Big changes coming soon to a clinic near you

In a speech to NHS bosses in 2016, Simon Stevens (NHS England’s CEO) urged doctors, nurses and NHS managers to “grab with both hands” the growing opportunities technology offers both to help promote health and tackle the service’s chronic financial problems by saving on treatment and rehabilitation costs.¹

Since publication of NICE guidance DG11 in 2013, supporting the use of calprotectin as a cost effective method to differentiate between IBD and IBS, the rates of calprotectin testing in the UK have increased dramatically.

Assays to detect calprotectin have also advanced since then, to assist with changing hospital requirements. These give scalable and flexible solutions that allow hospitals to evolve their calprotectin service in line with increasing demands.

Calprotectin monitoring

The possibility to use calprotectin for applications other than an IBS/IBD screen have also been investigated, with many publications suggesting its usefulness in monitoring IBD positive patients for:

• Indicating mucosal healing
• Predicting flares
• Predicting post-operative relapse
• Predicting response to biologic therapy

Allows quicker response for optimisation when starting treatment if you monitor the calprotectin; Giving patient reassurance when switching to bio­similars to ensure the calprotectin levels don't start to rise; Withdrawal of biologics but ensuring the calprotectin levels remain low
• Keeping healthy patients out of the clinic.

It is in this monitoring environment that the advance of mobile App technology has come to Gastroenterology, and so in 2015 the first CE marked calprotectin self-test was launched by BUHLMANN in the form of its IBDoc assay system.

IBDoc fundamentally allows patients to use the same calprotectin testing system that many laboratories employ, that is CALEX extraction and Quantum Blue lateral flow technology. Adaptions remove the requirement for technical equipment so the patient can perform the test themselves in the comfort of their own home.

NICE published a review in December 2017 (Medtech innovation briefing 132), of technologies for ‘POC and home test for calprotectin in monitoring IBD patients receiving treatment’. This states that; “The evidence suggests that point-of-care and home- use faecal calprotectin tests have comparable accuracy to laboratory ELISA tests, but with better patient satisfaction.”²

App technology has the potential to offer a number of advantages over standard laboratory testing:

- Individually customisable
- Reduced turn-around-time for results
- Reduced resource required
- Allows access to testing in remote locations or whilst travelling
- Improved compliance through privacy
- Better monitoring for active patients
- Keeping well patients out of hospital.

A personalised approach

One solution rarely suits all, and so the IBDoc is customisable by individual patients to help deliver a personalised approach to monitoring:

- The clinicians choose one of three options for patients to see when a test is completed: Actual quantitative result (with a value ►

The explosion of the mobile technology market means that healthcare based Apps are highly accessible as most people these days have a mobile device or tablet.
Since publication of NICE guidance DG11 in 2013, supporting the use of calprotectin as a cost effective method to differentiate between IBD and IBS, the rates of calprotectin testing in the UK have increased dramatically.

The explosion of the mobile technology market means that healthcare based Apps are highly accessible as most people these days have a mobile device or tablet. This also reflects changes in lifestyle, with significantly more travel undertaken for business and foreign holiday destinations becoming ever more popular.

The Apps are able to transmit results back to a local portal enabling patients to stay in touch with their healthcare providers whenever they are. This helps ensure continuity of care/treatment, should things deteriorate and gives reassurance for patients to travel and ‘get on with their lives’ due to the support the Apps provide. These same benefits can also be used for people living in remote locations e.g. the Scottish Highlands and islands where a routine clinic visit or even a laboratory test to help determine acute symptoms is logistically difficult and expensive to achieve.

Privacy for patients

One of the big advantages of patient self-testing, especially in the gastroenterology arena, is privacy. Generally people are embarrassed to take stool samples to the laboratory for testing and non-compliance is often high. This is a shame, as calprotectin is well documented to give a better indication regarding the health of the mucosa, having a higher correlation to endoscopic and histological findings than patient scores.

The calprotectin result helps to make sense of symptoms and guide treatment decisions.

Being able to perform the calprotectin assay in the privacy of their own home seems to be well accepted by patients with studies quoting between 85-100% satisfaction/preference over in-clinic testing, compared to routine laboratory tests.

Although it obviously won’t be for everyone, App technology is generally perceived as fairly progressive by patients and so they have the potential to enhance engagement in their disease management.

Engaged patients are more likely to adhere to treatment plans, which hopefully prevents illnesses from deteriorating, preventing the need for more costly or invasive care. Unfortunately deterioration can still occur even when treatment plans are followed, but remote monitoring can assist through prompt detection, enabling intervention at an earlier point than standard testing might otherwise permit.
Stay Ahead of the Game with IBDoc® Remote Management for IBD Patients

IBDoc® Patient Self Tests: Improve Monitoring for Patient Centric Disease Management

- Monitor mucosal health
- Predict flares
- Optimise treatment selection
- Prioritise clinic visits

Reliable Results

- Quantitative rapid test
- Excellent correlation with laboratory based tests
- Simple sample preparation minimises pre-analytical errors
- All components contained within each kit
- CE marked

See what IBDoc can do for your patients

Please visit www.calprotectin.co.uk/ibdoc to find out more. If you are interested in evaluation of IBDoc in your clinic please email digestivedx@alphalabs.co.uk