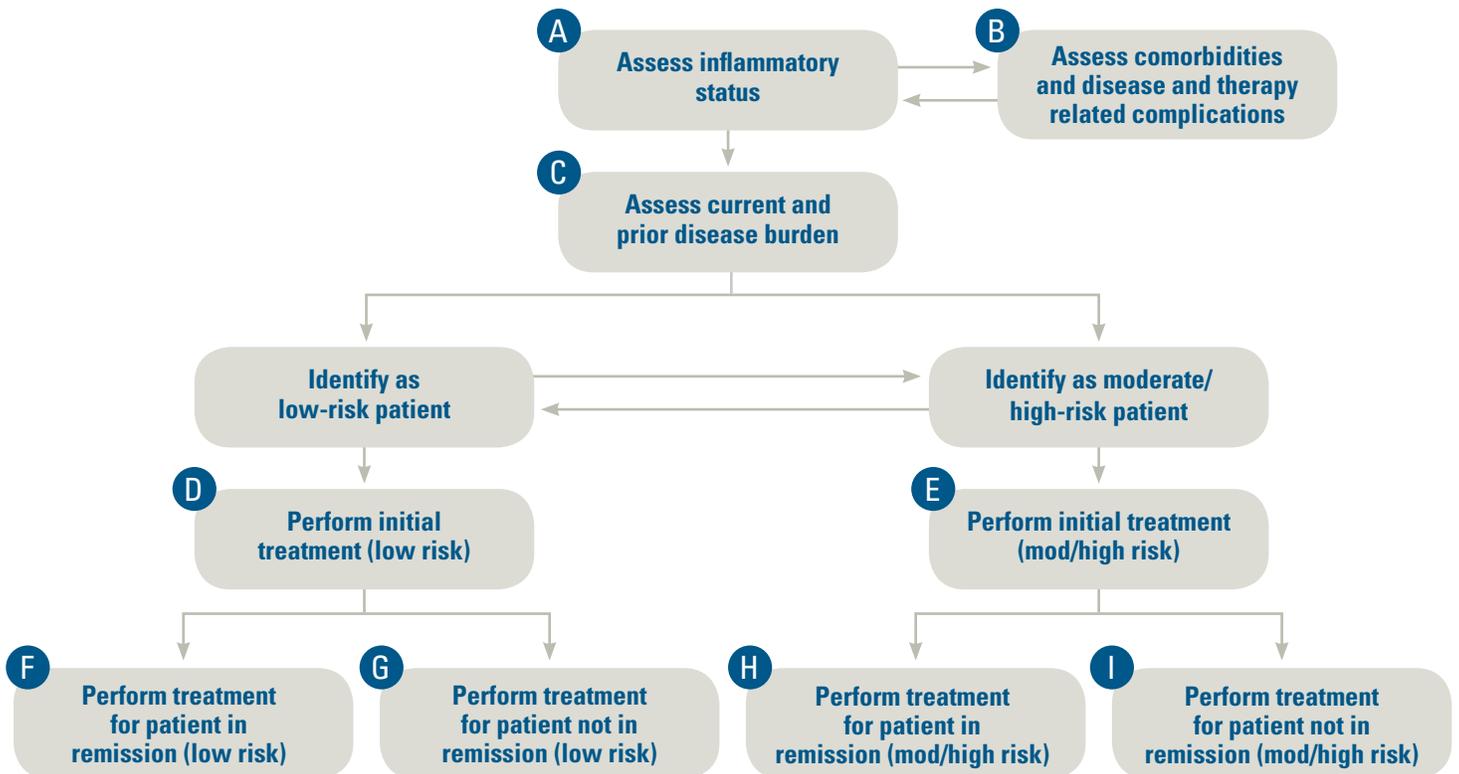


# AGA INSTITUTE GUIDELINES FOR THE Identification, Assessment and Initial Medical Treatment in Crohn's Disease

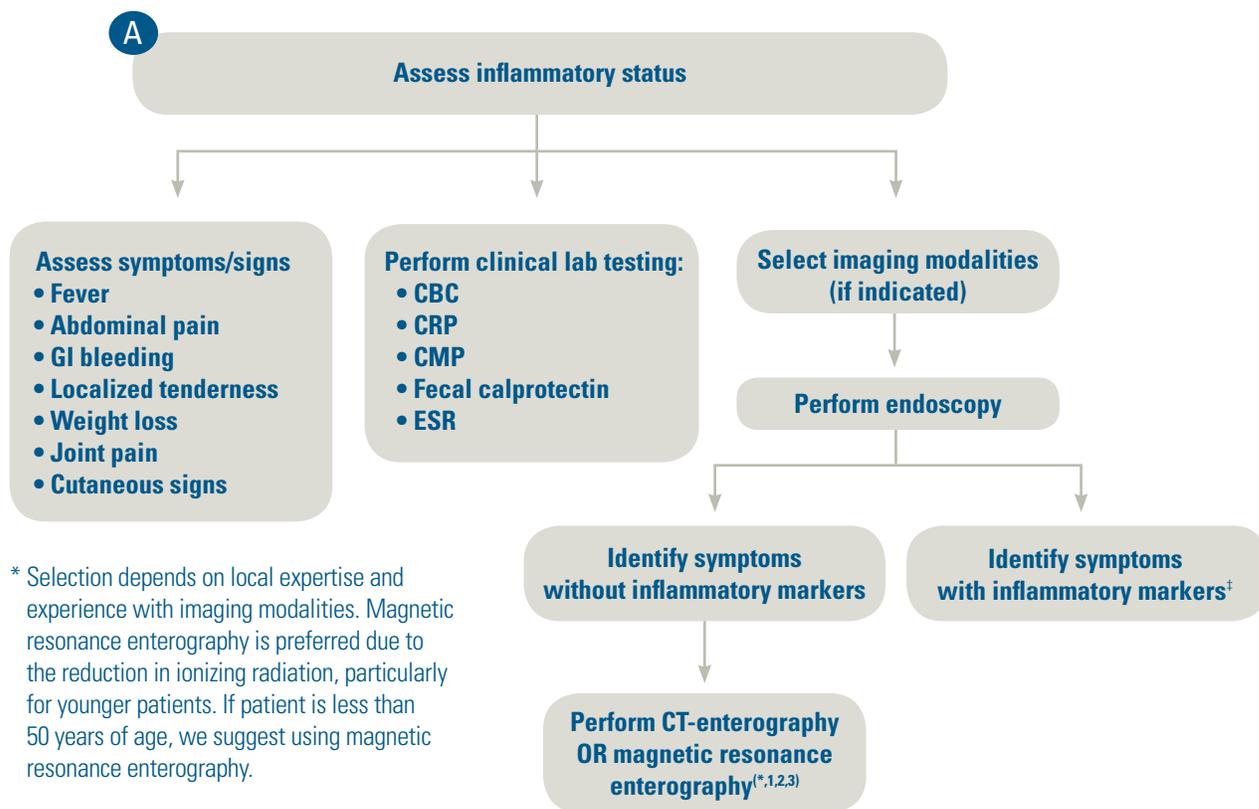
## CLINICAL DECISION SUPPORT TOOL



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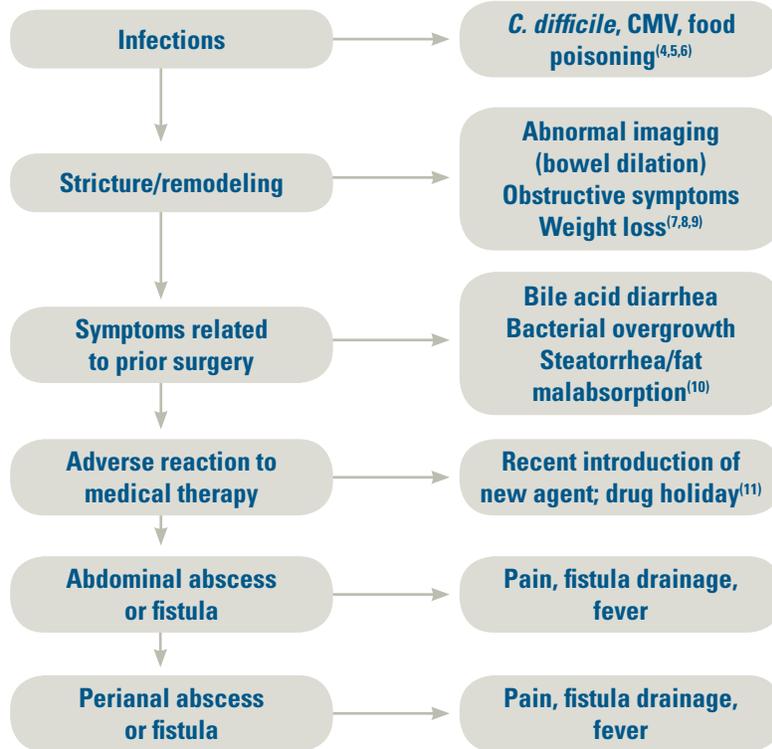


\* Selection depends on local expertise and experience with imaging modalities. Magnetic resonance enterography is preferred due to the reduction in ionizing radiation, particularly for younger patients. If patient is less than 50 years of age, we suggest using magnetic resonance enterography.

† Consideration could be given as to whether to make treatment decisions based on inflammatory markers versus confirming with colonoscopy. This may depend on whether there was historically good correlation between the biomarker selected and colonoscopy in the specific patient.

**B**

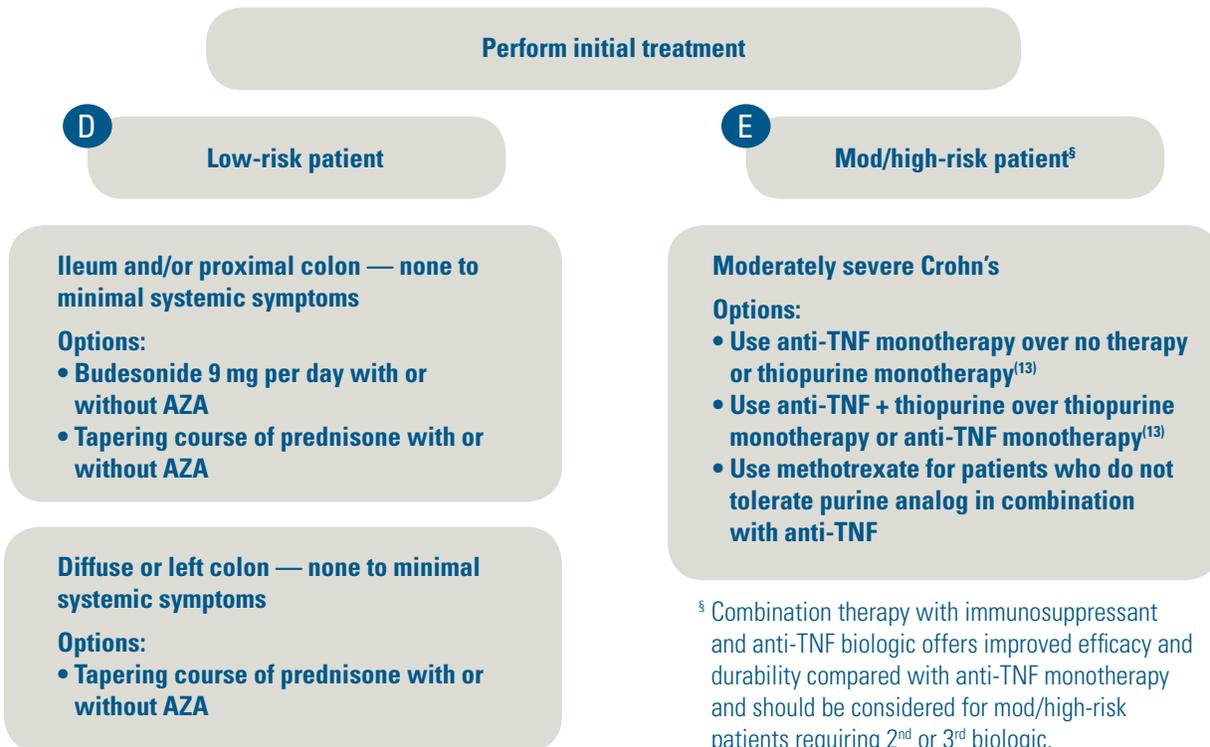
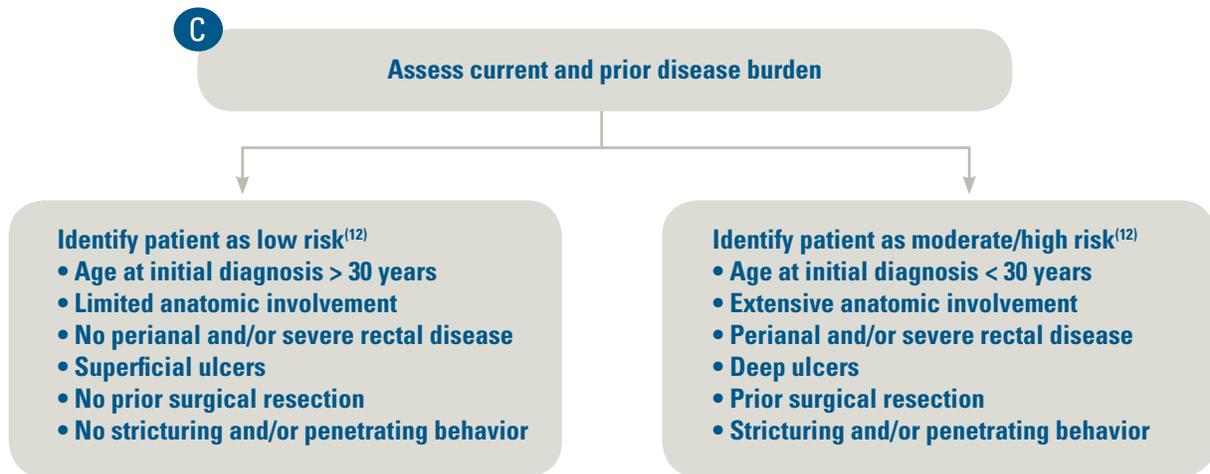
**Assess comorbidities and disease and therapy related complications**



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<sup>§</sup> Combination therapy with immunosuppressant and anti-TNF biologic offers improved efficacy and durability compared with anti-TNF monotherapy and should be considered for mod/high-risk patients requiring 2<sup>nd</sup> or 3<sup>rd</sup> biologic.

Perform treatment for patient in remission

F

Low-risk patient

Options:<sup>(14)</sup>

- Stop therapy and observe (high chance of relapse over 1 year)
- Budesonide 6 mg/day (median time to relapse prolonged by approximately 114 days, but no difference in remission rates versus placebo at 1 year)\*
- Immunosuppressive therapy (AZA, 6MP and MTX have been shown to be effective for maintaining steroid-induced remissions with prednisone or prednisolone, but are associated with rare risk of infection and lymphoma)

\*Consider bone mineral density monitoring

H

Mod/high-risk patient<sup>#</sup>

Steroid induced remission<sup>(13)</sup>

Options:

- Use immunomodulator (thiopurine or MTX) over no immunomodulator
- Use anti-TNF +/- thiopurine over no anti-TNF

Anti-TNF or anti-TNF + thiopurine induced remission<sup>(13)</sup>

- Use anti-TNF +/- thiopurine over no anti-TNF

Remains in remission for 6 months

Does not remain in remission for 6 months

Define resolution of inflammation and ulcers

Re-assess inflammatory markers every 3 months

<sup>#</sup>Combination therapy with immunosuppressant and anti-TNF biologic offers improved efficacy and durability compared with anti-TNF monotherapy and should be considered for mod/high-risk patients requiring 2<sup>nd</sup> or 3<sup>rd</sup> biologic.

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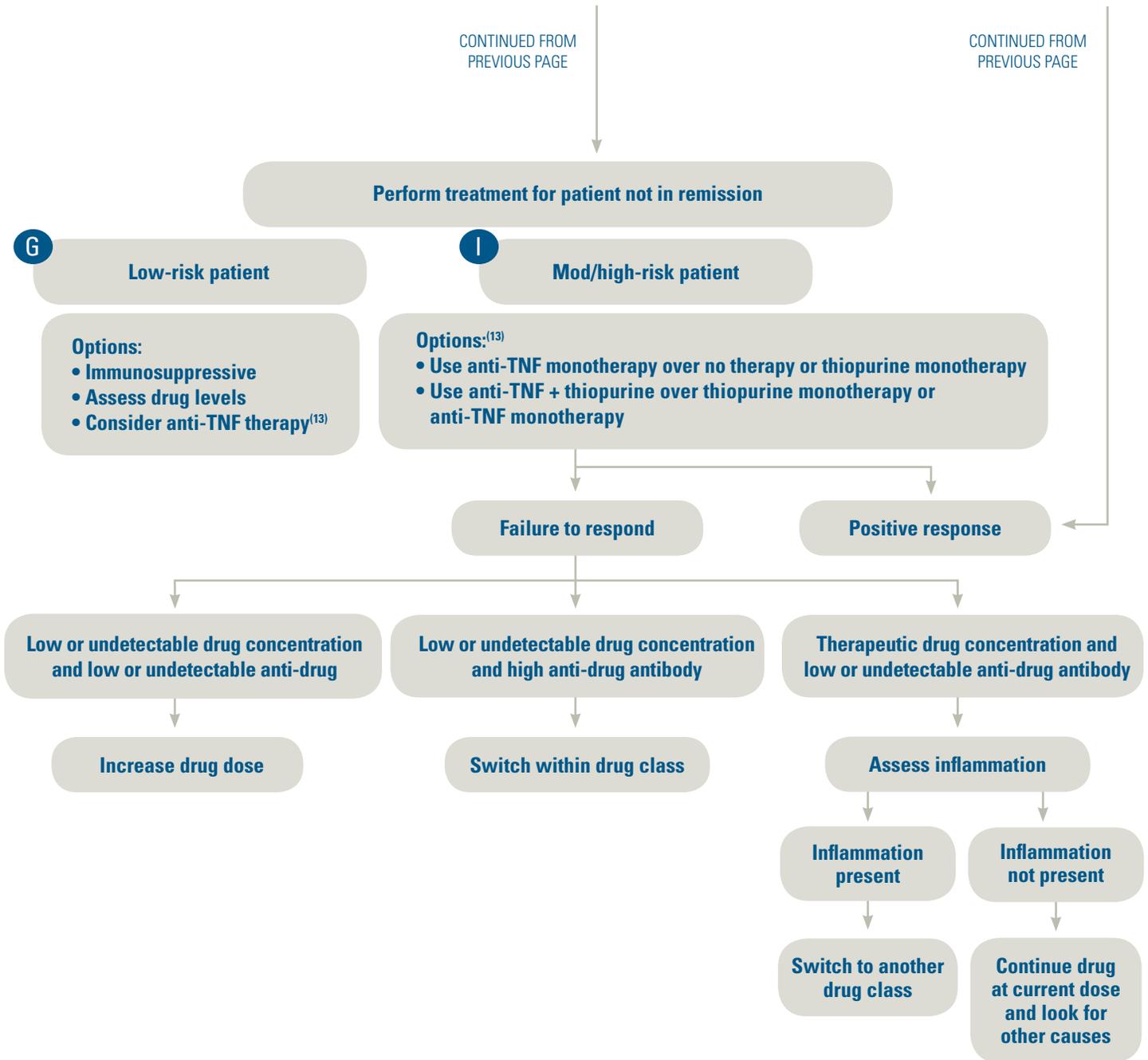
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**NOTE:** Clinicians should regularly reassess treatment strategy to aim for control of symptoms and inflammation and to minimize future complications.

## Authors

William Sandborn, MD, AGAF, David Binion, MD, Kimberly Persley, MD, Ashish Atreja, MD, MPH, Lawrence Kosinski, MD, MBA, AGAF

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