FORGING A NEW FRONTIER

Revolutionizing Iron Deficiency Therapy in Patients with Inflammatory Bowel Disease

May 20, 2024 • 6:30-8:00 PM ET • Dinner: 6 PM ET
The Capital Hilton Hotel • Presidential Ballroom

Anemia occurs frequently in patients with inflammatory bowel disease (IBD) and is one of the most commonly seen extraintestinal manifestations of disease with iron deficiency (ID) as the most common cause. Practice guidelines recommend screening all patients with IBD regularly for ID and anemia, but studies show screening is done infrequently. Additionally, patients with IBD and iron deficiency anemia (IDA) require specific considerations for the presence of active inflammation when determining whether IV or oral iron supplementation is appropriate as elevated hepcidin levels in active IBD can block oral iron absorption.

This CME Outfitters symposium entitled, Forging a New Frontier: Revolutionizing Iron Deficiency Therapy in Patients with Inflammatory Bowel Disease, will feature globally renowned faculty who will discuss screening for ID in patients with IBD, the role of hepcidin in ID pathophysiology, and the basic principles of iron metabolism and absorption, including the distinction between absolute and functional ID. The expert panel will also explore the differences between oral and intravenous (IV) iron formulations; evaluate clinical trial efficacy data on IV iron in both adult and pediatric patients; and review shared decision-making (SDM) strategies.

LEARNING OBJECTIVES

At the conclusion of this activity, learners will be able to better:

• Incorporate comprehensive screening tests for ID in patients with IBD based on principles of ID pathophysiology and the prevalence of IDA in patients with IBD

• Evaluate the distinctions among IV iron products including current and emerging clinical trial data on efficacy, safety, and AEs such as hypersensitivity for patients with IBD

• Assess the use of IV iron in the pediatric IBD setting

• Develop patient-centered care plans with the use of SDM with patients with ID and IBD, factoring in individual patient preferences and characteristics to optimize adherence and outcomes

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