

厚生労働科学研究費補助金（難治性疾患政策研究事業）

難治性炎症性腸管障害に関する調査研究

総括／分担研究報告書（令和4年度）

難治性炎症性腸管障害に関する調査研究 総括研究報告

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研究要旨：難治性炎症性腸疾患（潰瘍性大腸炎・クローン病）および希少難病（クローンカイトカナダ症候群等）に関する疫学調査研究、診断基準・治療指針作成、実地医家への啓発活動を通じて、患者QOL向上と医療経済への貢献を目指す。特に重点課題として各種レジストリ研究、緊急課題としてCOVID-19対応をあげ令和4年度は治療指針作成、小児から成人へのトランジションに関するコンセンサスステートメント作成、IBD患者におけるワクチン接種に関するコンセンサスステートメント、難病プラットフォームとの連携によるレジストリ構築、COVID-19に関する多施設共同研究など多くの課題で目標を達成し成果をあげた。

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A. 研究目的

難治性炎症性腸疾患（潰瘍性大腸炎・クローン

病) および希少難病 (クロンカイトカナダ症候群、非特異的多発性小腸潰瘍症 (田口班)、家族性地中海熱関連腸炎 (AMED 仲瀬班)、腸管型ベーチェット (岳野班)) に関する疫学調査研究、診断基準・治療指針作成、実地医家への啓発活動を通じて、患者 QOL 向上と医療経済への貢献を目指す。

B. 研究方法

研究班は消化器内科、外科、小児科、疫学統計から構成され領域横断的研究を可能とする。研究プロジェクトは大きく 6 項目からなり、特に重点プロジェクトではレジストリ研究を中心に推進し、難病プラットフォームを積極的に利用する。また、他の研究班、学会、AMED と緊密な連携をとっていく。患者参加型双方向性研究を取り入れながら国民と実地医家への啓発活動を行う。緊急プロジェクトとして COVID-19 に関する情報発信、疫学調査研究などを推進する。

1. 総括的疫学解析プロジェクト

2. 診断基準・治療指針改訂プロジェクト

3. 重点プロジェクト

生物学的製剤新規導入患者レジストリ構築、新規診断 IBD 患者レジストリ、炎症性腸疾患外科手術例のレジストリ構築、クローン病関連癌サーベイランス法の確立、潰瘍性大腸炎関連癌内視鏡治療例のレジストリ構築、IBD 患者における妊娠・出産のレジストリ構築、高齢 IBD 患者レジストリ)、

4. 緊急プロジェクト IBD 患者における新型コロナウイルス感染情報の収集と情報発信

5. 国民啓発と実地医家啓発プロジェクト

6. 腸管希少難病に関する実態調査と啓発活動プロジェクト

クロンカイトカナダ症候群、非特異性多発性小腸潰瘍症 (田口班)、腸管ベーチェット病 (岳野班、AMED 水木班)、家族性地中海熱関連腸炎 (AMED 仲瀬班)

(倫理面への配慮)

レジストリ研究等については中央一括審査により各施設の倫理委員会の承認を得て行う。

C. 研究結果

令和 4 年度成果を以下に示す。

- 1) 最新の治療に対応した潰瘍性大腸炎・クローン病診断基準・治療指針令和 3 年度改訂版を公開した。
- 2) 多施設共同研究として日本人 COVID-19 感染 IBD 患者のレジストリ研究 (J-COSMOS) や COVID-19 が患者行動変容に与えた影響の調査 (J-DESIRE)、日本人炎症性腸疾患患者における COVID-19 ワクチン接種に対する免疫応答と安全性の検討によるワクチン接種の適正化 (J-COMBAT) が推進された。すでに 3 試験ともにデータ収集は終了し、J-COSMOS の中間報告と J-DESIRE の結果が J. Gastroenterology 誌に掲載された。J-COMBAT、J-COSMOS の最終結果についても英文誌に投稿中である。
- 3) 各レジストリ研究の立ち上げ。難病プラットフォームを利用するプロジェクト (新規発症、外科治療、高齢、妊娠・出産) については難病プラットフォームとの契約を締結し、中央一括審査の申請中である。潰瘍性大腸炎関連癌内視鏡治療例については日本内視鏡学会との連携によりすでに 300 例ほどのデータが集積しその解析結果は英文誌に論文投稿中である。生物学的製剤新規導入患者レジストリについても関連学会等との連携の上で進行中である。
- 4) 国民啓発と実地医家啓発プロジェクトとしては患者を含めた双方向性研究として食事療法の見直しを進め患者を含めた研

究立案のための会合が開催された。青黛内服患者の実態調査（二次次調査）が行われコンセンサスステートメントが公開された。

- 5) 腸管希少難病に関する実態調査と啓発活動プロジェクトでは岳野班と協力して腸管ベーチェット重症度基準の作成に着手し原案が完成した。AMED 水木班のレジストリ研究への引き続き協力している。クローンカイトカナダ症候群については診断カラーアトラスが公開され、海外に向けて英文書籍化された。また、データベースについて難病プラットフォームと利用契約締結に至った。非特異性多発性小腸潰瘍症（田口班）、家族性地中海熱関連腸炎（AMED 仲瀬班）についても関連研究班と連携しプロジェクトを進めている。
- 6) 小児～成人のトランジションについてはプロジェクトチームが発足し、本邦初のトランジションに関するエキスパートコンセンサスが作成・公開され、英文論文文化された。IBD 患者におけるワクチン接種に関するエキスパートコンセンサスが作成されホームページ上で公開された。英文論文文化された。

D. 考察

令和 2 年度に日本消化器病学会との共同作業として IBD 診療ガイドライン改訂版を公開しているが、本領域の治療の進歩は目覚ましく、新たな治療薬を含めて本年度も令和 4 年度改訂版診断基準・治療指針を公開した。本研究班の特色である目的を絞ったレジストリ構築については難病プラットフォーム利用締結も終了し、中央一括審査による倫理審査を申請中である。契約締結に時間がかかり、運用開始が当初の計画より少し遅れているが実施に大きな影響はないと考えている。潰瘍性大腸炎関連癌内視鏡治療例のレジストリ構築についてはすでに日本消化器内視鏡学会との連携により 300 例ほどの貴重なデータが集まり解析結果は英文誌に投稿中と予定以上の進捗である。また、本研究班の大きな特徴とし

て小児科を含む多領域から構成されていることが挙げられるが、小児 IBD 医との連携で小児 IBD 治療指針改訂版を作成した。さらに、本邦初の試みである IBD 患者におけるワクチン接種に関するエキスパートコンセンサスを小児科医と内科医の連携で作成し令和 3 年度に公開したが、本年度はその結果を英文文化した。さらに本邦初のトランジションに関するエキスパートコンセンサス作成が終了し Web 公開、英文論文文化された。これまで行われてこなかった患者参加型のプロジェクトとして食事療法・食事指導の見直しが行われており、患者参加型の研究立案を目指してプロジェクトの段階から患者が参加している。令和 2-4 年度は COVID-19 に対する対策が重要な課題であった。この間、タスクフォースによる定期的な情報発信や診療に関する各種提言を行ってきた。さらに日本人 COVID-19 感染 IBD 患者のレジストリ研究（J-COSMOS）や COVID-19 が患者行動変容に与えた影響の調査（J-DESIRE）、日本人炎症性腸疾患患者における COVID-19 ワクチン接種に対する免疫応答と安全性の検討によるワクチン接種の適正化（J-COMABT）の 3 試験が研究班主導で行われており、J-COSMOS 中間成績と J-DESIRE は英文論文として発表された。希少疾患についても他の研究班と緊密な連携のもとに進められており、クローンカイトカナダ症候群については世界初のカラーアトラスが公開され、英文書籍化された。またレジストリ研究についても難病プラットフォームとの利用契約が締結された。

今後の課題は構築した各種レジストリの運用開始、COVID-19 に関する疫学調査研究の最終結果の公開、小児～成人のトランジションについての評価と実臨床での実用化、患者を含めた双方向性の取り組みの推進と考えられる。さらに AMED との協力のもと、病態に

迫る新たな研究の推進・バックアップも行っていきたい。

E. 結論

消化器内科、外科、小児科、疫学統計専門家からなる研究班により、炎症性腸疾患診断基準・治療指針の作成、レジストリ研究の立ち上げ、COVID-19 への対応、患者と実地医家への啓発活動、希少疾患のレジストリと啓発活動の推進を行った。

F. 健康危険情報

該当なし

G. 研究発表

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H. 知的財産権の出願・登録状況

(予定を含む)

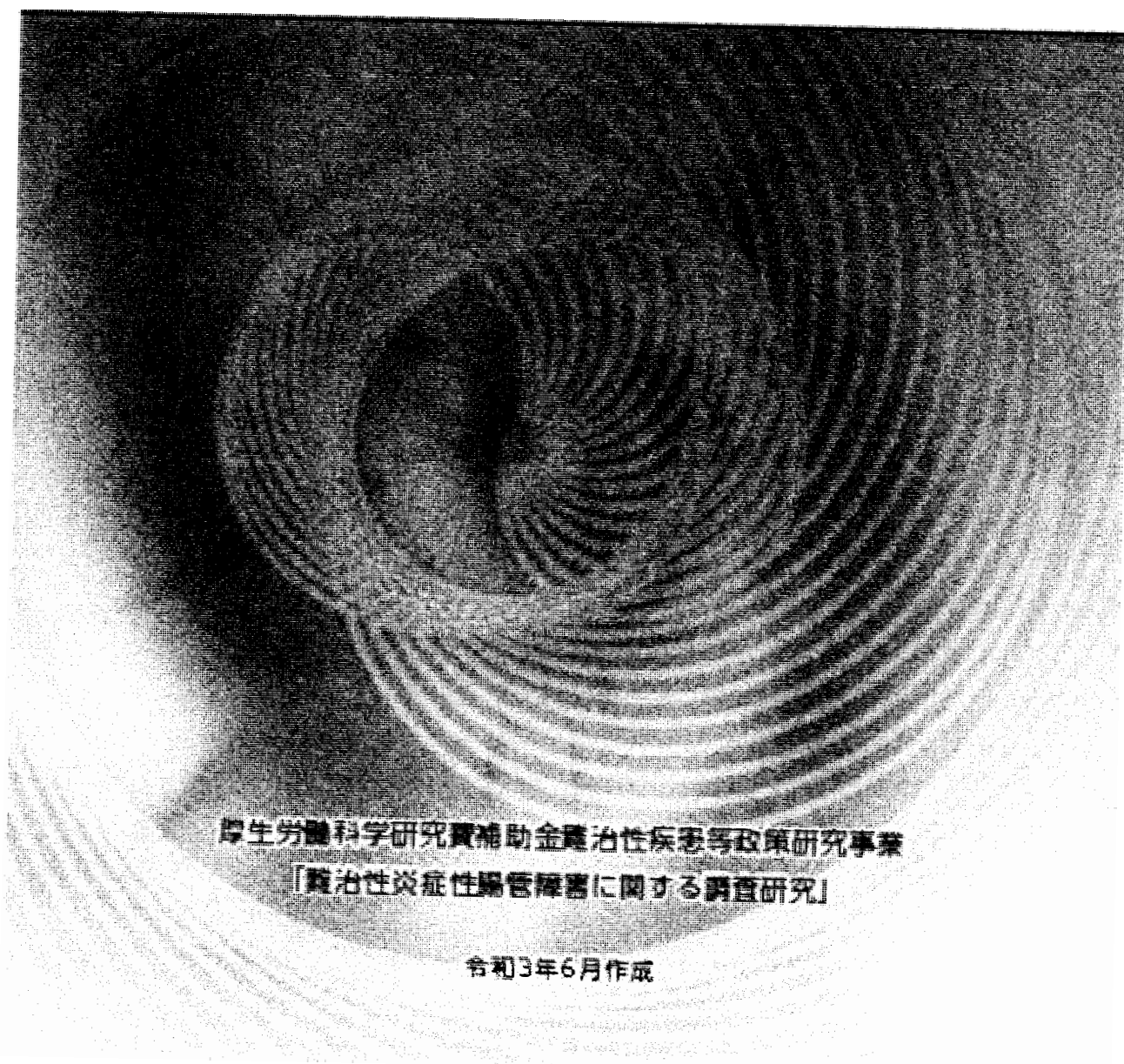
1. 特許取得

該当なし

2. 実用新案登録

該当なし

Cronkhite-Canada症候群 内視鏡アトラス



厚生労働科学研究費補助金難治性疾患等政策研究事業
「難治性炎症性腸管障害に関する調査研究」

令和3年6月作成



Expert consensus on vaccination in patients with inflammatory bowel disease in Japan

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Received: 30 July 2022 / Accepted: 28 December 2022
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Abstract Immunosuppressive therapies can affect the immune response to or safety of vaccination in patients with inflammatory bowel disease (IBD). The appropriateness of vaccination should be assessed prior to the initiation of IBD treatment because patients with IBD frequently undergo continuous treatment with immunosuppressive drugs. This consensus was developed to support the

decision-making process regarding appropriate vaccination for pediatric and adult patients with IBD and physicians by providing critical information according to the published literature and expert consensus about vaccine-preventable diseases (VPDs) [excluding cervical cancer and coronavirus disease 2019 (COVID-19)] in Japan. This consensus includes 19 important clinical questions (CQs)

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Anxiety and behavioral changes in Japanese patients with inflammatory bowel disease due to COVID-19 pandemic: a national survey

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Received: 23 November 2022 / Accepted: 26 December 2022
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Abstract

Background Given the increasing health concerns for patients with inflammatory bowel disease (IBD), amidst the COVID-19 pandemic, we investigated the impact of the

pandemic on the anxiety and behavioral changes in Japanese patients with IBD.

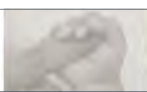
Methods We analyzed 3032 questionnaires from patients with IBD, aged 16 years or older visiting 30 hospitals and 1 clinic between March 2020 and June 2021. The primary outcome was the score of the anxiety experienced by patients with IBD during the pandemic.

Hiroshi Nakase and Kohei Wagatsuma contributed equally to this article.

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Guidelines

A consensus statement on health-care transition for childhood-onset inflammatory bowel disease patients

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Abstract

Inflammatory bowel disease (IBD) is a chronic relapsing inflammatory disorder of the intestine. The incidence of IBD is increasing worldwide, including Japan, and in approximately 25% of all affected patients it is diagnosed before 18 years of age. For the health maintenance of such patients, planned transition to adult care systems is essential. Previous Japanese surveys have revealed gaps between adult and pediatric gastroenterologists with regard to their knowledge and perception of health-care transition for patients with childhood-onset IBD. In 2021–2022, several Web workshops to discuss issues related to the transitional care of IBD patients were held by the Ministry of Health, Labour and Welfare of Japan as part of their program for research on intractable diseases. Clinicians experienced in IBD treatment for pediatric and adult patients participated. As a result, this panel of adult and pediatric gastroenterologists developed five consensus statements on the issue of “transfer from pediatric to adult care” and nine statements on the issue of “addressing transitional care (transition program).” To address current gaps in health-care transition for childhood-onset IBD patients, a programmed approach to transition, and better partnerships between pediatric and adult gastroenterologists are indicated. It is hoped that this consensus statement will provide a basis for the development of appropriate guidelines for clinical practice.

Key words inflammatory bowel disease, referral form, statement, transfer, transition.

Introduction

Since about 2010, transition-related health-care intervention has been receiving attention in Japan. This can be defined as the “purposeful planned transition of adolescents and young adults with chronic physical and medical conditions from child-centered to adult-oriented health-care systems.”¹ This

involves two components, whereby (i) the responsibility for health-care “transitions” from the parent/caregiver to the patient and (ii) the patient “transfers” from a pediatric to an adult provider.² In other words, “transition care” refers to services that prepare young adults with chronic health conditions and their families to move from child-centered to adult-oriented health-care systems, whereas “transfer of care” is the planned transfer of patients from pediatric services to doctors and other providers who care for adults.

Got Transition[®] is a national resource center for health-care transition in the USA. It is a program run by the National Alliance to Advance Adolescent Health and funded through a cooperative agreement with the federal Maternal and Child

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Received 9 March 2022; revised 29 April 2022; accepted 12 May 2022.

ORIGINAL ARTICLE - GASTROENTEROLOGY (EXPERIMENTAL)

Functional analysis of mutant *SLCO2A1* transporters found in patients with chronic enteropathy associated with *SLCO2A1*

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Key words

chronic enteropathy associated with *SLCO2A1* gene, prostaglandin E₂, *SLCO2A1* transporter, small intestinal ulcer.

Accepted for publication 19 July 2022.

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Declaration of conflict of interest: Tadakazu Hisamatsu has received research grants from the following: EA Pharma Co., Ltd., AbbVie GK, Celgene KK, Janssen Pharmaceutical KK, Pfizer Inc., Takeda Pharmaceutical Co., Ltd., Mitsubishi Tanabe Pharma Corporation, Kyorin Pharmaceutical Co., Ltd., JIMRO Co., Ltd., Mochida Pharmaceutical Co., Ltd., and Nichi-Iko Pharmaceutical Co., Ltd. TH also received commercial research funding from EA Pharma Co., Ltd., AbbVie GK, Daiichi-Sankyo Co., Ltd., Takeda Pharmaceutical Co., Ltd., Pfizer Inc., Mochida Pharmaceutical Co., Ltd., Nippon Kayaku Co., Ltd., Kyorin Pharmaceutical Co., Ltd., JIMRO Co., Mochida Pharmaceutical Co., Ltd., Astellas Pharma Inc., Asahi Kasei Medical Co., Ltd., ZERIA Pharmaceutical Co., Ltd.

Introduction

Chronic nonspecific multiple ulcers of the small intestine (CNSU) were first described as a refractory small intestinal ulcer disease of unknown cause in 1968 by Japanese gastroenterologists, who proposed that it be considered a new disease entity.¹ Patients with CNSU exhibit persistent anemia and hypoalbuminemia from a young age.²

A genetic component has long been suspected to contribute to the etiology of CNSU because of the family occurrence. In 2015, a genetic analysis that included cases of familial onset demonstrated that CNSU is inherited through autosomal recessive mutations of the solute carrier organic anion transporter family member 2A1 gene (*SLCO2A1*), which encodes *SLCO2A1*. The involvement of this prostaglandin transporter led to the proposal of a

Abstract

Background and Aim: Chronic enteropathy associated with the solute carrier organic anion transporter family member 2A1 (*SLCO2A1*), or CEAS, causes anemia and hypoalbuminemia in young people. Dysfunction of the *SLCO2A1* transporter protein is thought to involve genetic mutation, but mutant proteins have not been functionally characterized. We examined the prostaglandin E₂ (PGE₂) transport ability of recombinant *SLCO2A1* proteins containing 11 *SLCO2A1* mutations found in CEAS patients.

Methods: Wild-type and mutant *SLCO2A1* proteins were forcibly expressed in *Xenopus laevis* oocytes, and measurements of PGE₂ uptake and transport capacity were compared. The membrane protein topology and functionality of the eight *SLCO2A1* mutations involving single-nucleotide substitutions were predicted using computer analysis.

Results: The extent of functional disruption of the 11 *SLCO2A1* mutations identified in CEAS patients was variable, with 10 mutations (421GT, 547GA, 664GA, 770GA, 830dupT, 830delT, 940 + 1GA, 1372GT, 1647GT, and 1807CT) resulting in loss or reduction of PGE₂ transport, excluding 97GC.

Conclusion: PGE₂ transport ability of recombinant *SLCO2A1* in *X. laevis* oocytes was hindered in 10/11 *SLCO2A1* mutations identified in patients with CEAS. Further studies on the relationships between the different mutations and PGE₂ transport and clinical features, such as severity, are needed.

Minoru Matsuura has received research grants from AbbVie GK, Mitsubishi Tanabe Pharma Corporation, EA Pharma Co., Ltd., Kyorin Pharmaceutical Co., Ltd., Mochida Pharmaceutical Co., Ltd., Janssen Pharmaceutical KK, Nioppon Kayaku Co., Ltd., and Kissei Pharmaceutical Co., Ltd. MM also received commercial research funding from AbbVie GK, Mitsubishi Tanabe Pharma Corporation, EA Pharma Co., Ltd., Mochida Pharmaceutical Co., Ltd., Nioppon Kayaku Co., Ltd., and JIMRO Co. Jun Miyoshi has received lecture fees from JIMRO Co. and Takeda Pharmaceutical Co., Ltd.

Seki Satowa, Gen Tanaka, Toru Kimura, and Hiroyuki Sakurai have no conflicts of interest to report.

Financial support: This work was supported by JSPS KAKENHI Grant Numbers 15553065 (Hisamatsu) and 17888278 (Hayashida), and Grant for Joint Research Project of Kyorin University B103230001 (Hisamatsu).

new disease concept: chronic enteropathy associated with *SLCO2A1* (CEAS).³

In CEAS, multiple well-defined, circular or oblique ulcers are observed in the ileum, with most of the ulcerative lesions limited to the submucosa.⁴ Some patients with stenotic lesions in the small intestine require a bowel resection. To date, no effective treatments are available for small bowel ulcers, and a better understanding of the pathophysiology of CEAS is needed to develop therapeutic strategies. While genetic analyses suggest that *SLCO2A1* mutations are involved in the pathogenesis of CEAS, the functional alterations of each mutant transporter protein remain unclear. PGE₂ is involved in epithelial cell regeneration and tissue repair via EP receptors expressed on intestinal epithelial cells and *SLCO2A1*

Ulcerative colitis complicated with linear immunoglobulin A bullous dermatosis

資料6

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Accepted 7 April 2022

SUMMARY

Linear immunoglobulin A (IgA) bullous dermatosis (LABD) is a rare disorder involving subepidermal blistering characterised by IgA deposition along the basement membrane. The clinical features of LABD are variable but can include bullae, vesicles and erythematous lesions. Histopathology reveals formation of subepidermal bullae and linearly deposition of IgA in the basement membrane of the epidermis. LABD has been reported as a rare complication of ulcerative colitis (UC). We report the case of a young woman with UC complicated by LABD. The latter manifested as vesicles with erythema on almost the entire body. A biopsy of the skin lesions revealed linear IgA deposits in the basement membrane according to a direct immunofluorescence assay. Prednisolone administration resulted in clinical remission of UC but poor improvement of skin lesions. Oral administration of diaminodiphenyl sulfone led to improvement of blisters. Thereafter, abdominal and skin symptoms did not recur and she was discharged from hospital.

BACKGROUND

Ulcerative colitis (UC) is a chronic inflammatory disease of the colon that causes symptoms such as haematochezia, diarrhoea and abdominal pain. The mechanisms involved in UC development are incompletely understood and the aetiology is not known. Factors such as heredity, intestinal bacteria and the environment have been suggested to be the cause of UC.^{1,2} The latter elicits extraintestinal complications such as joint pain/arthritis, skin lesions, thrombosis and primary sclerosing cholangitis. Of these, skin lesions are associated with ~15% of patients with inflammatory bowel disease.³ Erythema nodosum, pyoderma gangrenosum and Sweet syndrome are major skin diseases associated with UC. In addition, the prevalence of

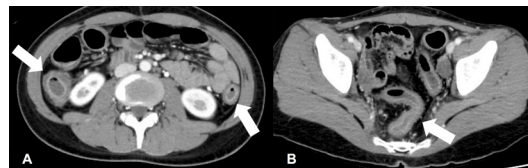


Figure 2 Contrast-enhanced CT scan of the abdomen on hospital admission. The wall of the (A) ascending colon, descending colon and (B) sigmoid colon is thickened. The lesions are shown with arrows.

skin lesions as complications associated with therapeutic agents taken to counteract UC (eg, the psoriasis-like rash that occurs during administration of antitumour necrosis factor- α preparations) has been increasing in recent years.

Linear immunoglobulin A (IgA) bullous dermatosis (LABD) is an autoimmune blister. It is characterised by immunohistology as linear deposition of IgA in the basement membrane and presents as a subepidermal blister.⁴⁻¹¹ LABD is associated with drug use and malignant tumours, but rare cases of LABD as a complication of UC have been reported.⁵⁻¹³ Here, we report LABD associated with UC.

CASE PRESENTATION

The patient was a woman in her 20s with no family/medical history of disease. She visited a hospital complaining of diarrhoea of several-month duration. She underwent colonoscopy and was diagnosed with pancolitis. UC treatment was started with 5-aminosalicylic acid (mesalazine; 3600 mg) which led to clinical remission, but UC relapse occurred 7 months later. Oral administration of prednisolone (PSL) 30mg p.o. was started and symptoms improved. PSL was tapered off over 3 weeks, but the patient relapsed after discontinuation of PSL. At approximately the same time, she noticed itchy blisters on her right thigh. The skin lesions spread gradually throughout her body, and she subsequently developed a high fever, so she visited our hospital.

On consultation, consciousness was clear, blood pressure was 110/50 mm Hg, pulse was 72/min, respiratory rate was 18/min and body temperature was 38.2°C. She had mild tenderness in the lower abdomen. Pruritic erythematous plaques and overlying vesicles and bullae were present on almost the entire body except her face.

INVESTIGATIONS

Tight blisters and pustules were observed in some skin lesions (figure 1). Blood tests showed a potent



Figure 1 Skin lesions on hospital admission. (A) Erythema, blisters, erosions and pigmentation are mixed. (B) Blisters are found on erythema.



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To cite: Ozaki R, Saito D, Mizukawa Y, et al. *BMJ Case Rep* 2022;**15**:e248814. doi:10.1136/bcr-2022-248814



A review on the current status and definitions of activity indices in inflammatory bowel disease: how to use indices for precise evaluation

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Received: 4 November 2021 / Accepted: 6 February 2022 / Published online: 2 March 2022
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Abstract Many clinical trials have been conducted for inflammatory bowel disease (IBD), so various clinical indices (CIs) and endoscopic indices (EIs) have also been evaluated. However, recently, with the progress of IBD management, review of established indices from previous studies, and establishment of new indices, the landscape of the use of indices in clinical trials have changed. We investigated the number and frequency of the indices adapted in recent clinical trials for ulcerative colitis (CI and EI) and Crohn's disease (CI, EI, index related to magnetic

resonance imaging, index for evaluating patient-reported outcomes, and health-related quality of life). Based on the results, we selected representative indices and further reviewed their content and characteristics. Moreover, various definitions, including clinical and endoscopic response or remission, have been described by means of representative indices in clinical trials.

Keywords Inflammatory bowel disease · Ulcerative colitis · Crohn's disease · Clinical index · Endoscopic index

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Interim analysis of a multicenter registry study of COVID-19 patients with inflammatory bowel disease in Japan (J-COSMOS)

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Received: 17 December 2021 / Accepted: 10 January 2022 / Published online: 28 January 2022
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Abstract

Background The spread of coronavirus disease 2019 (COVID-19) had a major impact on the health of people worldwide. The clinical background and clinical course of inflammatory bowel disease (IBD) among Japanese patients with COVID-19 remains unclear.

Methods This study is an observational cohort of Japanese IBD patients diagnosed with COVID-19. Data on age, sex, IBD (classification, treatment, and activity), COVID-19

symptoms and severity, and treatment of COVID-19 were analyzed.

Results From 72 participating facilities in Japan, 187 patients were registered from June 2020 to October 2021. The estimated incidence of COVID-19 in Japanese IBD patients was 0.61%. The majority of IBD patients with COVID-19 (73%) were in clinical remission. According to the WHO classification regarding COVID-19 severity, 93% (172/184) of IBD patients had non-severe episodes, while 7% (12/184) were severe cases including serious conditions. 90.9% (165/187) of IBD patients with COVID-19 had no change in IBD disease activity. A logistic regression analysis stepwise method revealed that older age, higher body mass index (BMI), and steroid use were independent risk factors for COVID-19 severity. Six of nine patients who had COVID-19 after vaccination were receiving anti-tumor necrosis factor (TNF)- α antibodies.

Conclusion Age, BMI and steroid use were associated with COVID-19 severity in Japanese IBD patients.

Keywords COVID-19 · SARS-CoV-2 · Inflammatory bowel disease · Steroid · Anti-TNF- α antibodies

Members of the J-COSMOS group are listed under Acknowledgements section.

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Introduction

The rapid spread of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) and the resulting coronavirus disease (COVID-19) have impacted patients and healthcare workers in clinical settings [1–3]. The older group of people have a higher incidence of contracting severe COVID-19 [4] since they have weakened immune functions, which is one of the risk factors of COVID-19 [5, 6]. However, in Japan, the impact of COVID-19 on patients

Genetic Background of Mesalamine-induced Fever and Diarrhea in Japanese Patients with Inflammatory Bowel Disease

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Received for publications: December 23, 2020. Editorial Decision: January 1, 2021

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Original Article

Crohn's Disease and Early Exposure to Thiopurines are Independent Risk Factors for Mosaic Chromosomal Alterations in Patients with Inflammatory Bowel Diseases

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Abstract

Background and Aims: Mosaic chromosomal alterations [mCAs] increase the risk for haematopoietic malignancies and may be risk factors for several other diseases. Inflammatory bowel diseases [IBDs], including Crohn's disease [CD] and ulcerative colitis [UC], are associated with mCAs, and patients may be at risk for haematopoietic malignancy development and/or modification of IBD phenotypes. In the present study, we screened patients with IBD for the presence of mCAs and explored the possible pathophysiological and genetic risk factors for mCAs.

令和4年度 改訂版

(令和5年3月31日)

潰瘍性大腸炎・クローン病 診断基準・治療指針

厚生労働科学研究費補助金 難治性疾患政策研究事業

「難治性炎症性腸管障害に関する調査研究」(久松班)

令和4年度分担研究報告書

令和5年3月

潰瘍性大腸炎治療における青黛、および青黛を含有する 漢方薬に関するコンセンサスステートメント

公開日 2022 年 10 月 7 日

難治性炎症性腸管障害に関する調査研究（久松班）

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潰瘍性大腸炎に対し青黛および青黛を含有する漢方薬を使用する際の消化器内科医としてのコンセンサス
ステートメントとして下記を提案する。

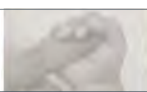
青黛および青黛を含有する漢方薬の投与および投与を希望する患者に対しては、起こりうる有害事象に
ついて十分に説明する。

—妊娠を迎える炎症性腸疾患患者さんへ—
**知っておきたい
基礎知識 Q&A**

厚生労働科学研究費補助金 難治性疾患政策研究事業




難治性炎症性腸管障害に関する調査研究(久松班)





Guidelines

A consensus statement on health-care transition for childhood-onset inflammatory bowel disease patients

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Abstract

Inflammatory bowel disease (IBD) is a chronic relapsing inflammatory disorder of the intestine. The incidence of IBD is increasing worldwide, including Japan, and in approximately 25% of all affected patients it is diagnosed before 18 years of age. For the health maintenance of such patients, planned transition to adult care systems is essential. Previous Japanese surveys have revealed gaps between adult and pediatric gastroenterologists with regard to their knowledge and perception of health-care transition for patients with childhood-onset IBD. In 2021–2022, several Web workshops to discuss issues related to the transitional care of IBD patients were held by the Ministry of Health, Labour and Welfare of Japan as part of their program for research on intractable diseases. Clinicians experienced in IBD treatment for pediatric and adult patients participated. As a result, this panel of adult and pediatric gastroenterologists developed five consensus statements on the issue of “transfer from pediatric to adult care” and nine statements on the issue of “addressing transitional care (transition program).” To address current gaps in health-care transition for childhood-onset IBD patients, a programmed approach to transition, and better partnerships between pediatric and adult gastroenterologists are indicated. It is hoped that this consensus statement will provide a basis for the development of appropriate guidelines for clinical practice.

Key words inflammatory bowel disease, referral form, statement, transfer, transition.

Introduction

Since about 2010, transition-related health-care intervention has been receiving attention in Japan. This can be defined as the “purposeful planned transition of adolescents and young adults with chronic physical and medical conditions from child-centered to adult-oriented health-care systems.”¹ This

involves two components, whereby (i) the responsibility for health-care “transitions” from the parent/caregiver to the patient and (ii) the patient “transfers” from a pediatric to an adult provider.² In other words, “transition care” refers to services that prepare young adults with chronic health conditions and their families to move from child-centered to adult-oriented health-care systems, whereas “transfer of care” is the planned transfer of patients from pediatric services to doctors and other providers who care for adults.

Got Transition[®] is a national resource center for health-care transition in the USA. It is a program run by the National Alliance to Advance Adolescent Health and funded through a cooperative agreement with the federal Maternal and Child

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Received 9 March 2022; revised 29 April 2022; accepted 12 May 2022.