

## Adacolumn induces remission in chronically active IBD-patients refractory to conventional treatment, also after re-treated flares.

By guest editors.

At the ECCO-meeting in Innsbruck, Austria, in March 2007, we presented an abstract concerning new and re-treated Adacolumn treatment given to forty IBD-patients with chronic continuous inflammation.

Patients with IBD and chronic inflammation refractory to conventional therapy are constrained to pharmacological treatment with risk of serious complications or surgery with potential mortality. Hence there is a need for alternative treatments associated with lower risks. Adacolumn treatment implies the characteristics of removing effector cells from the body and is not expected to induce dependency or refractoriness and has not been associated with serious side effects. This cohort of patients has been struggling along for at least six months and up to several years, with a number of different drugs giving more side-effects than effects. Therefore Adacolumn seems to be a suitable treatment option.

The aim of this study was to analyze long-term follow-up with

selective granulocyte/monocyte apheresis treatment and re-treatment in therapy refractory patients with chronically active IBD.

This open label retrospective study was carried out in 15 patients with chronically active ulcerative colitis (UC) (DAI 5–8) and 25 patients with chronically active Crohn's disease (CD) (CDAI 220–400) refractory to conventional treatment. Patients received a total of 5–10 Adacolumn treatments (Otsuka Pharmaceutical Europe, UK). Assessment performed directly after treatment and at week 10 and 20 comprised clinical (DAI and CDAI) and endoscopic activity when applicable. Relapsing patients were re-treated with Adacolumn. Follow-up time has been 2–58 months.

All treatments were given at a gastroenterological open ward with two specially trained IBD-nurses. Adequate intravenous access was achieved in all patients. No selection of patients according to inadequate venous access was undertaken.

The patient's characteristics are presented in Table 1. ▶

Birds are singing and flowers are blossoming.  
Finally, spring has come to Scandinavia.  
Welcome to our second issue of Adacolumn Newsletter for 2007. Some of you may have attended the second congress of the European Crohn and Colitis Organisation (ECCO) that was held in Innsbruck on March 1–3. Otsuka was one of the exhibitors and also arranged a session called "The Otsuka Lectures in IBD. In this issue, Dr. Per Karlén and R.N. Annelie Lindberg from South General hospital (Södersjukhuset) have kindly put together a summary of the poster presented at the ECCO meeting.

We are delighted to present the recipients of the Adacolumn travel grant in this issue. If you are attending the forthcoming ESPGHAN in Barcelona, please visit our booth and fill in our questionnaire. For this you will receive a useful gift. See you there!

**Table 1:**

Patient characteristics	
Age (yr) (median, range)	37,0 (16 – 59)
Gender (male/female) (n)	24/16
Diagnosis (UC/CD) (n)	15/25
Duration of diagnosis (yr) (median, range)	12 (1 – 43)
Patients with perianal fistulas (n)	5
Patients with extraintestinal manifestations (n) (UC/CD)	4/12
Patients with previous abdominal surgery for IBD (UC/CD) (n)	4/6

Response was evaluated directly, 10 and 20 weeks after the last apheresis procedure. Clinical response was classified into three categories according to Cohen: Am J Gastroenterol, 2000: 0 = No change or worsening of symptoms  
1 = Partial response: improvement or tapering of steroids without worsening  
2 = Complete remission: absence, or near absence of all clinical symptoms without an increase in steroid dose. (In addition also endoscopic remission.)

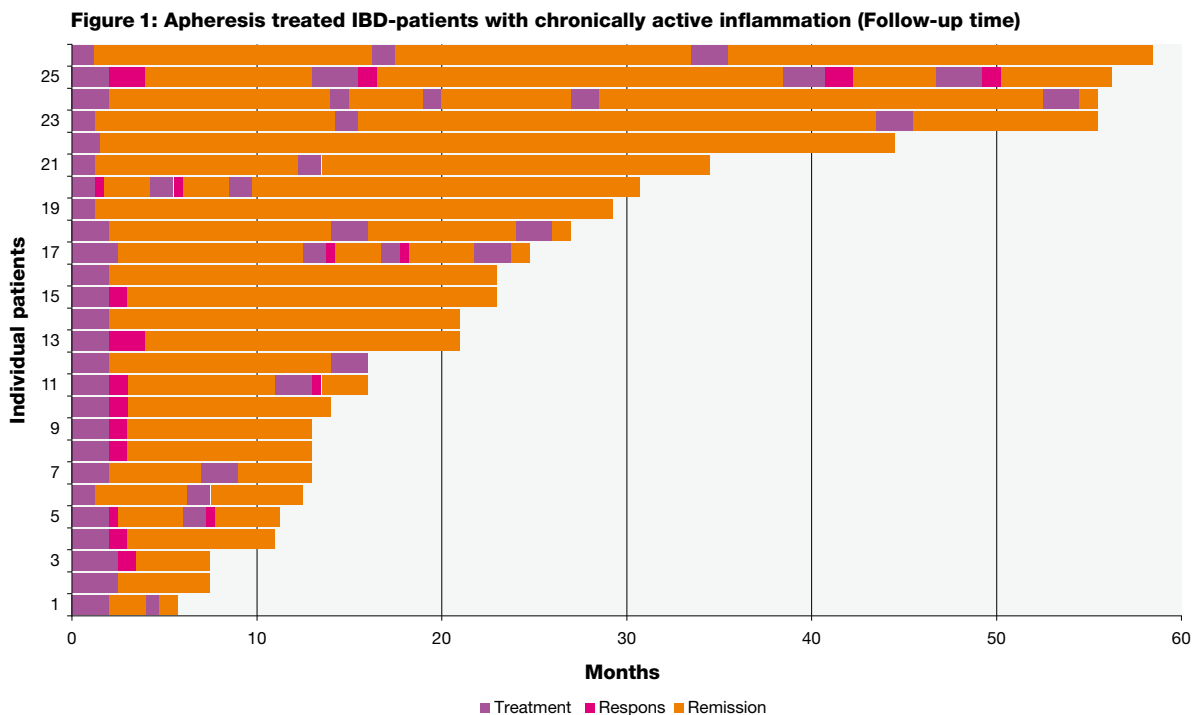
A total of 453 apheresis procedures were performed. Clinical response was seen in 85% and complete

remission in 65% of the patients. Ten patients in the UC-group (66%) and 16 in the CD-group (64%) achieved clinical and endoscopic remission for 2–55 + months (mean 14 months). All 14 patients from the remission-group who relapsed were re-treated with Adacolumn and 13 went into a second remission (one after addition of corticosteroids). Following further relapses, seven patients were successfully re-treated a third time, three patients a fourth time and one a fifth. Patient's individual follow-up time is shown in Figure 1. All patients in remission were free from corticosteroid treatment at follow-up. No serious side-effects were seen.

A total of 323 apheresis courses were given to the remission patients and a total of 566 months in remission has been achieved so far which implies 1,75 months/column for patients in remission which indicates a cost of 747 Euro/month in remission. This cost of Adacolumn therapy is well defended against the alternatives, particularly in the light of absence of serious side-effects with this treatment.

IBD-patients with chronic inflammation despite conventional therapy seem to benefit from Adacolumn apheresis treatment and relapses can successfully be retreated. Technical feasibility and patient's tolerability were excellent. ■

*Annelie Lindberg (R.N.), Inger Löfberg (R.N), Per Karlén (M.D., Ph.D) Department of Medicine, South General hospital (Södersjukhuset) Karolinska Institutet, Stockholm, Sweden.*



## Recipients of Adacolumn Travel Grants to ESPGHAN 2007

We are happy to announce that the following persons have been awarded with the Adacolumn Travel Grant to ESPGHAN in Barcelona.

- Dr. Birgitta D. Bården, Halmstad Sweden
- Dr. Christian Jakobsen, Hvidovre Denmark
- Nurse Mari Raimoranta, Turku, Finland

- Dr. Annika Lind, Kalmar Sweden
- Nurse Leena Ripsaluoma, Tampere, Finland

Congratulations!

We would like to take this opportunity to thank everyone who applied for this grant.

The grant recipients were selected by the scholarship committee: Profes-

sor Robert Löfberg, Sophiahemmet, Stockholm, Sweden and Dr. Tarja Ruuska, Tampere University Hospital, Finland.

The recipients are asked to write a short report within one month of the congress. Some of these reports will be published in the Adacolumn Newsletter, and on our website. ■

## Apply for Adacolumn Travel Grants to UEGW 2007 in Paris!

The UEGW-meeting in Paris, in October 27–31, is a great opportunity to keep up with the rapid advances that are taking place in clinical Gastroenterology. A special attraction this year are the “Clinics in Gastroenterology” a series of interactive sessions that focus on the management of difficult clinical cases, such as in IBD. Otsuka is pleased to offer 5 travel grants of 500 EUR each to gastroenterologists and gastronnurses for the purpose of visiting UEGW 2007. The recipients will be selected by Dr. Tarja Ruuska,

Tampere University Hospital, Finland and Prof. Robert Löfberg, Sophiahemmet, Stockholm, Sweden. The recipient will be notified personally by e-mail no later than August 25, 2007 and their names will be published in the Adacolumn Newsletter.

### Conditions

- The applicant should be working with gastroenterology as main occupation.
- The applicant should state specific and well defined reasons why he or she is applying for the grant.

- The grant is personal and can not be transferred to any other person. If not used the grant should be returned to Otsuka Pharma Scandinavia AB.
- The recipients are expected to write a short report from their visit to UEGW which will be published in the Adacolumn Newsletter.

To apply send an e-mail to [grants@otsuka.se](mailto:grants@otsuka.se) no later than August 1, 2007 with the following details: Name, Hospital and Department name, E-mail, Reasons. ■

## Don't miss Dr. Ruuska's lecture during ESPGHAN

Otsuka Pharma Scandinavia AB is taking part in this year's ESPGHAN (European Society for Paediatric Gastroenterology Hepatology and Nutrition) meeting in Barcelona, 9th – 12th of May 2007, together with our colleagues in Europe. For you who have the opportunity to take part in this congress we would like to invite you to our booth (no. 18). Complete our questionnaire during your visit, and you will receive a useful gift.

### Do not miss:

On 12th of May at 11:15, Dr. Tarja Ruuska from Tampere University Hospital will talk about her, and other Scandinavian hospital's experiences

with Adacolumn treatment in pediatric patients. This presentation will take place during the Plenary Session 4 – Gastroenterology in room Auditorium (OP4-04). ■



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## Adacolumn Nurse Network Meeting

*This year's first Adacolumn Nurse Network Meeting was held in Stockholm 29th of March. The meeting is an opportunity for nurses working with IBD patients and Adacolumn to get together to exchange experiences, discuss treatment and network. Otsuka Pharma Scandinavia AB tries to meet expectations regarding training, updates on research and more. During earlier meetings we have had guests speaking about Immunology and Fecal Calprotectin, for example.*

This time the meeting started with Eewa Lehtikoinen and Leena Rip-saluoma, two nurses from Tampere, Finland. They told us about their experiences in treating children with

Adacolumn, gave advice on how to treat children the best possible way and how to deal with fear and nerves. It may be taken for granted that children can be treated and informed in the same way as adults. Eewa and Leena believe it is very important to inform all parties about what is going to happen during the treatment to make them feel safe, calm and relaxed.

Part two of the meeting was presented by Annelie Lindberg, gastro nurse at South General Hospital in Stockholm. She spoke about their poster that was presented at the ECCO meeting in Innsbruck earlier this year. Their poster is built around patients treated with Adacolumn,

treatment results, follow-up after treatment, time to and time in remission, but also the results of retreatment.

Annelie also talked about what it is like, as a nurse, to study for a doctor's degree. She told us that it is sometimes hard and time-consuming but at the same time rewarding and a lot of fun.

Otsuka Pharma Scandinavia AB would like to thank the inspiring speakers at the meeting. We are very grateful that they were willing to share their experiences with us – Thank you!

Last but not least, please do not forget to send us requests for future topics and speakers. ■

**NEW PUBLICATION:****Quality of life with Adacolumn examined**

Lena Oxelmark and colleagues evaluated in a 6-week trial, whether therapy with Adacolumn was associated with an impact on health-related

quality of life (HRQOL) in patients with active UC. The relationship between HRQOL and clinical disease activity was also studied. If you are

interested in reading this recently published article, please fill in the Order Form or e-mail us at: [reprints@otsuka.se](mailto:reprints@otsuka.se). ■

**The Otsuka Lectures in IBD**

*The second congress of the European Crohn and Colitis Organisation (ECCO) was held in Innsbruck on March 1. This was a major congress in Europe solely devoted to the etiology, diagnosis and treatment of inflammatory bowel disease. The congress had gathered over 900 gastroenterologists and nurses, mainly from Europe.*

Otsuka arranged a session called "The Otsuka Lectures in IBD" that took place just prior to the official start of the congress. The meeting attracted around 250 attendants who listened to Professor Hibi, from the Keio University in Tokyo, talking about treatment of IBD in Japan.

Professor Hibi gave a lecture of the epidemiologic development of inflammatory bowel disease in Japan and how it has grown from being a non-existing disease to being a fast-growing, chronic disease, which has gained special attention from the Japanese Ministry of Health. Professor Hibi concluded that there are genetic differences between the Asian and the Western patients, but that the influence from environmental factors may be the same. The treatment algorithms used in Japan differs significantly from the ones used in

Europe. Apheresis techniques (such as Adacolumn) are commonly used in the more therapy resistant cases before immunomodulatory drugs are added. There is also a significant use of tacrolimus in Japan while the new biological therapies are not used as widely (mainly due to later approval dates). Another feature of the Japanese treatment is the use of enteral therapies. The exact effect of the enteral therapy is not known but it does have an indirect effect on the intestinal flora.

**Balance between environmental factors and genetics**

The second speaker was Professor Salvador Peña from Amsterdam. He is a leading expert on immunomodulation and gave a very detailed overview of the immune system and the balance between environmental factors and the influence of genetics. Professor Peña described the important parts of the immune system, how they interrelate and how normal bacteria in the gut can act as pathogens and drive the inflammatory process. The increased understanding of genetics is helping us to understand the pathogenesis of the disease and how the regulation of local mu-

cosal responses to enteric bacteria is critical to maintain normal homeostasis. He also described how probiotics may influence the system.

A common feature of the inflammatory process in the gut is the "leaky barrier" and professor Peña's lecture gave a good insight into how it can occur and potential ways of preventing or improving it.

At the end of his presentation Professor Peña covered some of the potential modes of actions that can explain the longer acting effects of Adacolumn with focus on regulatory T cells (lymphocytes). Understanding the relation between changes in different phenotypes of lymphocytes and their clinical implication is a huge research area for the future.

The session was ended by an announcement by the chairman (Dr. Anders Nilsson from Otsuka) of the Otsuka research grant to be awarded to a young researcher in the field of IBD.

In summary, the Otsuka lectures were very well received and a good start to what was generally seen as a very successful first congress by ECCO. ■

# Order Form

- Long-term follow-up with Adacolumn® apheresis re-treatment in patients with chronically active inflammatory bowel disease (IBD) refractory to conventional treatment**, Annelie Lindberg, Inger Löfberg, Per Karlén, ECCO meeting poster abstract, March 2007.
  
- Short report: Quality of life for patients with active ulcerative colitis treated with selective leukocyte apheresis**, Lena Oxelmark, Pernilla Hillerås, Axel Dignass, Joachim Mössner, Stefan Schreiber, Wolfgang Kruis, Robert Löfberg, Scandinavia Journal of Gastroenterology 2007; 42: 406–407.
  
- Positions of selective leukocytapheresis in the medical therapy of ulcerative colitis**, Hiroyuki Hanai, World Journal of Gastroenterology 2006, 12(47): 7561–7724.

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