



Nestlé Health Science Online Symposium as planned for WCPGHAN 2020

# Nutritional Management of Pediatric Crohn's Disease

Thursday 4<sup>th</sup> June 2020

Live 04:00 – 05:00 pm CET | 10:00 – 11:00 am EST

Q&A with the experts 05:00 – 05:15 pm CET | 11:00 – 11:15 am EST

Introduction to Nutritional Management of Pediatric Crohn's Disease

**Prof. Paolo Lionetti**  
Pediatric Gastroenterology and Nutrition  
Meyer children's Hospital Firenze, Italy

Different Approaches for the Induction & Maintenance of Remission in Pediatric Crohn's Disease

**Prof. Javier Martin De Carpi**  
Gastroenterology, Hepatology and Nutrition Department  
Hospital Sant Joan De Deu Barcelona, Spain

Updates in the Dietary Management of Crohn's Disease with the Crohn's Disease Exclusion Diet: Can We Predict Patient's Response?

**Rotem Sigall-Boneh**  
Clinical and research dietitian  
Wolfson Medical Center, Holon, Israel

From Theory to Practice: Clinical Use of CDED in Real-Life Cases

**Prof. Eytan Wine**  
Department of Pediatrics, Division of Pediatric Gastroenterology & Nutrition  
University of Alberta, Edmonton, Canada

Chairman: Prof. Paolo Lionetti | Meyer Hospital Firenze, Italy

## Prof. Paolo Lionetti

Pediatric Gastroenterology and Nutrition  
Meyer children's Hospital Firenze, Italy

President of SIGENP (Italian Society for  
Pediatric Gastroenterology & Nutrition)



## Introduction to Nutritional Management of Pediatric Crohn's Disease

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Crohn's disease is a multifactorial pathophysiology in which diet is found as part of the problem but also a potential solution as well along with standard medical care and drug therapies. Polymeric as well as semi-elemental formula provide benefits in management of CD and exclusive enteral nutrition is recognized as the first line therapy for induction of remission in active CD patients.

Today new dietary therapies are emerging such as CDED + PEN with very promising efficacy in inducing sustained remission in pediatric and young adult CD patients.

These different nutritional approaches, the application in practice and in various clinical conditions, their use in co-therapies, the potential patient's predictive response, and the long-term benefit in maintenance of remission are all key questions that will be debated.

## Prof. Javier Martín de Carpi

Head of the Gastroenterology  
Hepatology and Nutrition Department  
Hospital Sant Joan De Deu  
Barcelona, Spain



## Introduction to Nutritional Management of Pediatric Crohn's Disease

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Treatment of children and adolescents with IBD remains a big challenge. As in adult patients, the main objectives of therapies are the effective induction of remission and its maintenance as long as possible. But specific aspects of the disease in childhood and their potential consequences make these objectives even more stringent.

The not uncommon diagnostic delay in many cases, nutritional deterioration, impact in social life and education, and psychological burden are important aspects to keep in mind when considering the most adequate treatment for these patients. We would like to offer treatments rapidly effective, that helps to improve previous consequences of the disease, easy to accept, and at last (but not least) with an acceptable safety profile.

It is very important for us (pediatric gastroenterologist) to realize that our practice in the early steps of the disease can be crucial for its evolution and for patient's future quality of life. Unfortunately, we do not have many treatments that fit in that ideal. This reality should make us be very exigent with the results obtained with our therapeutic actions. The most effective approach not only in obtaining remission but also on anticipating possible relapses in a tight monitoring manner should be our main and essential objective.

For that purpose, we have to be aware of the different options that have shown efficacy in this scenario, with nutritional therapy being as important as new drugs for a personalized medicine.

## Rotem Sigall-Boneh

Clinical and research dietitian  
Wolfson Medical Center, Holon, Israel



## Up-dates in the Dietary Management of Crohn's Disease with in the Crohn's Disease Exclusion Diet: Can We Predict Patient's Response ?

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Dietary therapy as EEN is the first line therapy for active pediatric Crohn's Disease. In recent years the Crohn's Disease Exclusion Diet (CDED) has added more evidence to support the role of diet in IBD and has allowed an easier approach which could lead to the same clinical effect as EEN.

Diet plays a role in all stages of the disease from diagnosis to the perioperative management. Identifying patients who are dietary responsive will help us treat patients using a more personalized approach. Like anti-TNF $\alpha$  and steroids, dietary therapy seems to have a significant clinical and inflammatory effect within the first weeks of treatment.

We recently demonstrated that within 3 weeks 80% of patients will respond to dietary treatment including EEN or the CDED+PEN. Recognition of dietary responsive patients will allow us to further personalize treatment in the future, and integrate diet in to the treatment of the patients who need it most. This knowledge will improve the management of disease and patients' quality of life.

## Prof. Eytan Wine

Ass. Professor of Pediatrics and Physiology  
Department of Pediatrics  
Division of Pediatric Gastroenterology &  
Nutrition  
Edmonton, University of Alberta, Canada



## From Theory to Practice: Clinical Use of Crohn's Disease Exclusion Diet in Real-Life Cases

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CDED is supported by strong biological rationale and now by a convincing RCT, but how does one translate this into clinical care? If CDED suitable and feasible for all our patients?

Using real-life examples, I will discuss indications, patient selection, and challenges, and will provide tips on how to best use CDED. This will include an approach to 'bread and butter', mild-moderate pediatric Crohn disease cases but I will also mention cases where we are pushing the boundaries and using CDED in a modified way with other therapies for more complex cases.

CDED has been shown to be effective, very safe, and well-tolerated as a 12 week course for induction of remission in mild-moderate, pediatric Crohn disease, as we have shown in an RCT comparing CDED with partial enteral nutrition to 100% exclusive enteral nutrition (Levine et al., Gastroenterology 2019).

Current research and clinical experience is looking to expand indications and uses for CDED beyond this setting. This includes using CDED, in a less restrictive manner, for longer periods of time, and perhaps even as maintenance therapy. While there is no published evidence for this yet, it is likely that selective patients could benefit from this approach.

Another use of CDED that we are gaining further experience with is in conjunction with other therapies or in cases refractory to biologics (as described by Sigall Boneh et al., J Crohn's Colitis 2017). We also have some experience with using CDED to bridge patients from one biologic to another or as an adjuvant therapy to 'conventional' pharmaceuticals. Together, this talk will explore an array of applications and experiences with using CDED in treating Crohn disease.

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