

Multidisciplinary Inflammatory Bowel Disease Conference: The Contribution and Impact of Pathology on Patient Care

CARILION CLINIC

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BACKGROUND

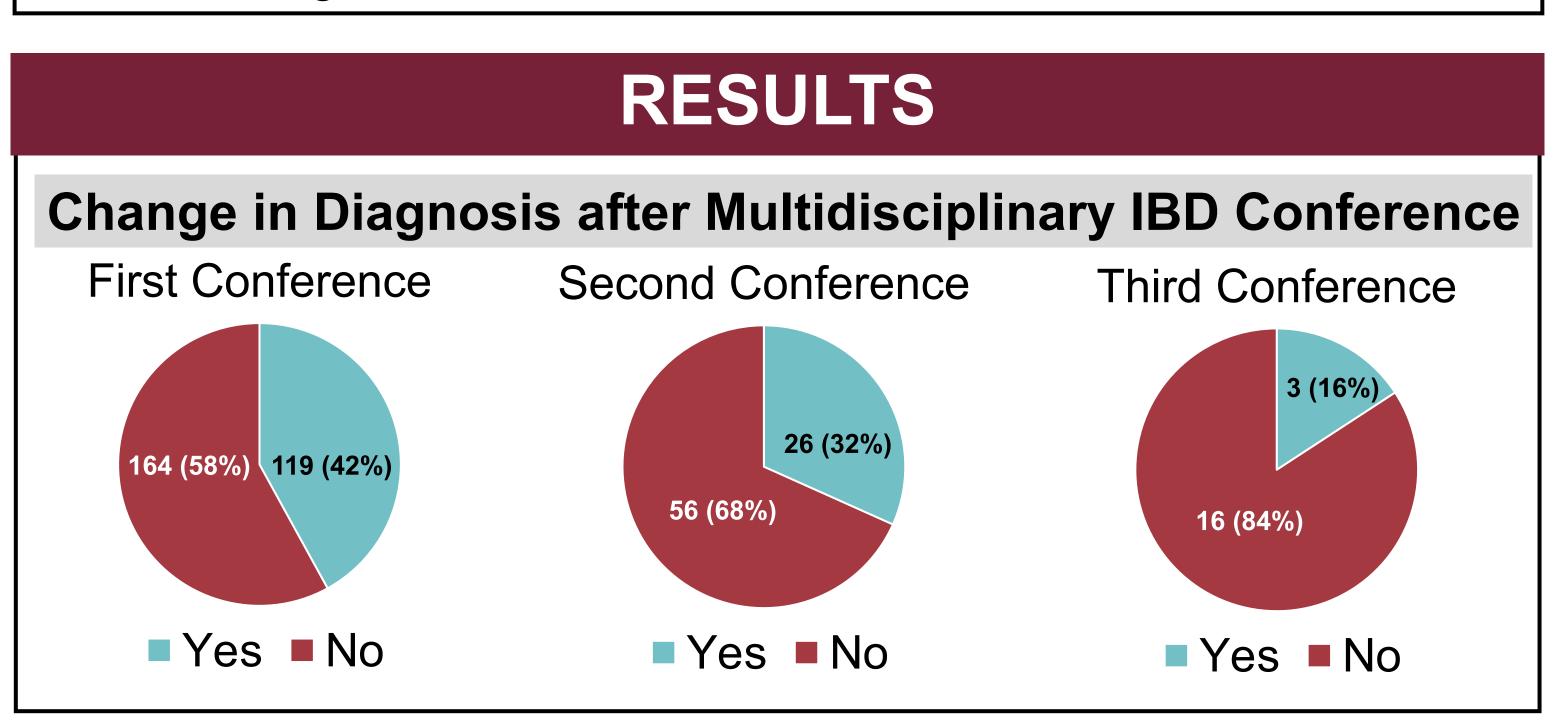
- Inflammatory bowel disease (IBD) is complex, easily misdiagnosed and mismanaged.
- Multidisciplinary care improves outcomes in IBD patients.¹
- Pathologists play a crucial role in IBD diagnosis by discerning it from other types of colitis and differentiating ulcerative colitis (UC) from Crohn's disease (CD).²
- Yet, only few hospitals have a multidisciplinary IBD team that consistently includes a gastrointestinal expert pathologist.

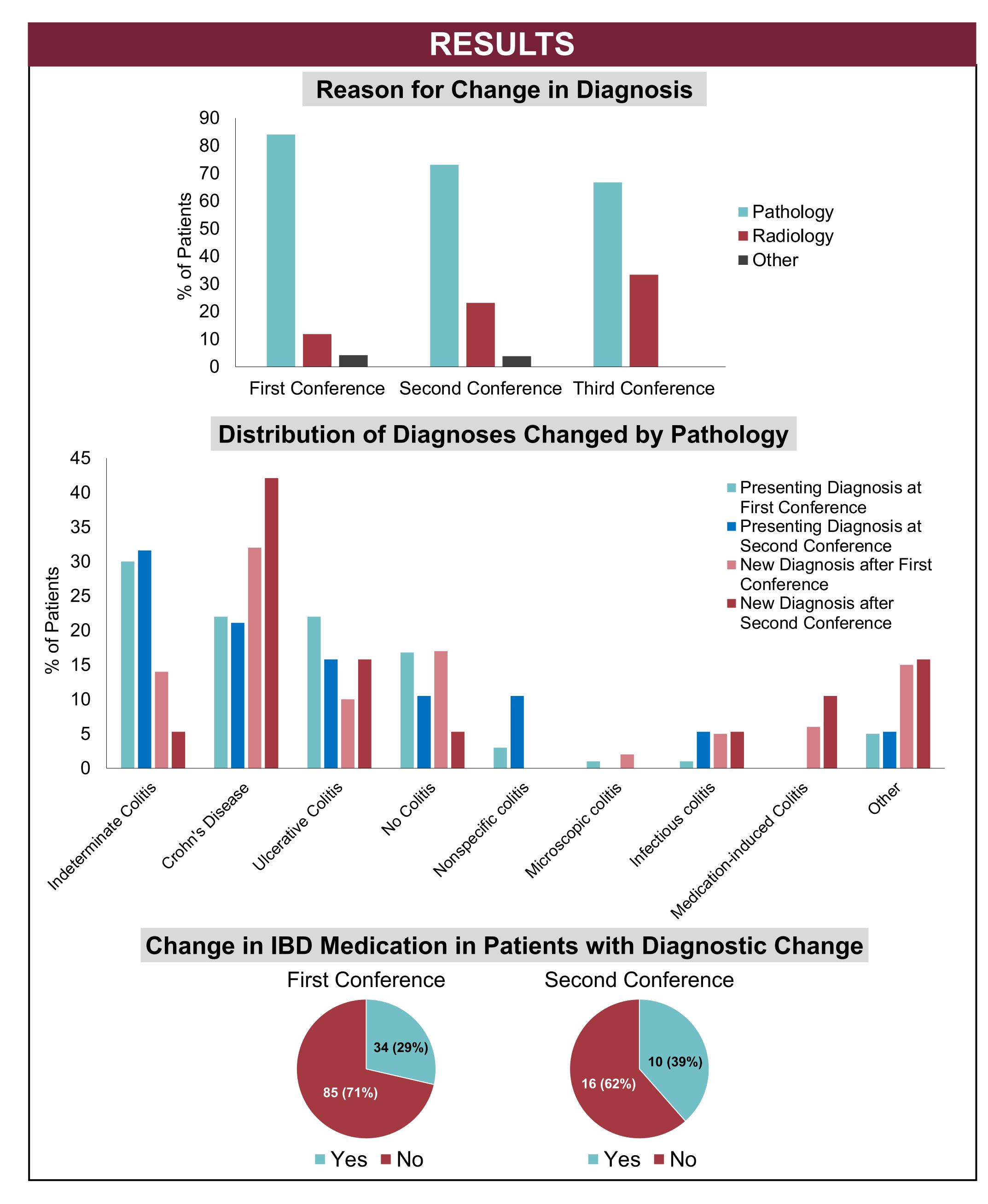
PURPOSE

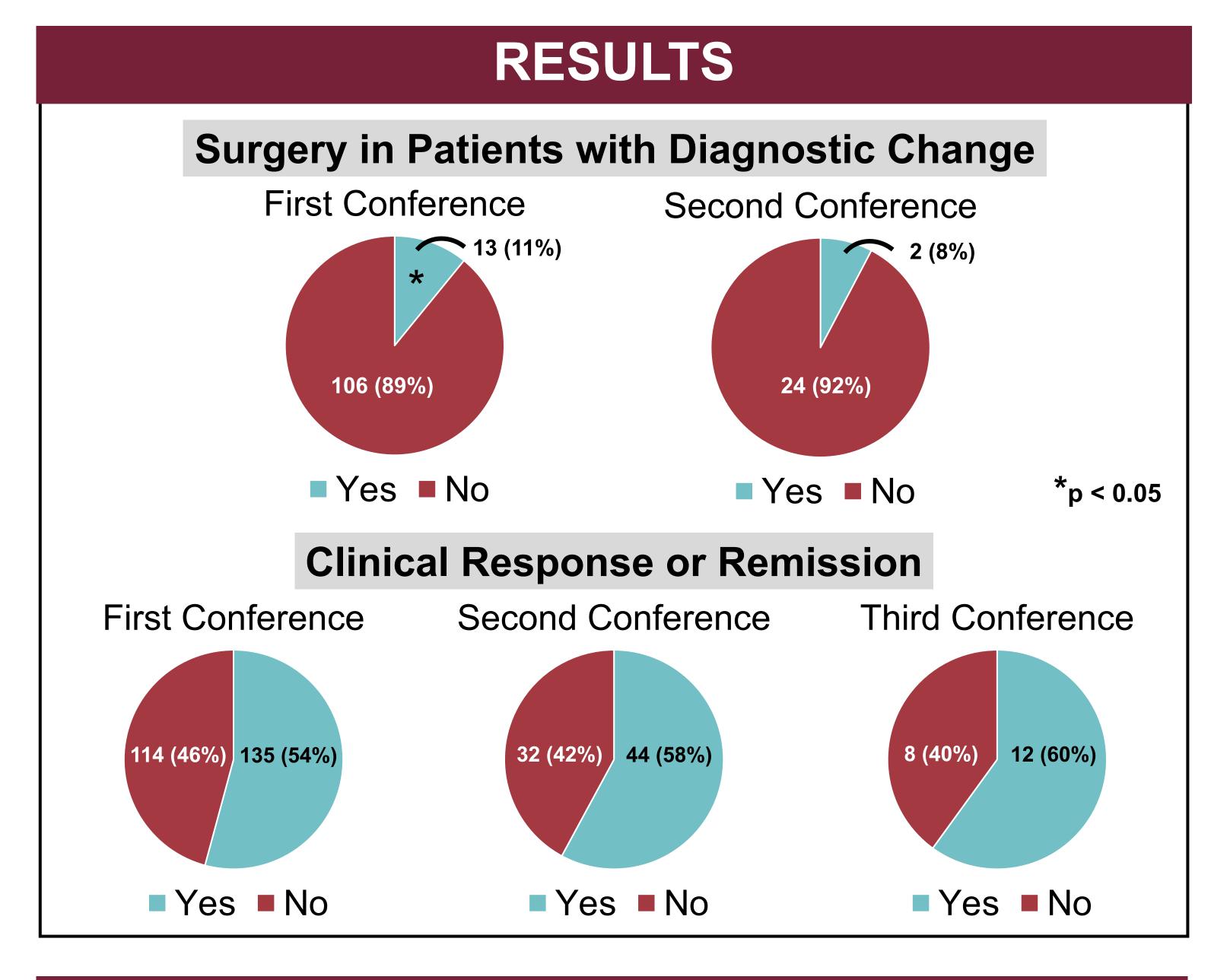
 Characterize the impact of an expert gastrointestinal pathologist on outcomes of complex IBD patients as an integral part of the multidisciplinary IBD team.

METHODS

- Retrospective chart analysis of patients (N = 283) discussed at the semi-monthly multidisciplinary IBD conference at Carilion Clinic, from June 1, 2013 through December 31, 2019.
- Each patient was presented between one and six times at the conference.
- Data collected: demographics, diagnosis before and after conference, reason for diagnostic change, endoscopy findings, medications, surgeries, and clinical response within 6 months of conference.
- Percentages were calculated if total N > 10.







DISCUSSION & CONCLUSION

- The majority of diagnostic changes made at the multidisciplinary IBD conference were due to histopathologic re-interpretation by the expert pathologist.
- Indeterminate colitis was the most common presenting diagnosis changed by pathology.
- A change in diagnosis at times led to significant modifications in disease management through surgery or medication changes.
- Multidisciplinary care teams are essential for optimal management of complex IBD patients
- An expert gastrointestinal pathologist is a critical team member to the discussion of nuances of each patient's case.

REFERENCES

- Ricci C, Lanzarotto F, Lanzini A. The multidisciplinary team for management of inflammatory bowel diseases. *Digestive and Liver Disease*. 2008; 40(2): S285-S288.
- 2. Woodman, I., Schofield, J.B. & Haboubi, N. The histopathological mimics of inflammatory bowel disease: a critical appraisal. *Tech Coloproctol.* 2015; 19: 717–727.