Inflammatory bowel disease: Our Studies: Know more

When can I get involved?
Which studies are available?

How can I get involved?

Where should I go?
Why should I participate?

Christine Bossa Research Nurse
BRC Inflammatory Gastroenterology
New 2019 IBD standards

The IBD service

• Everyone living with Inflammatory Bowel Disease should have safe, consistent, high quality, personalised care. A well-organised and managed local Inflammatory Bowel Disease (IBD) service is essential to delivering this

Pre diagnosis

• Everyone with IBD should receive an early and accurate diagnosis of their condition. This will mean they get the treatment and support they need sooner and be better able to manage their condition

Newly diagnosed

• It’s essential to get the right treatment and support in place for newly diagnosed patients with IBD. This will give them the best outcomes and help them adjust to living with the condition
Flare Management

- When people with IBD experience a flare, they must be able recognise it – and access the right specialist advice and treatment to manage it as quickly as possible

Surgery

- Patient outcomes are better when IBD surgery is timely, led by surgeons with the right expertise, and with effective multidisciplinary working. It’s important that patients fully understand their options and are offered psychological support

Inpatient Care

- Patient outcomes are better when IBD surgery is timely, led by surgeons with the right expertise, and with effective multidisciplinary working. It’s important that patients fully understand their options and are offered psychological support
• As IBD is a fluctuating, lifelong condition, people need ongoing care to live well with their condition. A personalised care plan will empower patients, support self-management and help primary and secondary care communicate effectively.

IBD services should encourage and facilitate involvement in multidisciplinary research through national or international IBD research projects and registries.
When can I get involved?

✓ At any point of the journey

Which studies are available?

✓ BRC Inflammatory Gastroenterology studies include
  • i-SCAN
  • Optimal choices in therapeutic IBD
  • Endocyto (part of optimal choices)
  • TRAFIC

Drug studies
• CDAID

✓ Other Gastroenterology studies
A multicenter, international validation study of i-scan endoscopic scoring system

A new histologic scoring system to define subtle mucosal inflammation in ulcerative colitis.

We aim to study the colonic mucosa of ulcerative colitis (UC) patients with different grades of inflammation with high definition conventional white light endoscopy, followed by virtual electronic chromoendoscopy.

Patients referred for standard assessment or surveillance of UC (colonoscopy or flexible sigmoidoscopy) are invited to participate in this study.
Optimal choices in Therapeutic IBDresearch (Confocal)

Using novel endoscopic technique such as electronic virtual chromoendoscopy (EVC) probe confocal laser endomicroscopy (pCLE) or endocytoscopy and raman spectroscopy (lab studies) may permit us to assess in real time the important therapeutic goal of response to therapy and achievement of mucosal healing and histological healing in IBD.

The potential use of molecular imaging is to stratify IBD patients regarding response to targeted antibody therapy. The concept of tailoring therapy to individual patients based on molecular analysis could help to maximize benefits and minimize risks.
Current treatment not working / not suitable

Sometimes options are limited or you may choose a research drug

GSK CDAID

A Randomised, Double Blind, Placebo-Controlled Trial
A single infusion

For Patients with Moderate-to-Severe Crohn’s Disease

Aim
To Investigate the Safety, Tolerability and Clinical Activity of Humanised Antibody GSK1070806 in the Treatment of
Surveillance

i-scan

Endocytosis research study

(Optimal choices in therapeutic IBD)
The Endocytoscope

✓ Combines cutting-edge observation with proven insertion technologies to support patient-friendly high-quality colonoscopy

✓ presents a new era of diagnostic endoscopy

✓ Ultra-high magnification with up to 520x magnification ratio

✓ enables observation on microscopic level

✓ helps to improve diagnostic accuracy

**HOW**

✓ Cell nuclei are stained with an appropriate dye. The objective lens is then brought into contact with the mucosa to observe the cells of the superficial mucosal layer.

✓ Light emitted by the light guide is sent into the cells and partially returned as scattered light, facilitating cytological observation of the superficial mucosal layer.
Why should I get involved?

Reasons may differ but all appreciated.
How can I get involved?

✓ Are you having blood tests? Do you need assessment or re-assessment of your IBD?
✓ Sometimes you don’t need to have the condition to participate, could you give samples anyway?
How can I get involved?

- When you’re due to have a colonoscopy or flexible sigmoidoscopy, it may be possible to have it as part of a research study providing all eligibility criteria is met.
- At your next clinic appointment, ask your consultant or IBD Nurse specialist which studies are open.
- Speak with either Research Nurses or Doctors who telephone to discuss studies and patient information sheets.
- Please also consider becoming involved in the Patient and Public Engagement group.
Where Can I go for further information?

- **IBDhelpline@uhb.nhs.uk**
- IBD Telephone number 0121 3715905
- BRC Biomedical research centre, Inflammatory Gastroenterology
  - Principal Investigator: Dr Marietta Iacucci M.Iacucci@bham.ac.uk
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Thank You