



## Introducing Thu Thi Gazzino, BSN, RN

Thu Thi Gazzino joined the Penn State Health IBD Center team in May 2019 as an IBD nurse navigator. She received her Bachelor of Science degree from Indiana University of Pennsylvania and worked as a case manager at KidsPeace National Centers for Kids in Crisis. She earned her Bachelor of Science in nursing from Penn State and worked as a medical/surgical RN on 5 Acute Care, as well as served as chair for Integrated Council. During her time on the 5th floor, Gazzino encountered many patients with IBD and was impressed by their strength and perseverance. She was also recognized for her outstanding performance – she is the recipient of the DAISY Award, Nursing Excellence Service Award and Extraordinary Patient Experience Award. We are fortunate to have Gazzino in the IBD Center. She has quickly become a vital member of our team!



*Thu Thi Gazzino, BSN, RN*

## Penn State Health IBD Patient on Good Day PA

On September 2, 2020, Penn State Health IBD Center patient and Crohn's and Colitis Foundation (CCF) Hometown Hero Holly Hoy made an appearance on abc27's "Good Day PA." During her interview, Holly expressed her support and appreciation for CCF's efforts and shared the story of her IBD challenges and triumphs. As part of Holly's team, we can attest that Holly is a one-in-a-million fighter who, despite some serious medical challenges, has persevered and lived her best life. We are so proud to be part of her story.



*Holly Hoy on the "Good Day PA" program*

## IBD Center Offers Telehealth



While telehealth visits were working their way into everyday practice, the COVID-19 pandemic pushed them into the forefront of medical practices nationally. There are several variations of telehealth that Penn State Health IBD providers have offered to patients, from a simple phone call, to a virtual visit using an app downloaded to a computer or smartphone. Regardless of the method, at the end of the day we focus on what is best for our IBD patients.

Here are some hints to make your telehealth appointment successful:

- Talk to your insurance provider about coverage and/or copays.
- Prepare your device before the call.
- Pick a quiet place for your visit.
- Have a written list of your issues and concerns.
- Ask questions and repeat instructions.
- Be prepared for a follow-up, in-person visit.

Remember, not all visits are appropriate for telehealth, but we will do our best to accommodate and meet your needs. Please feel free to call the IBD Center to discuss whether telehealth is right for you at 717-531-3998, option 2, then option 1.

## Dr. Matthew Coates Awarded National Institutes of Health Grant to Study Pain in IBD

We are excited about the research being undertaken in our IBD Center. Recently, Dr. Matthew Coates, associate professor of medicine and pharmacology, director of research for the Division of Gastroenterology and Hepatology, was awarded a National Institutes of Health (NIH) R01 grant to study the underpinnings of abdominal pain in IBD.



*Dr. Matthew Coates*



Coates is a physician-scientist who studies relationships between IBD and neuroendocrine signaling systems in the body. He is particularly interested in how these systems impact abdominal pain sensation and other key functions of the gastrointestinal tract. His laboratory utilizes a variety of innovative molecular and functional techniques to investigate these issues.

In relation to the NIH grant, Coates is investigating the potential role that a specialized sodium channel (called NaV1.8) may have in patients with silent IBD, a condition in which individuals with active disease experience little to no associated abdominal pain. Managing disorders associated with altered perception of abdominal pain is a major challenge in health care. This is particularly true for silent IBD, which is common, affecting a third or more of IBD patients, and very impactful, as these individuals are more than twice as likely to develop serious complications (including strictures, fistulae and abscesses) and to be hospitalized. The studies being undertaken by Coates are essential because they could identify an objective biomarker to identify patients at risk of developing silent IBD. They may also provide critical insight into new diagnostic and therapeutic strategies to manage disorders associated with alterations of abdominal pain. Coates and his team are actively recruiting potential participants for this study now. If you have interest in participating, please contact us at 717-531-0003, x281928.

## UPCOMING EVENTS

**Crohn's & Colitis Foundation (CCF)  
Take Steps + Virtual Walk on  
FaceBook Live**

**Sunday, Oct. 18, 2020  
11:15 a.m.**

**For more information, visit the CCF website at  
[online.crohnscolitisfoundation.org](https://online.crohnscolitisfoundation.org)**

## Pediatric Corner

### *Introducing Dr. Bethany Cunningham*

Dr. Bethany Cunningham joined the Division of Pediatric Gastroenterology in 2019. She earned her medical degree from Drexel University College of Medicine and completed her pediatrics



*Dr. Bethany Cunningham*

residency at Madigan Army Medical Center in Tacoma, Wash. She spent a year practicing general pediatrics at Womack Army Medical Center in Fort Bragg, N.C., before spending the better part of a year as a brigade surgeon with the 3rd Brigade Combat Team of the 101st Airborne during a deployment to Afghanistan. Upon her return, she completed her pediatric gastroenterology and nutrition fellowship at Walter Reed Military Medical Center in Bethesda, Md. Cunningham practiced pediatric gastroenterology at Tripler Army Medical Center in Honolulu, Hawaii, for three years before joining the team here at Penn State Health. She became part of the pediatric IBD team in early 2020 and has been seeing IBD clinic patients monthly since that time. She greatly enjoys caring for the young IBD patients and is excited to be part of the team.



## Update on IBD and COVID-19 (Coronavirus Disease 2019)

By Drs. Michelle Rosario and Kofi Clarke

Having an underlying autoimmune disease can lead to added stress during these challenging times. The following is a summary of recommendations for patients with IBD regarding therapy in the setting of SARS-CoV-2 infection (positive COVID-19 test, with or without symptoms):

- Your overall risk of infection is the same, with or without a diagnosis of IBD.
- Individuals with a history of IBD-related surgery are not at higher risk.
- You should postpone any elective surgeries/procedures and nonessential travel.

Regarding treatment:

- Infusion centers are safe if appropriate screening protocols are in place.
- Treatment with 5-ASAs, budesonide, vedolizumab and ustekinumab are not associated with increased risk of COVID-19.

At present, it is uncertain if azathioprine/6-MP, methotrexate, anti-TNFs or tofacitinib pose an increased risk of SARS-CoV-2/COVID-19.

### **Maintenance therapy should not be discontinued to prevent infection/illness.**

These are some commonly asked questions about IBD and COVID-19:

*What if I test positive for SARS-CoV-2 but do not have clinical symptoms of COVID-19?*

- 5-ASAs can be continued.
- Therapies with azathioprine/6-MP, methotrexate and tofacitinib should be discontinued.
- It is unclear if those on budesonide, anti-TNFs, vedolizumab or ustekinumab should discontinue therapy. Please call your IBD provider.

*What if I am positive for SARS-CoV-2 and have clinical symptoms of COVID-19?*

- 5-ASAs can be continued.
- Therapies with azathioprine/6-MP, methotrexate, anti-TNFs, tofacitinib and ustekinumab should be discontinued.
- It is uncertain if budesonide or vedolizumab should be discontinued in the setting of COVID-19. Please call your IBD provider.

*What about prednisone/IV steroid therapy?*

- Overall use should be minimized as able because there is an increased risk with greater than 20mg/day.
- Prednisone should be discontinued in the setting of SARS-CoV-2 and COVID-19.

*When can I restart therapy?*

- SARS-CoV-2 test positive without COVID-19 symptoms: can restart in 14 days
- SARS-CoV-2 test positive with COVID-19 symptoms: can restart once symptoms resolve and/or after two negative nasal swab tests

Ultimately, controlling disease safely is a joint goal for providers and patients. If you have any questions, test positive for SARS-CoV-2 or develop symptoms of COVID-19, you should reach out to your primary care provider and primary gastroenterologist to discuss a plan of care.

This information was adapted from:

Abreu M and Peyrin-Biroulet L. RAND PANEL STATEMENTS: Patients with COVID-19 Crohn's Disease and COVID-19 Ulcerative Colitis. International Organization For the Study of Inflammatory Bowel Disease. [ioibd.org](http://ioibd.org).

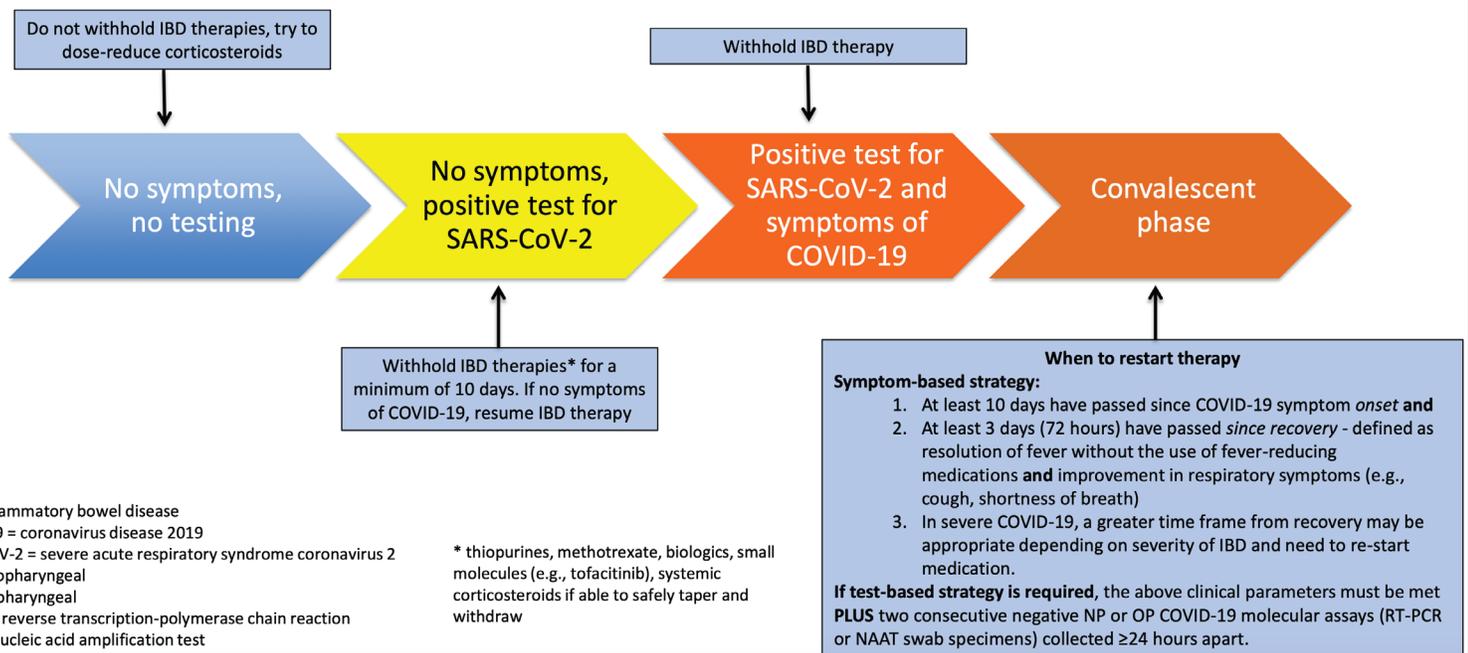
More information is available at [ioibd.org](http://ioibd.org).



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## Summary of IOBD Recommendations

### Management of IBD therapies in the setting of COVID-19



Source:

Siegel, Corey. IOIBD Recommendations: Best practice guidance for when to restart IBD Therapy in patients who have had confirmed or suspected COVID 19. ioibd.org.