talk, decreased strength or weakness on one side of the body, blurred vision, or loss of vision.
- **Liver Problems.** Liver problems can happen in people who receive ENTYVIO. Tell your healthcare provider right away if you have any of the following symptoms: tiredness, loss of appetite, pain on the right side of your stomach (abdomen), dark urine, or yellowing of the skin and eyes (jaundice).

See **“What are the possible side effects of ENTYVIO?”** for more information about side effects.

What is ENTYVIO?

ENTYVIO is a prescription medicine used in adults for the treatment of:

- moderately to severely active ulcerative colitis.
- moderately to severely active Crohn's disease.

It is not known if ENTYVIO is safe and effective in children under 18 years of age.

Who should not receive ENTYVIO?

Do not receive ENTYVIO if you have had an allergic reaction to ENTYVIO or any of the ingredients in ENTYVIO. See the end of this Medication Guide for a complete list of ingredients in ENTYVIO.

Before receiving ENTYVIO, tell your healthcare provider about all of your medical conditions, including if you:

- have an infection, think you may have an infection or have infections that keep coming back (see **“What is the most important information I should know about ENTYVIO?”**).
- have liver problems.

- have tuberculosis (TB) or have been in close contact with someone with TB.
- have recently received or are scheduled to receive a vaccine. Talk to your healthcare provider about bringing your vaccines up-to-date before starting treatment with ENTYVIO.
- are pregnant or plan to become pregnant. It is not known if ENTYVIO will harm your unborn baby. Tell your healthcare provider right away if you become pregnant while receiving ENTYVIO.
 - **Pregnancy Registry:** There is a pregnancy registry for women who use ENTYVIO during pregnancy. The purpose of this registry is to collect information about the health of you and your baby. Talk with your healthcare provider about how you can take part in this registry or you may contact the registry at 1-877-825-3327 to enroll.
- are breastfeeding or plan to breastfeed. ENTYVIO passes into your breast milk. Talk to your healthcare provider about the best way to feed your baby if you take ENTYVIO.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins and herbal supplements. Especially tell your healthcare provider if you take or have recently taken Tysabri (natalizumab), a Tumor Necrosis Factor (TNF) blocker medicine, a medicine that weakens your immune system (immunosuppressant), or corticosteroid medicine.

How will I receive ENTYVIO?

- ENTYVIO is given through a needle placed in a vein (intravenous infusion) in your arm.
- ENTYVIO is given to you over a period of about 30 minutes.
- Your healthcare provider will monitor you during and after the ENTYVIO infusion for side effects to see if you have a reaction to the treatment.

What are the possible side effects of ENTYVIO?

ENTYVIO may cause serious side effects, see **“What is the most important information I should know about ENTYVIO?”**.

The most common side effects of ENTYVIO include: common cold, headache, joint pain, nausea, fever, infections of the nose and throat, tiredness, cough, bronchitis, flu, back pain, rash, itching, sinus infection, throat pain, and pain in extremities.

These are not all of the possible side effects of ENTYVIO.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about ENTYVIO

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. You can ask your pharmacist or healthcare provider for information about ENTYVIO that is written for health professionals.

Manufactured by: **Takeda Pharmaceuticals U.S.A., Inc.**
Lexington, MA 02421

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For more information, go to www.ENTYVIO.com or call 1-877-TAKEDA-7 (1-877-825-3327).

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IS IT TIME TO TRY A BIOLOGIC?

SIGNS YOUR IBD TREATMENT MAY NOT BE WORKING

By Sonya Collins

Reviewed by Melinda Ratini, DO, MS, WebMD Medical Reviewer

When it comes to treating inflammatory bowel disease, some people do well for a while on the first medication they try. For others, the drug might eventually stop working. This can mean that your condition has progressed from mild disease to moderate or severe. Then it might be time to try a biologic.

“More and more these days, people are moving to biologics for moderate to severe IBD,” says Sonia Friedman, MD, a gastroenterologist at Brigham and Women's Hospital in Boston, MA.

Here are some signs that your treatment may not be working and you'd do better on a biologic.

YOU STILL HAVE FLARES

If you continue to have flares, or you start having them again, your current

treatment may not be working.

With ulcerative colitis, Friedman says, “That means more bleeding, more diarrhea, and more cramping.” A return of flares can also bring extreme tiredness, rectal pain, and a feeling of greater urgency to go to the bathroom.

With Crohn's disease, besides the diarrhea, fatigue, and pain that come with flares, you might get fevers and lose your appetite, too. Depending on the part of your GI tract that's affected, you could see mouth sores also.

If these same symptoms that got you diagnosed are now coming back, your treatment isn't doing its job.

Your doctor may give you a course of steroids to stop the flare. But, Friedman adds, “If you get better and then flare again, it's time for a biologic.”

SIGNS THAT YOUR DOCTOR CAN SEE

Your doctor may find additional signs that you need to be on a stronger medication.

With ulcerative colitis, bleeding more than four times a day means you have moderate to severe disease and good reason to be on a biologic. Besides monitoring bleeding, your doctor might also check your albumin levels to gauge the severity of your disease. Low albumin, an important protein that helps your blood vessels work properly, is a sign of severe disease.

“With Crohn's disease, if you have deep ulcers covering more than 10% of the surface of the colon, severe perianal or upper GI tract disease, these are all signs of moderate to severe disease that would be better treated by biologics,” Friedman says.

Your doctor might also want to rule out other causes of your increased symptoms, such as an infection or another medical condition that needs treatment.

THE BOTTOM LINE ON BIOLOGICS

Some people are afraid to try biologics. This could be in part because of all the warnings about risks and side effects that you hear in the TV commercials.

But, Friedman says, “Biologics have been around since 1998 and they are very, very safe. The downstream risks of really bad disease are a lot worse than the risks of taking biologics.”

EMILIA MANEWSKA VIA GETTY IMAGES

HOW BIOLOGICS HAVE HELPED MY IBD

I'M ON THE ROAD TO BETTER DAYS NOW

By Jeannine Galloway

Reviewed by Melinda Ratini, DO, MS, WebMD Medical Reviewer



SCAN ME

Want to read this guide on the go? Use your mobile phone camera to activate the QR code.



I knew something was wrong when my number of sick days was going up and my weight was going down. I didn't know it would be a 10-year journey to finding my way back to myself.

A DOWNWARD SPIRAL

A few years ago, after going on vacation and feeling recharged, I came back home with really bad stomach pains and diarrhea. I went to my primary doctor who initially thought I had an infection since I had been out of the country. While waiting on blood tests, I got sicker. I couldn't keep food down. I was back and forth to the bathroom with blood in my stool and severe pain. Finally, after a few weeks of that ordeal, I connected with a gastroenterologist who performed a colonoscopy and diagnosed me with mild ulcerative

colitis (UC). Ironically, there was nothing mild about my symptoms.

After my diagnosis, I started taking a medication in pill form and steroids. Unfortunately, while the treatments worked OK, I felt incredibly woozy in the mornings. I even arranged to work a modified schedule so I could start my workdays later. I felt a little better, but I was dropping weight. My loved ones were concerned. I was concerned.

MILESTONE FLARES

When my next flare hit, I was in the middle of wedding planning. I am certain the stress of such a major event was the cause. I lost 15 pounds and I remember having to get my wedding dress realtered. I was in so much pain, I would sit in warm baths with low lights and soothing music. I tried to change my diet and eat

things that were easy to digest. Finally, that flare ended, and I admit, I went back to my regular eating. I continued to take medication.

I was doing OK until I got pregnant a few years later. I stopped taking my medications because it was my first pregnancy, and I was scared to take anything that might harm the baby. I felt OK during my pregnancy, but once my son was about 6 months old, I went into another really bad flare. I had to go to urgent care and they put me on IV fluids. Then, when my baby was around 1, I had a work trip in Texas. I brought my son and my mom came with me to help. I ended up in such terrible pain and I couldn't keep anything down. I felt so bad that I had to leave a work dinner to go to the ER. It was around this time I knew something had to change. I'm a

new wife, new mom, and on top of my career. Yet my health was holding me back from fully enjoying it all.

A TURNING POINT

I started taking a biologic (one injection once a week) and felt much better for about 4 years. The medication takes a while to work. Even after it did, it was like a roller coaster for me still. I had good days but still quite a few bad ones. I tried a low FODMAP diet where you avoid certain foods to help your digestive system. I was feeling better but still not quite back to myself.

Then my gastroenterologist retired. Right around the start of the COVID-19 pandemic, I had my most recent flare. My older stepson was doing home school. I had a toddler at home. It was a lot. My new gastroenterologist did another

colonoscopy and wasn't happy with my results. He wanted to see more improvement, so he put me on another biologic. I go in every few months for my injection and I'm feeling good so far.

I've had some really good heart-to-hearts with my doctor. I am realizing (with his help) that my disease is incurable and that I have to listen to and take care of my body. For years, I acted like it was a minor thing, but it is not. It is a horrible thing that can take over your mind. You're always on alert for where a bathroom is. These days, I've reduced caffeine. I got a personal trainer and I'm re-evaluating next steps with my career. I think about people like my grandfather who had UC for years and we didn't talk about it. He didn't have the advancements we do today. Thankfully, I am on the road to better days.



JEANNINE'S TIPS

- + **This is a sensitive topic.** Find a doctor you trust and can talk to.
- + **Take a look at your diet.** I've found relief by replacing bad oils with good ones.
- + **Listen to your body.** If you're yawning a lot in a day, maybe it's a sign to rest.

MENTAL HEALTH



WAYS TO MANAGE YOUR WELL-BEING

By Kendall K. Morgan
Reviewed by Melinda Ratini, DO, MS,
WebMD Medical Reviewer

People with IBD more often have anxiety, depression, or another diagnosed mental health condition. Even if that's not you, dealing with IBD is stressful and exhausting—especially if your treatment isn't working well yet. "It's shortsighted to think that one can be managed without the other," says Edward L. Barnes, MD, a gastroenterologist at the University of North Carolina at Chapel Hill. "I often say to my patients in clinic that when we think about stress, anxiety, or depression, if those [mental health challenges] are active or not well controlled, it's going to be difficult to control the [IBD]."

STEP ONE

The first step is recognizing that your IBD symptoms and your mental health go hand in hand, Barnes says. The good news is that doctors realize this now more than in the past.

"Hopefully as this is becoming more well known and understood, providers are talking with patients more about this," Barnes says.

SEE A SPECIALIST

Your primary doctor for IBD should ask about your mental health. Even if they aren't, let them know what

you're going through and ask for a referral or other supports. A gastroenterologist is best to help with the IBD itself, but it's a good idea to see a mental health specialist, too.

Barnes says many IBD centers now have mental health providers as part of the team. If that's not true at your clinic, ask your doctor to refer you to someone. A social worker at your clinic also may help you in finding the support you need.

FACE THE DAY

As you work on your mental health, take it easy. When it's hard to get out of bed or do what you love, take it slow. Start with something simple like watching a favorite show, calling a friend, or taking a walk.

Give yourself the time you need to stay rested. Make plans the night before to help you ease into each new day.

GET EMPOWERED

If you have the sense that your feelings of anxiety or stress may be driving IBD flares, it might help you to know that you're probably right.

TRY THESE STRESS RELIEVERS

While you're considering seeing a mental health specialist, you can take other steps to ease your stress. Try any of the below and see what works for you:

- + Deep-breathing exercises
- + Meditation
- + Progressive muscle relaxation
- + Yoga
- + Physical exercise
- + Time in nature

"It's empowering to patients to know that this is not in their head," Barnes says. "This is actually a reaction to stress. Stress may drive inflammation. As we better understand [the connections], it will lead to better care, and that's a win for everybody."

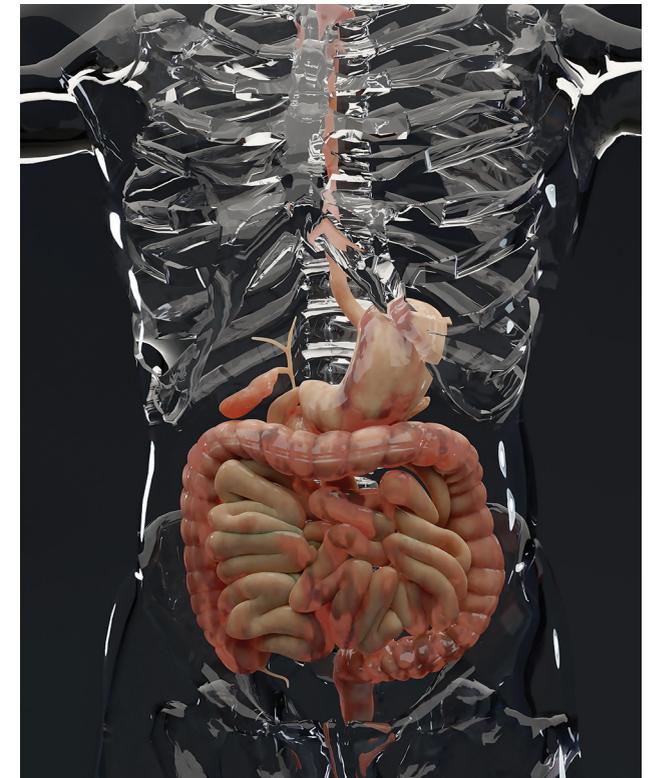
WESTENDG/VIA GETTY IMAGES

DO YOU KNOW HOW TO TAKE CONTROL OF YOUR CROHN'S?

FIND OUT NOW

By Kendall K. Morgan
Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

1. You're more likely to get osteoporosis when you have Crohn's disease.
 True False
2. When you have Crohn's disease, you may feel it in your joints.
 True False
3. You can make a Crohn's flare-up less likely by changing the way you think about your disease.
 True False
4. You should try steroids or immunosuppressants for your Crohn's disease before biologics.
 True False
5. Taking steps to ease stress can help with your belly pain.
 True False



Working toward a mindset that puts you in the driver's seat may improve your Crohn's disease and quality of life.

4. FALSE. New guidelines say it's better to try biologics early, especially when your Crohn's disease is moderate to severe or you have fistulas, abnormal tunnels in your intestines or other organs that are a common complication of Crohn's disease.

5. TRUE. One study found that people with Crohn's disease who followed a stress management program had less pain. They were less tired, too. If you're in pain, make sure your doctor knows, and think about ways to lower your stress.

1. TRUE. When you have Crohn's, inflammation, trouble absorbing vitamins and minerals, and treatment side effects can make your bones more likely to thin and break. Ask your doctor what you can do to protect your bone health.

2. TRUE. The inflammation from your Crohn's can affect other parts of your body, too, including your joints. If you're noticing joint pain, ask your gastroenterologist if it's the Crohn's disease and whether you should consider other treatment options.

3. TRUE. A study found that Crohn's flare-ups are more likely when people believe they lack control over their own health.

ALIOU MOHAMMED ELAMINE/VIA GETTY IMAGES

Gut Friendly RECIPES

A New World of Food for IBD Patients

Knowing what to eat can be tricky if you have inflammatory bowel disease (IBD). Our new Gut Friendly Recipes—powered by Nestlé Health Science—helps take the stress out of making meal choices and allows you to enjoy cooking! With one click of this digital tool, you can explore a world of food that's right for your dietary needs and personal tastes.

All recipes have been approved by dietitians that specialize in IBD, and this new resource is free to use.

Get the nutrition you need while eating foods that taste great!

At Gut Friendly Recipes, users can:

- **Filter hundreds of recipes** by meal type, exclusions and more!
- **Find recipes** for the Crohn's Disease Exclusion Diet, Mediterranean Diet, Low FODMAP diet, and Specific Carbohydrate Diet™
- Choose foods **they want to exclude**
- **Access special features** through free registration: save favorite recipes, create seven-day meal plans, and more!

Get cooking with Gut Friendly Recipes today at crohnscolitisfoundation.org/gutfriendlyrecipes/

Gut Friendly Recipes is powered by



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