Patients with IBD receiving infliximab have shown a strong association between immunosuppressant use and infection risk in patients with IBD. The study utilized a national registry of Crohn’s disease patients, and reinforced the importance of minimizing the duration and dose of corticosteroids. Dr. Lichtenstein is Director of the Center for Inflammatory Bowel Diseases at the University of Pennsylvania.

A review of the inflammatory and noninflammatory bowel disease literature concerning infection risk with corticosteroid use suggests that 10 mg prednisone daily for less than two weeks is best for reducing potential infectious complications. Tapering the dose of corticosteroids during this brief period is a matter of practitioner preference. Adrenal suppression may occur as early as five days or as late as three weeks for prednisone doses greater than 20 mg daily. If a patient has been on chronic corticosteroid preoperatively it is likely best to reduce the corticosteroid to the lowest dose to control disease.

Infliximab

Patients with IBD receiving infliximab should complete PPD testing to evaluate for exposure to tuberculosis; a chest X-ray should be completed in subjects with exposure to tuberculosis; a chest X-ray should be completed in subjects with exposure to tuberculosis. Unfortunately, PPD testing is far from perfect in the IBD population due to anergy, likely from immunosuppressants other than infliximab. In one study, 71 percent were anergic.
The University of Pennsylvania Health System and University of Pennsylvania School of Medicine are dedicated to advancing knowledge of the factors that cause esophageal cancer and using this knowledge to improve diagnosis and therapy of this cancer.

Esophageal cancer is the seventh leading cause of cancer death in the Western world, and is diagnosed in more than 15,000 persons in the United States each year. Most cases are one of two major types: squamous cell carcinoma (SCC) or adenocarcinoma (AC). The risk factors for esophageal SCC include chronic cigarette-smoking and/or alcohol consumption. These factors can be exacerbated by certain nutritional deficiencies. Esophageal AC is the result of chronic gastro-esophageal acid reflux. Chronic exposure to acid in the esophagus can lead to a condition called Barrett’s esophagus, in which precancerous and cancerous lesions develop. Obesity, alcohol use, and cigarette smoking can exacerbate esophageal AC, while bile reflux from the duodenum has also been implicated in the disease. Both esophageal SCC and AC can be present in families, although this is not the common situation.

In the treatment of esophageal cancer, the University of Pennsylvania Health System, the treatment of esophageal cancer involves an outstanding group of dedicated gastroenterologists, medical oncologists, radiologists, radiation oncologists, surgeons, pathologists, nutritionists, speech therapists, and social workers, and other team members.

For distant metastatic disease, newer systemic chemotherapy agents (eg, paclitaxel, docetaxel, gemcitabine, irinotecan, and oxaliplatin) have improved overall response rates to 50% or more, and have extended median survival to 10 to 14 months with gains in quality of life. A recently formed patient advocacy board helps patients navigate the issues underlying esophageal cancer.

Clinical Trials in Esophageal Cancer

The National Cancer Institute funds an innovative program project entitled “Mechanisms of Esophageal Carcinogenesis” (Anil K. Rustgi, MD, Principal Investigator; Dr. Walter El-Dorry, Dr. Menhard Herlyn). It is the only study of its type in the U.S. designed to bring advances in basic science research to the bedside. Through the development and characterization of new model systems in the research, it is hoped that patients and their families can benefit.

At the University of Pennsylvania Health System, the treatment of esophageal cancer involves an outstanding group of dedicated gastroenterologists, medical oncologists, radiologists, radiation oncologists, surgeons, pathologists, nutritionists, speech therapists, and social workers, and other team members.

INFAMMATORY BOWEL DISEASE

Malignant Infectious Complications of Immunosuppressant Use

CONTINUED FROM PAGE 1

For the NCI program project on esophageal cancer at Penn:

For the GI division academic website:
http://www.uphs.upenn.edu/gastro

For the Penn Abramson Cancer Center website:
http://www.pennmedicine.org/abramson

For Penn Advances Care Through a Team Approach:
http://www.oncolink.org

For Penn’s GI division academic website:
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