Inflammatory Bowel Disease (Part II)

Samir A. Shah, MD, FACG, and Edward R. Feller, MD, FACG

Last month's issue on Inflammatory bowel disease (IBD) introduced the RI-specific **OSCCAR** (**Ocean State Crohn's and Colitis Area Registry**) study, and reviewed IBD epidemiology, medical treatment, imaging advances, surgery for **ulcerative colitis** (**UC**), and surgery for **Crohn's disease** (**CD**). As noted in last month's issue, IBD includes UC and CD and is distinct from **Irritible Bowel Syndrome** (**IBS**) though some symptoms may overlap.

This issue continues the focus on IBD. The lead article highlights specific emergencies/presentations in a case-based format; in the next two articles, bone disease in IBD and steroids' effects on bone health are reviewed; next nutrition and pediatric issues in IBD treatment are discussed; the final article reviews reproductive issues in IBD. Our hope is that these two issues will (1) provide a practical update for all clinicians involved in caring for patients with IBD and (2) publicize the OSCCAR study, which is gathering groundbreaking information on IBD. This inception cohort of IBD patients not only gives us data on the incidence of IBD in the US, but allows us to examine clinical factors, genes, and bowel flora. Thus we may be able to improve risk stratification of IBD patients to target therapy and achieve better outcomes for our patients.

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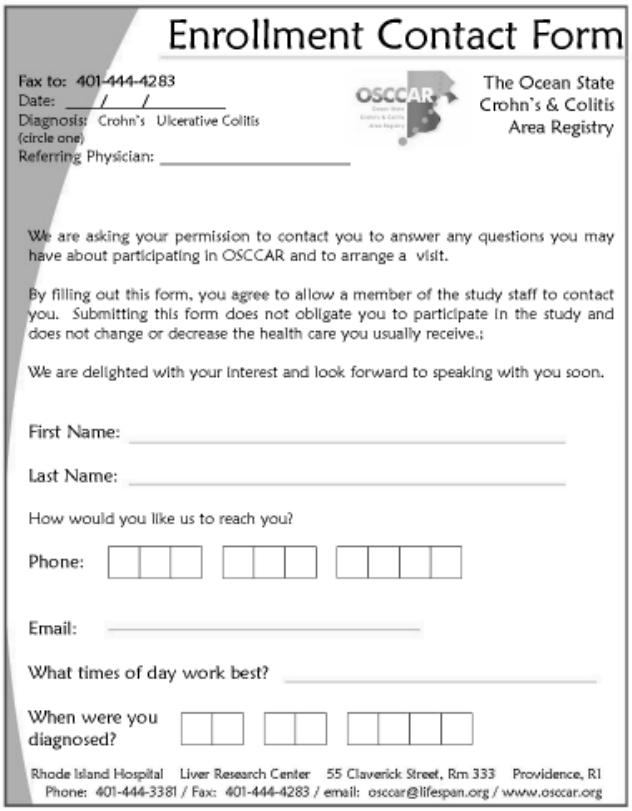
Disclosure of Financial Interests

Samir A. Shah, MD, FACG. Speaker's bureau: Abbott, Elan, Procter&Gamble, Prometheus, UCB.

Edward R. Feller, MD, FACG, has no financial interests to disclose.



Enrollment Contact Form

Fax to: 401-444-4283
Date: ___/___/_____
Diagnosis: Crohn's Ulcerative Colitis (circle one)
Referring Physician: _____

OSCCAR
The Ocean State Crohn's & Colitis Area Registry

We are asking your permission to contact you to answer any questions you may have about participating in OSCCAR and to arrange a visit.

By filling out this form, you agree to allow a member of the study staff to contact you. Submitting this form does not obligate you to participate in the study and does not change or decrease the health care you usually receive.;

We are delighted with your interest and look forward to speaking with you soon.

First Name: _____

Last Name: _____

How would you like us to reach you?

Phone: ☐☐☐ ☐☐☐ ☐☐☐☐

Email: _____

What times of day work best? _____

When were you diagnosed? ☐☐ ☐☐ ☐☐☐☐

Rhode Island Hospital Liver Research Center 55 Claverick Street, Rm 333 Providence, RI
Phone: 401-444-3381 / Fax: 401-444-4283 / email: osccar@lifespan.org / www.osccar.org

Patient self referral form.

Enrollment Contact Form

Fax to: 401-444-4283
Today's Date: ___/___/_____
Diagnosis: Crohn's Disease Ulcerative Colitis (circle one)
Referring Physician, RN, or NP:

OSCCAR
The Ocean State Crohn's & Colitis Area Registry

Completed by: _____

Please complete this form once you have spoken with your patient (or their guardians if patient is a child) about OSCCAR and he/she has indicated it would be ok for someone from the study to contact them.

When we call your patient, we will answer any questions they may have about participating in OSCCAR and if they are interested, we will schedule a visit.

By providing your patient's information below, he/she is in no way obligated to participate in the study.

Patient's First Name: _____

Patient's Last Name: _____

Guardian's Name (if patient is a minor): _____

Estimated date of diagnosis: ____/____/____

Patient/Guardian's Phone Number: ☐☐☐ ☐☐☐ ☐☐☐☐

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Health care professional referral form.