Crohn’s disease: Health promotion, management, and cancer risk

By Elizabeth F. Snyder, DNP, APRN, FNP-BC; Stephanie Davis, PhD, APRN, FNP-BC; Kristina Aldrich, MS, ARPN, AGNP-C; Manjakkollai Veerabagu, MD, AGAF; Tiziana Larussa, MD, PhD; Ludovico Abenavoli, MD, PhD, MSc; and Luigi Boccuto, MD

What is Crohn’s disease (CD)?
Crohn’s disease (CD) is an inflammatory bowel disease that can affect multiple areas of the digestive tract. Speak to your healthcare provider if you have abdominal pain, fever, and changes in bowel patterns such as bloody diarrhea. Diagnosis is based on symptoms as well as testing with endoscopy, radiology scans, and labs.

Do I need extra vaccines if I have CD?
Because some treatments for CD can weaken the immune system, it is important to stay up to date with vaccines. Talk to your healthcare provider about pneumonia vaccines (PSV-13 and PPV-23); yearly influenza vaccine; human papilloma virus (HPV) vaccine; shingles vaccine; hepatitis vaccines; and others to see which are right for you. The CDC offers advice on all immunizations including COVID-19.

If I have CD, what lifestyle changes do I need to make?
–Stopping cigarette smoking and other tobacco use is important. Tobacco use increases cancer risk and worsens CD.
–Increasing activity can improve or prevent obesity and boost immune responses. Obesity can worsen disease course or outcomes.
–Some dietary changes may lessen the inflammatory response in the gut or improve symptoms.
Discuss dietary changes with your healthcare provider.

Where can I find reliable information on CD?
Crohn’s & Colitis Foundation: https://www.crohnscolitisfoundation.org/what-is-crohns-disease
Patient tools and resources website:
https://www.crohnsandcolitis.com/tools-and-support

Is cancer more common in people with CD?
People with CD are at a higher risk for colorectal cancer. The American Gastroenterological Association’s patient information center, which includes guidelines for screening and monitoring: https://gastro.org/practice-guidance/gi-patient-center/

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People with CD are at a higher risk for colorectal cancer. The American Gastroenterological Association recommends screening colonoscopies starting at age 45 for those at average risk for colorectal cancer.
For people with CD, colonoscopies may be necessary every 1-3 years as a way of monitoring cancer risk, including for patients in remission. Women with CD are at a higher risk for cervical cancer. Seek healthcare provider advice on recommended frequency of pap smear testing. Immunocompromised women may require yearly cervical cancer screening starting at age 21.
Small bowel adenocarcinoma, although rare, is more common among people with CD. Early detection with capsule endoscopy may be helpful.
People with CD taking certain types of medications are also at increased risk of melanoma, a type of skin cancer. Yearly skin cancer evaluations by a healthcare provider are advised.

REFERENCES