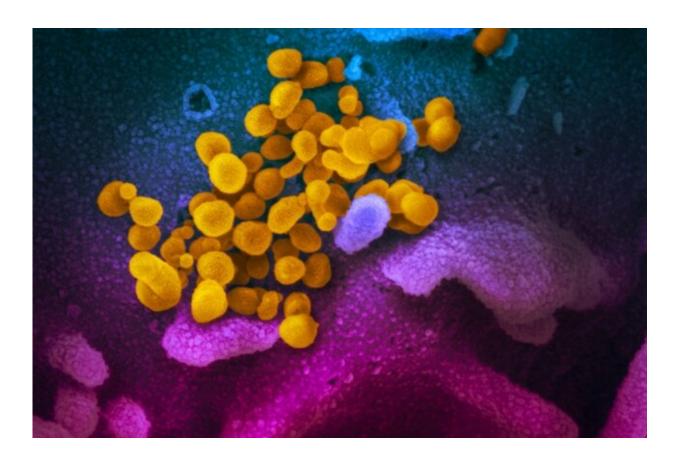


New study sheds light on IBD patients with COVID-19

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This scanning electron microscope image shows SARS-CoV-2 (yellow)—also known as 2019-nCoV, the virus that causes COVID-19—isolated from a patient, emerging from the surface of cells (blue/pink) cultured in the lab. Credit: NIAID-RML

In an upcoming study to be published in *Gastroenterology*, researchers at



the Icahn School of Medicine at Mount Sinai and the University of North Carolina School of Medicine report on the clinical course of COVID-19 and risk factors for adverse outcomes in a large cohort of patients with IBD collected through an international registry.

When the Covid epidemic started to unfold around the country, the researchers collaborated to form an international registry of patients who have Inflammatory Bowel Disease (IBD) and COVID-19. The registry, Surveillance Epidemiology of Coronavirus Under Research Exclusion for Inflammatory Bowel Disease (SECURE-IBD), to date includes 528 patients from 33 countries.

"We established the registry to better characterize the clinical course of COVID-19 within the IBD patient population and evaluate the association between demographics, clinical characteristics, and IBD treatments on COVID-19 outcomes," says study co-author, Erica Brenner, MD, Pediatric Gastroenterology Fellow, UNC Children's Hospital.

The researchers conclude that increasing age, comorbidities, and corticosteroids are associated with severe COVID-19 among IBD patients, although a causal relationship cannot be definitively established. Notably, TNF antagonists do not appear to be associated with severe COVID-19.

"One of our main takeaways for the IBD patient population is that maintaining remission with steroid-sparing treatments will be important through this pandemic. Our finding that TNF antagonist therapy is not associated with severe COVID-19 is reassuring news in light of the large number of patients who require this therapy, currently the most commonly prescribed biologic therapy for IBD patients," says study co-author, Ryan Ungaro, MD, Assistant Professor, Icahn School of Medicine at Mount Sinai and a gastroenterologist with Mount Sinai



Hospital's Feinstein IBD Center.

Provided by University of North Carolina Health Care

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