AIM
ADVANCING IBD MANAGEMENT

INVITATION

OPTIMISING OUTCOMES IN IBD:
INNOVATION & COLLABORATION

13:30-17:00
Wednesday 1st March 2017

Royal College of Physicians of Edinburgh
9 Queen Street, Edinburgh EH2 1JQ

Buffet lunch available from 13:00

IBD: inflammatory bowel disease

This meeting is initiated and funded by Shield Therapeutics Plc.

SHIELD
THERAPEUTICS

OPTIMISING OUTCOMES IN IBD:
INNOVATION & COLLABORATION

Shield Therapeutics invites you to participate in the

OPTIMISING OUTCOMES IN IBD:
INNOVATION AND COLLABORATION
meeting taking place on Wednesday 1st March 2017.

This meeting, chaired by Dr Ian Arnott, Western General Hospital, Edinburgh, will provide an opportunity to meet with experts and colleagues across the region, share experiences and receive updates on best practice in the management of IBD and its complications.

WE LOOK FORWARD TO WELCOMING YOU TO THIS MEETING.

To register to attend this meeting please email:
aim@succinctcomms.com
CPD accreditation is being sought.
Early registration is recommended as places are limited.

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AGENDA

TIME	SESSION	SPEAKER
13:00–13:30	Arrivals and hot buffet	
13:30–13:40	Welcome and introduction	**Dr Ian Arnott** Western General Hospital, Edinburgh
13:40–14:05	**Patient perspectives in IBD**	**IBD Patient** **Elaine Steven** Crohn's & Colitis UK
14:05–14:25	**Therapeutic advances in IBD**	**Professor Jack Satsangi** University of Edinburgh and Western General Hospital, Edinburgh
14:25–14:45	**The "Do it" programme: what it can bring to IBD**	**Dr Ian Arnott**
14:45–15:05	**An update on biosimilars and therapeutic drug monitoring**	**Dr Charlie Lees** Western General Hospital, Edinburgh
15:05–15:15	**Discussion**	All faculty
15:15–15:30	Coffee break	
15:30–16:00	**Updates on treatment for anaemia in IBD**	**Professor Chris Probert** The Royal Liverpool and Broadgreen University Hospitals NHS Trust
16:00–16:30	**Clinical case studies**	**Dr Gareth Rhys-Jones** University of Edinburgh and Western General Hospital, Edinburgh **Dr Nikolas Plevris** Western General Hospital, Edinburgh
16:30–16:50	**Realistic medicine in the biologic era**	**TBC**
16:50–17:00	**Summary and close**	**Dr Ian Arnott**

Prescribing information for Feraccru 30 mg hard capsules

Please refer to Summary of Product Characteristics before prescribing.

Presentation: A red hard capsule. Each capsule contains 30 mg iron (as ferric maltol).

Indications: Feraccru is indicated in adults for the treatment of iron deficiency anaemia (IDA) in patients with inflammatory bowel disease (IBD).

Dosage and Administration: Adults: Feraccru should be taken orally. The whole capsule should be taken on an empty stomach (with half a glass of water). The recommended dose is one capsule twice daily, in the morning and evening. The absorption of iron is reduced when Feraccru is taken with food.

Treatment duration will depend on the severity of iron deficiency but generally at least 12 weeks treatment is required. The treatment should be continued as long as necessary to replenish the body iron stores according to blood tests.

The Elderly: No dose adjustment is necessary.

Children: The safety and efficacy of Feraccru in children (17 years and under) has not yet been established. No data are available.

Patients with hepatic or renal impairment: No clinical data is available in this patient population.

Contra-Indications: Known hypersensitivity to the active substance or to any of the excipients; Haemochromatosis and other iron overload syndromes; Patients receiving repeated blood transfusions.

Warnings And Precautions: Feraccru should not be used in patients with inflammatory bowel disease (IBD) flare or in IBD patients with haemoglobin (Hb) levels <9.5g/dL.

Iron preparations in excess may cause toxicity especially among children and so Feraccru must not be administered to children.

Take special care when used with other dietary and/or iron salt supplementation. Before starting treatment, iron deficiency anaemia (IDA) diagnosis should be made based on blood tests; it is important to exclude underlying causes of anaemia other than iron deficiency (e.g. gastric erosion, colonic carcinoma).

Feraccru contains lactose and so patients with rare hereditary problems of fructose intolerance or glucose-galactose malabsorption should not take this medicine. This product also contains Allura Red AC (E129) and Sunset Yellow FCF (E110); these may cause allergic reactions.

Interactions: Food has been shown to inhibit uptake of Feraccru and so Feraccru should be taken on an empty stomach.

Avoid concomitant administration of Feraccru and IV iron, dimercaprol, chloramphenicol and methyldopa. Feraccru should be given at least 2 to 3 hours apart from: penicillamine, bisphosphonates, ciprofloxacin, entacapone, levodopa, levofloxacin, levothyroxine (thyroxine) moxifloxacin, mycophenolate, norfloxacin, ofloxacin, tetracyclines, calcium and magnesium salts e.g. magnesium trisilicate.

Pregnancy and Lactation: There are no data from the use of Feraccru in pregnant women.

As a precautionary measure, it is preferable to avoid the use of Feraccru during pregnancy.

Ferric maltol is not available systemically and is therefore unlikely to pass into the mother's milk. No clinical studies are available to date. As a precautionary measure, it is preferable to avoid the use of Feraccru during breast-feeding.

Undesirable Effects: Common side effects: Abdominal pain, flatulence, constipation, abdominal discomfort/distension, nausea and diarrhoea.

Marketing Authorisation Number: EU/1/15/1075/001

Marketing Authorisation Holder: Shield TX (UK) Ltd, Gateshead Quays, NE8 3DF, UK. Price: £47.60 **Legal Category:** POM. **Date of Preparation:** June 2016

For more details contact: Shield TX (UK) Ltd., Gateshead Quays, NE8 3DF, UK. Tel: 0191 511 8500.

Adverse events should be reported.
Reporting forms and information can be found at www.mhra.gov.uk/yellowcard.
Adverse events should also be reported to
Shield TX (UK) Ltd
Tel. 0207 186 8500 Fax 0191 511 8501
e-mail drugsafety@shieldtx.com

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