

Biological Therapy for Inflammatory Bowel Disease During the COVID-19 Pandemic: Experiences From a Tertiary IBD Service

Key Words: biologics, IBD, Covid-19

To the Editors,

Coronavirus disease 2019 (COVID-19) is the sentinel event of our time, dramatically affecting lives and livelihoods. Fortunately, the pandemic created a strong union within the inflammatory bowel disease (IBD) medical community with an open sharing of knowledge and experiences to deliver quality care during unprecedented circumstances.¹⁻³ The IBD Society in Serbia has risen to the challenges brought on by COVID-19 by reassigning and relocating resources to facilitate continuity of patient care. In this letter, we share data gathered from interviews conducted with Serbian IBD patients regarding their access to treatment during the lockdown period.

Our University Hospital Medical Center Zvezdara, located in Belgrade, is one of the few centers in the country to provide biological treatment for IBD patients and take care of more than 1500 IBD patients on different treatment modalities. At the start of the pandemic, the clinic was transformed into a COVID-19 hospital. The role of ongoing biological therapy for IBD patients was assigned to University Hospital Medical Center Bezanjska Kosa, located on the other

TABLE 1. Patients Who Discontinued Therapy From March to June 2020 (Disease and Therapy Type)

Demographic characteristics	N = 60
Age (years) mean ± SD	40 ± 18
Therapy(%)	
Infliximab	29/91(31.9%)
Adalimumab	21/82 (25.6%)
Vedolizumab	10/72 (13.9%)
Golimumab	0/1 (0%)
Type of IBD (%)	
Crohn's disease	45/161 (27.9%)
Ulcerative colitis	15/85 (17.6%)

side of Belgrade. Two hundred forty-six patients on biologics were notified that care would continue at Bezanjska Kosa. Clinical disease activity of most of the patients was assessed via remote interview, either online or by phone by our Site staff.

Additionally, 76% of patients (186 of 246) continued their biological therapy (adalimumab, infliximab or vedolizumab equally distributed) during the 3-month lockdown period (Table 1). Fifty-five percent (138 of 246) of patients reside in Belgrade, but the rest resided elsewhere in Serbia. Age and illness duration did not influence access to therapy. In the 24% of patients (60 of 246) that discontinued their therapy, 45 patients had Crohn's disease, and 15 had ulcerative colitis ($X^2 = 3.202$; $DF = 1$; $P < 0.05$). Twenty-five percent of patients (65 of 246) had a decreased number of treatment sessions due to logistics (mainly lack of transportation), whereas 12% (30 of 246) discontinued therapy due to fear of infection.

Health authorities in Serbia implemented several structural and organizational measures to fight COVID-19. Although the relocation of a major IBD facility to a different center was a massive undertaking, particularly from an organizational point of view, we are

pleased with the overall outcomes and compliance rates. Clinical remission achieved before the lockdown and severity of symptoms may explain compliance rates. Decreased compliance was noted in clinically well patients, typically patients with Crohn's disease in remission who were treated with either adalimumab or infliximab. The main lesson learned is that compliance in moderate or severe cases was not affected by the imposed lockdown restrictions. The next step is to reassess noncompliant patients and ascertain whether they relapsed as a result of missed or inadequate treatment.

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