

IBD PRE-BIOLOGIC/ SMALL MOLECULE/IMMUNOSUPPRESSANT SCREENING

Screening	Consensus
Assessment & update vaccination status	YES
Baseline laboratory level (FBC, urea, creatinine, electrolytes, liver function test, C-reactive protein and/or FC)	YES
Latent tuberculosis -X-ray -IGRA/Quantiferon	YES (or Mantoux test but risk of false negative if on steroids, thiopurine, MTX or biologics)
Hepatitis B virus	YES Recommended vaccination if no immunity
Hepatitis C virus	YES
Human immunodeficiency virus	YES
Varicella Zoster Virus	YES Specially prior small molecules Recommended vaccination if no immunity
Ebstein Barr Virus	CONTROVERSIAL Recommended if thiopurine in pediatrics (not consensus for adults)
TPMT &/or NUDT15* genotype	CONTROVERSIAL Suggested to check before thiopurine *specially in non-caucasian population
Cholesterol levels	YES Prior starting JAK inhibitors or cyclosporine
Magnesium levels	YES Prior starting cyclosporine
HLA DQA1*05	CONTROVERSIAL Prior starting antiTNF due to higher risk of immunogenicity
Electrocardiogram	YES Prior starting SIP modulators
Eye exam	YES Prior starting SIP modulators if DM or previous eye manifestations
Cervical screening up to date & periodical	YES

Lamb CA, et al. BSG guideline. Gut 2019;68:s1-s106
Kucharzik Z et al. J Crohns Colitis 2021. ECCO guideline

ECCO guideline 2021 recommends at IBD diagnosis screening of: Hepatitis A, B, C virus, CMV, EBV, HIV, VVZ and measles virus (in the absence of documented infection or vaccination for the later 2). According to local risk it should be considered the screening of other infectious agents such as parasites



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Pregnancy test	<p style="text-align: center;">CONTROVERSIAL</p> <p>Not formally defined but probably beneficial as some drugs are contraindicated</p>
Other relevant facts to acknowledge	<ul style="list-style-type: none">• Severe heart failure would contraindicate antiTNF use• Demyelinating disorder like MS or optic neuritis contraindicate antiTNF use• Previous history of thrombosis or high MACE risk would be a relative contraindication for JAK inhibitors (only if no other available options)• Active uncontrolled bacterial infection would contraindicate advanced therapy• Active cancer would be a relative contraindication for certain drugs, these cases should be adequately discussed at MDT

