



Setting up an integrated service for PSC-IBD patients: A quality improvement project

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Background

- Primary sclerosing cholangitis(PSC) is a chronic inflammatory condition closely associated with inflammatory bowel disease (IBD), and characterised by progressive fibrosis of biliary tract leading to cirrhosis and its complications.
- There is an appreciable annual risk of cholangiocarcinoma(CCA), gallbladder carcinoma, colorectal cancer(CRC) and hepatocellular cancer.
- Annual surveillance with magnetic resonance cholangiopancreatography(MRCP), colonoscopy, ultrasound(US) (6 monthly if cirrhotic) is advised.

Aim

- To assess the quality of liver and bowel surveillance, and detection of complications, before and after the introduction of an integrated Hepatology and IBD service.

Methods

- Retrospective data on PSC/IBD patients.
- Service assessed prior to introduction of integrated service (August 2016).
- Prospective database of patients maintained after introduction of integrated service.
- Data collection and analysis performed on management of patients following the integrated service.

Results

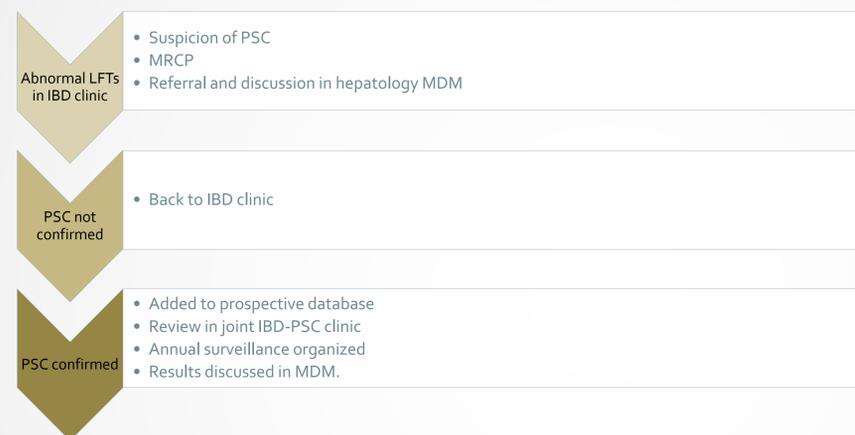
Pre-integrated service:

- Retrospective data identified 29 patients with IBD-PSC.
- Annual MRCP was performed in 55.1%(16/29), colonoscopy in 55.1%(16/29, 48% having chromoendoscopy) and US in 7%.
- 51%(15/29) were not under joint IBD and hepatology service.
- This indicated significant variability in care and poor adherence to guidelines.

Interventions:

- Reiteration to physicians at every IBD clinic to actively identify PSC-IBD patients.
- Prospective database maintained.
- PSC-IBD patients were discussed in hepatology and IBD multidisciplinary meetings(MDM) regularly and surveillance arranged.
- A joint PSC/IBD clinic was established for this cohort.

Pathway for intervention:

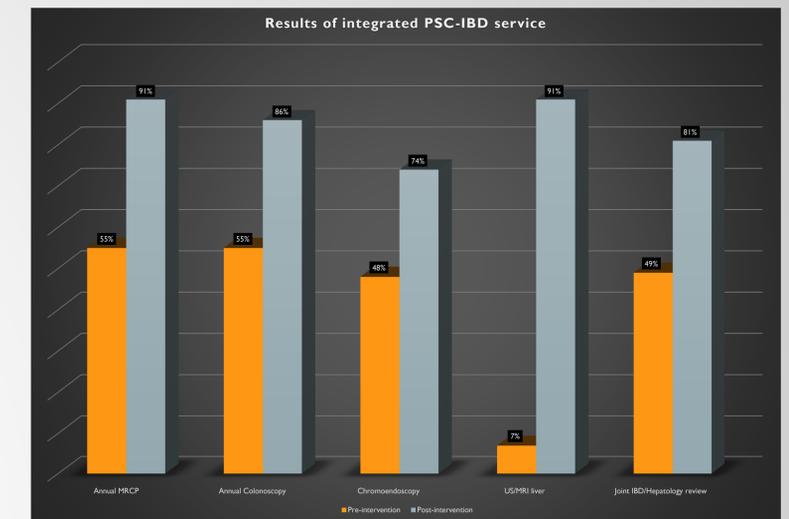


Post- integrated service:

- 47 PSC-IBD patients were identified.
- To date, 38 have been seen in joint PSC/IBD clinic, 45 have been reviewed in MDM and annual surveillance has improved to 91% with MRCP($p < 0.01$), 86% with colonoscopy($p < 0.01$), 74% with chromoendoscopy($p = 0.03$), 91% with MRI liver (instead of US).
- 49%(22/45) had a change in management following MDM discussion.
- Improvement in management and surveillance led to diagnosis and appropriate treatment of 1 CCA, 2 PSC with autoimmune overlap, 3 small duct PSC, 4 patients with dysplastic polyps as well as 2 new cases of CRC and 1 case of multifocal dysplasia which resulted 3 colectomies.

Demographics		n = 47
Age (mean)		47
Gender male %		64%
IBD subgroup n(%)	Ulcerative colitis	33 (70.2%)
	Crohn's disease	11 (23.4%)
	IBD unclassified	3 (6.3%)
Review n(%)	Joint PSC/IBD clinic	38 (80.8%)
	MDM review	45 (95.7%)

Comparison of management of PSC-IBD patients pre and post integrated service:



Mortality and morbidity in the total cohort

Mortality n(%)	3 (6%)
CCA	3 (6%)
CRC	6 (12.7%)
Colectomy (CRC or dysplasia)	10 (21.7%)
Cirrhosis	7 (14.7%)
Referral for liver transplantation	4(8.5%)

Conclusions

- Robust surveillance in this group leads to timely diagnosis of malignancies and treatment.
- Establishment of integrated service for PSC-IBD patients streamlines management, thus resulting in early detection of complications, better compliance to guidelines and appropriate management of patients.

PRESENTER DECLARATIONS



This presenter has the following declarations of relationship with industry:
None