

It has been a few months; I apologize for the absence. Needless to say, I have not gone anywhere!

We are actually very busy, for a variety of reasons, including the shortage of gastroenterologists in Barrie and in the region, secondly the impact of Covid-19 on RVH, on you, our outpatients, and the gastroenterology inpatients that I also look after, along with the other four gastroenterologists in Barrie. Clearly a major impact was the "ramping down" of outpatient procedures, and fortunately we are at the end of that process, but there is a significant backlog, for us, and for all gastroenterologists and surgeons.

### Covid-19

I apologize that we are unable to offer written documentation about prioritizing IBD patients for the Covid-19 vaccine. I am aware that Crohn's and Colitis Canada did say, at least at some time recently, that you should ask your doctor for a letter but this is not possible and no longer necessary. There are a variety of documents that you can download from their website, and I agree completely that patients with IBD, whether or not they are on immunosuppressive medication, or biologics, should be receiving the Covid-19 vaccine as soon as, if not sooner than, the patient groups of the same age.

I continue to work full-time, and I am pleased to say that having Courtney working with me, as an IBD nurse practitioner, has been outstanding, and hopefully she will continue to provide time, quality, and expertise to the increasing number of patients with IBD, that we share.

Originally, we tried to have updates about Covid-19 vaccination, but as you can imagine, the information changes sometimes daily, there are different experts, and there are different views and recommendations, including within different provinces, and different countries.

The previous notice, which was back in January, is now out of date. Courtney reminded me recently that our advice for the use of the vaccine in pregnant patients was incorrect, although was correct at the time.

Here is the latest information, with up-to-date links that should help you find

further information as necessary. The first 2 are related to pregnancy, the next about Covid vaccines in general:

### 1)Pregnancy Info

<https://www.acog.org/womens-health/faqs/coronavirus-covid-19-pregnancy-and-breastfeeding>

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/the-covid19-vaccine-and-pregnancy-what-you-need-to-know>

### 2)General Covid-19 and IBD info

[Crohn's and Colitis Canada's COVID-19 and IBD: Vaccines](#)

[The Canadian Association of Gastroenterology's COVID-19 Vaccination in Patients with Inflammatory Bowel Disease](#)

[Crohn's & Colitis UK's Coronavirus vaccine for people with Crohn's or Colitis](#)

[Crohn's and Colitis Foundation's COVID-19 Vaccine Overview](#)

[Health Canada website on vaccines](#)

Courtney and I feel that the Canadian and British websites are excellent and trustworthy, and the Health Canada website has lots of good information, including about each one, and they are obliged to keep this information up to date.

### **Colon cancer screening**

Other important news, in the gastroenterology arena, involves the recent updating of the American Preventive Task force guidelines on colorectal cancer screening, and they have extended average risk screening to age 45, from the previous age of 50. This is a very significant change, and has not yet been adopted by Canada, but there is actually no good reason, except for reasons related to inadequate resources and cost, that Canada would not adopt the same guidelines, eventually. Canada has the same rate, if not slightly higher, of colorectal cancer, and the same mortality, as the United States.

Here is a link to that document:

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening#fullrecommendationstart>

### **Colon cancer and IBD**

There is an important connection between colon cancer screening and prevention, and IBD.

Firstly, long-standing colitis, whether ulcerative colitis or Crohn's colitis, is still a major risk factor for colon cancer, and you should ask about screening and surveillance, if you have had IBD affecting your colon, for more than 8-10 years.

We have considerable information about estimating the risk for any individual with IBD, and mechanisms to deal with that risk, including, but not limited to, colonoscopy.

We also know that a family history of colorectal cancer is a significant additional risk factor for patients with long-standing IBD. You will be pleased to know that I have specialized over the last 20 years in assessing positive family history of colorectal cancer, colorectal polyps, and family history of certain other cancers that associate with increased colorectal cancer risk. I can certainly provide advice to you about colorectal cancer screening, whether you have IBD, or no IBD.