

Corticosteroids, TNF Antagonists and Outcomes from COVID-19 with IBD

To characterize the clinical course of COVID-19 among patients with IBD and evaluate the association among demographics, clinical characteristics and immunosuppressant treatments on COVID-19 outcomes, study was carried out. Surveillance epidemiology of coronavirus under research exclusion for inflammatory bowel disease (SECURE-IBD), is a large international registry created to monitor outcomes of patients with IBD with confirmed COVID-19. Calculation of the age/standardized mortality ratios was carried out using multivariable logistic regression to identify factors associated with severe COVID-19, defined as intensive care unit admission, ventilator use and/or death.

A total of 525 cases from 33 countries were reported (median age 43 years, 53% men); 37 patients had severe COVID-19; 161 (31%) were hospitalized and 16 patients died (3% case fatality rate). Standardized mortality ratios for patients with IBD were 1.8, 1.5, and 1.7, relative to data from China, Italy and the United States, respectively.

Risk factors for severe COVID-19 among patients with IBD included increased age (AOR 1.04), greater than 2 comorbidities (AOR 2.9), systemic corticosteroids (AOR 6.9), and sulfasalazine or 5-aminosalicylate use (AOR 3.1). Tumor necrosis factor antagonist treatment was not associated with severe COVID-19 (AOR 0.9).

It was concluded that increasing age, comorbidities and corticosteroids are associated with severe COVID-19 among patients with IBD, although a causal relationship cannot be definitively established. Notably, TNF antagonists do not appear to be associated with severe COVID-19.

Brenner, E., Ungaro, R., Geary, R., et al. "Corticosteroids, But Not TNF Antagonists are Associated with Adverse COVID-19 Outcomes in Patients with Inflammatory Bowel Diseases: Results from an International Registry." *Gastroenterology* 2020; Vol. 159, pp. 481-491.

Future High-Risk Adenomas After High-Risk Adenomas at Initial Screening

To examine the risk of high-risk adenomas (HRA) at third colonoscopy stratified by findings on two previous examinations in a prospective screening colonoscopy cohort of US Veterans with a negative second examination, participants were identified who had three or more colonoscopies from CSP No. 380.

The risk of HRA on the third examination, based on findings from the previous two examinations were

evaluated. Multivariate logistic regression was used to adjust for multiple covariates. HRA was found at the third examination in 114 (12.8%) of 891 participants. Those with HRA on both previous examinations had the greatest incidence of HRA at third examination (14/56 - 25%). Compared with those with no adenomas on both previous examinations, participants with HRA on first examination remained at significantly increased risk for HRA at the third examination at 3 years after a negative second examination (OR 3.41), 5 years (OR 3.14), and 7 years (OR 2.89).

In a screened population, HRA on the first examination identified individuals who remained at increased risk for HRA at the third examination, even after a negative second examination, supporting current colorectal cancer surveillance guidelines, which suggest a shortened, 5-year time interval to third colonoscopy after a negative second examination if high-risk findings were present on the baseline examination.

Sullivan, B., Redding, T., Hauser, E., et al. "High-Risk Adenomas at Screening Colonoscopy Remain Predictive of Future High-Risk Adenomas, Despite an Intervening Negative Colonoscopy." *American Journal of Gastroenterology*, 2020; Vol. 115, pp. 1275-1282.

Impact of Serum ANA in Nonalcoholic Fatty Liver Disease

To investigate the longitudinal impact of ANA on clinical outcomes and survival in nonalcoholic fatty liver disease (NAFLD), antinuclear antibody (ANA), was found in 16.9% of 923 biopsy-proven NAFLD patients, but none of them had histologic autoimmune hepatitis (AIH), or developed AIH after a mean followup of 106 months.

Although ANA-positive cases had a higher prevalence of nonalcoholic steatohepatitis at baseline, the occurrence of liver-related events, hepatocellular carcinoma, cardiovascular events, extrahepatic malignancy and overall survival was similar to ANA-negative cases.

Once AIH has been ruled out, the long-term outcomes and survival are not affected by the presence of ANA in patients with NAFLD.

Younes, R., Govare, O., Petta, S., et al. "Presence of Serum Antinuclear Antibodies Does Not Impact Long-Term Outcomes in Nonalcoholic Fatty Liver Disease." *American Journal of Gastroenterology*, 2020; Vol. 115, pp. 1289-1292.

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