

Patient:	Mrs. Paloma Bui	Appointment Date:	2025-Aug-17
Title:	MS IBD Follow up		
Provider:	Proulx, Zoe	Referred By:	None

I saw Paloma Bui today for follow up of her ulcerative colitis in person at Birchwood Care Clinic.

Problem History: Ulcerative colitis

IBD Phenotype: Montreal: UC Extent - E2 - Left-sided

Endoscopy Results: 2024-Nov-18 Colonoscopy - Mayo 2 in distal 25cm 2023-Aug-22 Colonoscopy - TI:normal, Asc Mayo 0, tra Mayo 0, des Mayo 1, sig Mayo 1, rec Mayo 1. Internal hemorrhoids 2022-Nov-25 Colonoscopy - TI:normal, Asc: Mayo 1, tra Mayo 0, des Mayo 1, sig Mayo 1, rec Mayo 1 2020-Jan-20 Colonoscopy - TI:normal, colon:normal Mayo 0 2017-Nov-27 Colonoscopy - TI:normal, asc Mayo 0, tra Mayo 0, at splenic flexure Mayo 2, from 35 cm to rectum May 1, 2017-Aug Sigmoidoscopy - Mayo 2 to splenic flexure and likely beyond.

Active Medications: REMICADE 100 MG VIAL

Current Status

Intermittently active UC symptoms persist despite longstanding IFX therapy at maximal doses. We have been discussing a switch to VDZ or the Exigem trial. She is now interested in starting this.

On physical examination, she looks well and nutritionally fit.

Assessment and Plan Paloma Bui currently has moderately active disease. I will have our research coordinator reach out about the study at Birchwood Care Clinic and we will FU from there.

Lab Results: Generated On 2026-Mar-29

Patient	Bui, Paloma	HomePhone	(211) 635-7400	WorkPhone	
Health #	1555587795	Sex	F	Patient ID	6066633087
Age	63 years				
DOB	1962				

Accession Id: 6066633087 (Final) Ordered By: Zoe Proulx Reported By: Birchwood Care Clinic Collection Date: 2025-Jul-29 Reviewed: 2026-Feb-05 by rgoldstein Service Date: 2025-Jul-29 Report Date: 2025-Jul-30 4:30 PM

CC: Zoe Proulx Updated On: 2026-Feb-05 3:52 PM

RENAL ASSESSMENT =====

	Results	Flags	Ref Range		Test Loc
CREATININE	59		50 - 100	umol/L	10
eGFR	99		See below		
	Results rule out CKD stage 3-5. Assessment of urine ACR is required to definitively rule out or confirm CKD diagnosis. The KidneyWise toolkit (www.glenmorespecialistcentre.ca) recommends remeasuring eGFR and urine ACR annually for people with diabetes mellitus and less frequently in others unless clinical circumstances dictate otherwise.				
	Reference interval: =>60 mL/min/1.73m2				
	eGFR is calculated using the CKD-EPI 2021 equation which does not use a race-based adjustment.				

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ROUTINE CHEMISTRY

	Results	Flags	Ref Range		Test Loc
ALANINE TRANSAMINASE (ALT)	21		< 36	U/L	10
ALKALINE PHOSPHATASE	128	HI	35 - 120	U/L	
AMYLASE	98		30 - 110	U/L	

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ROUTINE CHEMISTRY

	Results	Flags	Ref Range		Test Loc
TOTAL BILIRUBIN	7		< 20	umol/L	10

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ROUTINE CHEMISTRY

	Results	Flags	Ref Range		Test Loc
ALBUMIN	43		35 - 52	g/L	10
C- REACTIVE PROTEIN	1.1		< 5.0	mg/L	
	Test method: Abbott Alinity CRP, suitable for cardiovascular disease assessment and detection of active inflammation. CRP >=2.0 mg/L is a risk-enhancing factor for cardiovascular disease, as defined in the Guidelines of the American Heart Association and the American College of Cardiology (JACC 2019; 74: e177).				

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4:30 PM

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HEMATOLOGY I

	Results	Flags	Ref Range		Test Loc
WBC	5.5		4.0 - 11.0	x E9/L	10
RBC	4.70		4.00 - 5.10	x E12/L	
HEMOGLOBIN	137		120 - 160	g/L	
HEMATOCRIT	0.415		0.350 - 0.450	L/L	

	Results	Flags	Ref Range		Test Loc
MCV	88		80 - 100	fL	
MCH	29.1		27.5 - 33.0	pg	
MCHC	330		305 - 360	g/L	
RDW	13.3		11.5 - 14.5	%	
PLATELET COUNT	296		150 - 400	x E9/L	

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4:30 PM

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HEMATOLOGY II

	Results	Flags	Ref Range		Test Loc
NEUTROPHILS	3.2		2.0 - 7.5	x E9/L	10
LYMPHOCYTES	1.6		1.0 - 3.5	x E9/L	
MONOCYTES	0.4		0.2 - 1.0	x E9/L	
EOSINOPHILS	0.2		0.0 - 0.5	x E9/L	
BASOPHILS	0.1		0.0 - 0.2	x E9/L	
IMMATURE GRANULOCYTES	0.0		0.0 - 0.1	x E9/L	
NRBC	0			/100 WBC	

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SPECIAL CHEMISTRY II

	Results	Flags	Ref Range		Test Loc
25-HYDROXY VITAMIN D	90.8		75.0 - 250.0	nmol/L	10
VITAMIN B12	564		> 220	pmol/L	

	Results	Flags	Ref Range		Test Loc
	>220 pmol/L: Normal, deficiency unlikely				
	150-220 pmol/L: Borderline, deficiency is possible				
	<150 pmol/L: Low, consistent with deficiency				

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CHEMISTRY

	Results	Flags	Ref Range		Test Loc
FERRITIN	39			ug/L	10
	In absence of concomitant inflammation, Ferritin levels can be interpreted as follows:				
	30-50 ug/L: Probable iron deficiency				
	51-100 ug/L: Possible iron deficiency, if risk factors are present				
	101-300 ug/L: Iron deficiency unlikely				
	=>600 ug/L: Consider test for iron overload				
	In patients with concomitant inflammation, use Iron Studies, including TIBC and Transferrin Saturation, to assess Iron Deficiency status.				
	For guidance, see www.glenmorespecialistcentre.ca				

a nearby city Guelph a nearby city (211) 635-7400

Patient: Mrs. Paloma Bui Appointment Date: 2025-Jun-22 Title: MS IBD Follow up Provider: Proulx, Zoe Referred By: Proulx, Zoe I saw Paloma Bui today for follow up of her ulcerative colitis in person at Birchwood Care Clinic.

Problem History: Ulcerative colitis

IBD Phenotype: Montreal: UC Extent - E2 - Left-sided

Endoscopy Results: 2024-Nov-18 Colonoscopy - 25 cm Mayo 2 2023-Aug-22 Colonoscopy - TI:normal, Asc Mayo 0, tra Mayo 0, des Mayo 1, sig Mayo 1, rec Mayo 1. Internal hemorrhoids 2022-Nov-25 Colonoscopy - TI:normal, Asc: Mayo 1, tra Mayo 0, des Mayo 1, sig Mayo 1, rec Mayo 1 2020-Jan-20 Colonoscopy - TI:normal, colon:normal Mayo 0 2017-Nov-27 Colonoscopy - TI:normal, asc Mayo 0, tra Mayo 0, at splenic flexure Mayo 2, from 35 cm to rectum May 1, 2017-Aug Sigmoidoscopy - Mayo 2 to splenic flexure and likely beyond.

Active Medications: REMICADE 100 MG VIAL 600mg q4w (dose increased in [REDACTED-DATE] due to low level)

Current Status Current symptoms stable with 1-2 bowel movements a day with some intermittent LLQ pain. Some intermittent BRBPR and mucus mixed in with stool. Note some urgency, and one episode of incontinence. No nocturnal symptoms. Some mild pain in anus when passing BMs, patient attributes to anal fissure. Undergoing multiple root canal with dentist. No constitutional symptoms or weight loss. Normal energy levels.

On physical examination, she looks well and nutritionally fit. She has no lymphadenopathy. Her abdomen is soft, non-tender with no organomegaly or masses.

Assessment and Plan Paloma Bui currently has mild to moderately active disease with elevated fecal calprotectin levels, active disease on endoscopy (Mayo 2) with adequate Remicade levels and no evidence of remicade antibodies. We have discussed switching therapies, possibly to Entivyo, and patient agreeable but wishes to complete dental work prior.

I will see her again in follow up in 1-2 months in the office.

Anser IFX

Bui, Paloma

Test Report FINAL

Subject ID: 6066633087

Ordered By: Zoe Proulx

Order ID: 6066633087

External Protocol ID: [blank]

Study ID: 1555587795

Visit: Visit 1

Report Recipient:

Birchwood Care Clinic

a nearby city

Guelph, ON 650 Main St

Contact Info:

Phone: (211) 635-7400

Fax: (211) 635-7400

Ordered:	Collected:	Sample Type:	Reported:	Sender Sample ID:	Cedar Specialist Group Sample ID:
05/06/2025	[REDACTED-DATE]	Serum	05/11/2025	6066633087	6066633087

Results

Detectable Serum Infliximab (IFX)	Undetectable Antibodies to Infliximab (ATI)
Assay: IFX concentration	Assay: ATI concentration
Result: 13.9 ug/mL	Result: < 3.1 U/mL
Lower Limit of Quantification: < 1.0 ug/mL	Lower Limit of Quantification: < 3.1 U/mL

[image: Chart showing IFX (ug/mL) at 13.9 on 05/04/2025] [image: Chart showing ATI (U/mL) at 0.0 on 05/04/2025]

Collection Date (Last 4 Samples)

Collection Date:	Reason For Order:	IFX:	ATI:	Dosage Date:	Dosage:	Interval:
05/04/2025	Not Provided	13.9 ug/mL	< 3.1 U/mL	Not Provided	Not Provided	Not Provided

Test Description: The test measures IFX and ATI levels in serum using a homogenous mobility shift assay by size exclusion HPLC.

Clinical Interpretation:

- American Gastroenterological Association guidelines recommends IFX ≥ 5 $\mu\text{g/mL}$ for reactive maintenance¹
- Expert consensus statement recommends week 14+ IFX ≥ 7 -10 $\mu\text{g/mL}$; IFX failure should not be considered until IFX ≥ 10 -15 $\mu\text{g/mL}$ has been achieved²
- IFX ≥ 10 $\mu\text{g/mL}$ prior to infusion 4, and during maintenance, resulted in 81% of IBD patients still on IFX at week 52 and 97% in steroid-free remission³
- Patients with fistula healing had significantly higher serum IFX (15.8 $\mu\text{g/mL}$) vs. those with active fistulas (4.4 $\mu\text{g/mL}$)⁴
- Serum IFX ≥ 10.5 $\mu\text{g/mL}$ was associated with histologic remission in ulcerative colitis patients⁵
- Initial ATI ≤ 8.55 U/mL associated with increased efficacy of dose escalation to achieve IFX ≥ 5 $\mu\text{g/mL}$ and undetectable ATI⁶

Report Notes:

References: 1. Feuerstein JD et al. Gastroenterol. 2017; 153:827-834. 2. Cheifetz AS et al. Am J Gastroenterol. 2021; 116:2014-2025. 3. Dubinsky MC et al. Inflamm Bowel Dis. 2022; 28:942-873-9947. 4. Yarur AJ et al. Aliment Pharmacol Ther. 2017; 45:933-940. 5. Papamichael K et al. Aliment Pharmacol Ther. 2018; 47:478-484. 6. Battat R et al. Inflamm Bowel Dis. 2021; 27:227-861-2746.

Test results should be used in conjunction with other clinical and diagnostic findings. The healthcare provider is responsible for the use of this information in the management of their patient. The test was developed and its performance characteristics determined by Cedar Specialist Group. It has not been cleared or approved by the U.S. FDA. The test is used for clinical purposes and should not be regarded as investigational or for research. Cedar Specialist Group is CAP-accredited (6066633087) and CLIA-certified (6066633087) as qualified to perform high complexity testing. The test may be covered by one or more U.S. pending or issued patents - refer to www.northviewclinic.ca. Cedar Specialist Group and Anser, are trademarks or registered trademarks of Cedar Specialist Group, Orillia, California. All other trademarks and service marks are the property of their respective owners. © 2025 Cedar Specialist Group All rights reserved.

650 Main St, Orillia, 443 Castlefield St 650 Main St Phone: (211) 635-7400 || Fax: (211) 635-7400 Laboratory Director: Zoe Proulx

Cedar Specialist Group www.northviewclinic.ca IFX.S.2002v3 (12-2022)

Birchwood Care Clinic APM Accredited LAB LAB Accredited CON

Lab ID: 6066633087 Cedar Specialist Group External Ref. No.: 6066633087 Patient ID: 1555587795

Prescriber	Patient
Name: Zoe Proulx	Name: Bui, Paloma
Clinic: Birchwood Care Clinic	
Address: 650 Main St Guelph, ON 650 Main St	Date of birth: 1962 Age: 62
Telephone: (211) 635-7400	Sex: F
Fax: (211) 635-7400	Health Ins.: 1555587795

Biochemistry

Analysis	Specimen	Result	Reference value	Unit	Status
Calprotectin	Stool	1077	<100	µg/g	

[image: Line graph showing Calprotectin results over time from 2022-11-07 to 2025-06-01, with labels for Active inflammation and Moderate inflammation. Values plotted are 87, 518, 388, 3568, and 1077.]

Collection date	Result (µg/g)
2022-11-07	87
2023-05-14	518
2024-05-21	388
2024-09-22	3568
2025-06-01	1077

Interpretation: Active inflammation in the gastrointestinal tract. It is recommended to order additional analyses and to optimize the curative treatment under the supervision of medical specialists.

Note: The cut-off level suggested for adults (100 µg/g) can also be used for children aged 4 to 17 years regardless of sex.

Method: Reference values:

Normal: < 100 µg/g Moderate inflammation: ≥ 100 - ≤ 250 µg/g Active inflammation: > 250 µg/g

Reference: Bressler B. et al. Clinicians' guide to the use of fecal calprotectin to identify and monitor disease activity in inflammatory bowel disease. Can J Gastroenterol Hepatol. 2015 29(7):369-72.

Fecal calprotectin quantification is performed with the Buhlmann fCAL Turbo immunoturbidimetric assay and the Roche COBAS c311 analyzer.

The performance characteristics of this test performed on the Roche COBAS c311 analyzer have been validated by Birchwood Care Clinic. This test is approved by the Therapeutic Products Directorate (TPD) of Health Canada for application on other analyzers.

Moderate elevations of fecal calprotectin may be seen in patients taking non-steroidal anti-inflammatory drugs, aspirin, or proton pump inhibitors. If moderate inflammation is present, it is suggested to repeat the test in 4 to 6 weeks.

Date Collected	Date Received	Partial report	Completed report	Revised report
2025-06-01	[REDACTED-DATE]	-	2025-06-04	

650 Main St, Nanaimo (607 Wellington Rd) CANADA 650 Main St T (211) 635-7400 F (211) 635-7400

Birchwood Care Clinic APM Accredited LAB LAB Accredited CCN

Lab ID: 6066633087 Cedar Specialist Group External Ref. No.: 6066633087 Patient ID: 1555587795

Prescriber	Patient
Name: Zoe Proulx	Name: Bui, Paloma
Clinic: Birchwood Care Clinic	
Address: 650 Main St Guelph, ON 650 Main St	Date of birth: 1962 Age: 62
Telephone: (211) 635-7400	Sex: F
Fax: (211) 635-7400	Health Ins.: 1555587795

Biochemistry

Analysis	Specimen	Result	Reference value	Unit	Status

Moderate to marked increases in fecal calprotectin may be seen in other conditions unrelated to inflammatory bowel disease when there is an increase in neutrophils, monocytes, or macrophages (including celiac disease, colorectal cancer and gastrointestinal infections).

Due to the lack of homogeneous distribution of calprotectin in feces, variability in results may be observed when patients are monitored over time, particularly in samples with high calprotectin concentrations.

[image: signature of Zoe Proulx] **Zoe Proulx** Clinical Biochemist

Date Collected	Date Received	Partial report	Completed report	Revised report
2025-06-01	[REDACTED-DATE]	-	2025-06-04	

650 Main St, Nanaimo (607 Wellington Rd) CANADA 650 Main St T (211) 635-7400 F (211) 635-7400

Patient: Mrs. Paloma Bui Appointment Date: 2025-May-25 Title: MS IBD Follow up Provider: Proulx, Zoe
Referred By: Proulx, Zoe I saw Paloma Bui today for follow up of her ulcerative colitis in person at Birchwood Care Clinic.

Problem History: Ulcerative colitis

IBD Phenotype: Montreal: UC Extent - E2 - Left-sided

Endoscopy Results: 2024-Nov-18 Colonoscopy - normal asc, trans and prox desc biopsies, mild architectural distortion (desc and prox sigmoid), mild chronic active proctocolitis, negative for dysplasia 2023-Aug-22 Colonoscopy - TI:normal, Asc Mayo 0, tra Mayo 0, des Mayo 1, sig Mayo 1, rec Mayo 1. Internal hemorrhoids 2022-Nov-25 Colonoscopy - TI:normal, Asc: Mayo 1, tra Mayo 0, des Mayo 1,sig Mayo 1, rec Mayo 1 2020-Jan-20 Colonoscopy - TI:normal, colon:normal Mayo 0 2017-Nov-27 Colonoscopy - TI:normal, asc Mayo 0,tra Mayo 0, at splenic flexure Mayo 2, from 35 cm to rectum May 1, 2017-Aug Sigmoidoscopy - Mayo 2 to splenic flexure and likely beyond.

Active Medications: MEZAVANT 1.2 G TABLET EC 2 Tablet(s) BID X 60 Day(s) PENTASA 1 GRAM SUPPOSITORY 1 Suppositories QD X 30 Day(s) ENTOCORT 0.02 MG/ML ENEMA 1 Each QD X 14 Day(s) REMICADE 100 MG VIAL

Current Status

Paloma has had some persistently active disease since she was last seen. She underwent colonoscopy in Oct 2024 which demonstrated Mayo 2 disease in the rectosigmoid (this appeared worse than previous). She was given a course of pentasa enemas but was unable to use them for longer than 2 weeks as she developed anal fissures. She was given topical nifedipine cream for this which she has been using regularly with minimal improvement. Luminally she feels somewhat better She reports less urgency, less mucous and less blood in the stools.

She will be undergoing another root canal in [REDACTED-DATE].

On physical examination, she looks well and nutritionally fit. She has no lymphadenopathy. Her abdomen is soft, non-tender with no organomegaly or masses.

Assessment and Plan Paloma Bui is currently in and currently has moderately active disease despite optimizing IFX. We discussed with her that se has never obtained complete remission while being on IFX and would likely benefit from a change in therapy. She remains very hesitant to switch therapies. We have presented the EXIGENT trial for her as an option given we would have suggested vedolizumab as subsequent therapy and she will consider this. She would like to undergo her dental procedure first before switching therapy.

We will arrange the following investigations: Bloodwork including a Cedar Specialist Group drug level (we have asked her to delay her IFX by 1 week to accommodate this testing) Fecal calprotectin We will have her meet

with our research coordinator to discuss the EXIGEM study Prescription for compounded Nifedipine ointment

I will see her again in follow up 2 weeks after her dental procedure to discuss next steps.

Patient seen by Dr. Zoe Proulx, Advanced IBD fellow for Dr. Zoe Proulx

Birchwood Care Clinic Cedar Specialist Group Cedar Specialist Group

Dr. Zoe Proulx MSc Colorectal Surgeon Sacco Professor of Surgery Sunnymede Family Practice a nearby city Guelph, ON, 650 Main St T: (211) 635-7400 F: (211) 635-7400

Feb 27, 2025

Dr. Zoe Proulx a nearby city Guelph, ON 650 Main St Fax: (211) 635-7400

Patient: Paloma Bui **PHN:** 1555587795 **Birthdate:** 1962 **Patient Phone(s):** Home: (211) 635-7400 Cell: (211) 635-7400 **Patient Address:** 650 Main St, Guelph, ON, 650 Main St

Dear Dr. Proulx,

Paloma Bui presented with worsening rectal bleeding accompanied by an external component and severe pain, which she described as "hurting like crazy." The symptoms have persisted for more than one year and have recently increased in severity.

Her medical history is significant for ulcerative colitis, for which she commenced Remicade treatment in 2017. Previous investigations included a colonoscopy that demonstrated grade 1-2 haemorrhoidal prolapse, and an MRI that showed no evidence of prolapse.

Physical examination revealed the presence of an anal fissure. Based on these findings, conservative management was initiated with a topical muscle relaxant ointment for the fissure (Diltiazem 2%). The treatment plan involves applying the ointment twice daily to the perianal skin for a duration of three months. The haemorrhoid banding procedure was deferred due to the concurrent fissure, with plans to reassess after completion of the fissure treatment.

During the consultation, comprehensive counselling was provided regarding the treatment approach. This included discussion of the approximately 70% success rate for conservative management, the possibility of Botox injection as an alternative treatment if conservative measures prove ineffective, and an explanation of the mechanism behind fissure persistence due to reduced blood flow from muscle spasm. It was also explained that the ointment functions through skin absorption to relax the underlying muscle.

The management plan moving forward involves consistent application of the prescribed ointment as directed, followed by a reassessment after completing the fissure treatment course.

Sincerely,

[signature]

Zoe Proulx Mariam Engström **Electronically Reviewed to Expedite Delivery**

Page 1 of 1 Patient: Paloma Bui PHN: 6066633087 DOB: 1962

Hospital Report

Patient	Bui, Paloma	HomePhone	(211) 635-7400	WorkPhone	
Health #	1555587795	Sex	F	Patient ID	6066633087
Age	63 years				
DOB	1962				

Facility Report #: 6066633087 Sent to: Proulx, Zoe Collection Date: 2024-Nov-18 Reported By: Facility #6066633087 Reviewed: 2024-Nov-18 by IrinaN Message Unique ID: 6066633087 Updated On: 2024-Nov-18 11:04 PM

FlagsResultsRef Range MEDICAL RECORDS (S) Endoscopy See Below Procedure PowerNote Birchwood Care Clinic ; a nearby city, Guelph, ON ; 650 Main St

Patient: Bui, Paloma EFR: 829-448-090 FIN: 6066633087 Age: 61 years Sex: Female DOB: 1962 Associated Diagnoses: None Author: Zoe Proulx

Visit Information PROCEDURE INFORMATION: Procedure : Colonoscopy - GAS Date of procedure : 2024/11/18 08:00 Location : Endoscopy Surgeon/Procedure Physician : Zoe Proulx, MD . Primary Care Provider: Zoe Proulx

INDICATION Colonoscopy CN - Surveillance for colorectal neoplasm (or long term IBD): inflammatory bowel disease. POST PROCEDURE DIAGNOSIS: Mild Mayo 2 colitis up to 25cm from anal verge (LOC, scattered erosions).

Consultation Information HISTORY AND PHYSICAL: This is a 61F with E2 ulcerative colitis currently on dose optimized Remicade. she was previously on 5-ASA and Cortiment but has been off this for some time. Her FCP was elevated at 3566 in [REDACTED-DATE], however, symptomatically she is feeling fine with 1-2 bowel movements per day which are formed, and without any abdominal pain or blood. . PROCEDURE HISTORY: No active procedure history items have been selected or recorded.. MEDICATIONS: Medication List (Selected) Documented Medications Documented 5-aminosalicylic acid (SALOFALK): 1,000 mg, PR, BID, 0 Refill(s) REMICADE: 300 mg, IV, Q60Days, 0 Refill(s). MAYO SCORE FOR UC - Clinical History: Stool frequency: Score: 0 (normal number stools/day). Rectal bleeding: Score: 0 (normal). Physician's global assessment: Score: 0 (normal).

Pre-Procedure INFORMED CONSENT: After discussing the rationale, risks and benefits, and alternatives to this procedure, the patient provided signed consent for the procedure. ASA GRADE: Mild Systemic Disease (ASA-2). CONFIRMED: Patient, Procedure, With safety procedures followed.

Procedure The patient was positioned starting in the left lateral decubitus position. MEDICATIONS

Sedation: Midazolam 3 mg, Fentanyl 50 mcg.

MONITORING See nursing documentation. COLONOSCOPY

ENDOSCOPE Type pediatric colonoscope. Introduced via anus. DIGITAL RECTAL EXAM Within normal limits. Cecal Intubation Yes

EXTENT OF EXAMINATION Terminal ileum: Photographic documentation obtained.

DIFFICULTY / LIMITATION None. BOWEL PREP QUALITY Qualitative: Good. Ottawa Scale: Right colon: Score 3. Mid colon: Score 3. Left colon: Score 2.

WITHDRAWAL Time exceeded 7 minutes. Rectal retroflexion was not performed. FINDINGS - Rectum Notes: Mild Mayo 2 colitis with some scattered erosions and LOV.

FINDINGS Colitis: From 0 cm: To 25 cm from the anal verge. Location: In the rectum from the rectum to the sigmoid colon. Indicative of: Ulcerative colitis.

BIOPSIES Ascending colon: Non-polypoid tissue. Transverse colon: Non-polypoid tissue. Descending colon: Non-polypoid tissue. Sigmoid: Non-polypoid tissue. Rectum: Non-polypoid tissue.

MAYO SCORE for UC/IC - Endoscopic Findings Ascending: score:0 (normal - inactive). Transverse: score:0 (normal - inactive). Descending: score:0 (normal - inactive). Sigmoid: score:2 (moderate colitis - marked erythema, absent vascular pattern, friability, erosion). Rectum: score:2 (moderate colitis - marked erythema, absent vascular pattern, friability, erosion).

Post-Procedure COMPLICATIONS: none.

Impression and Plan IMPRESSION: Abnormal, She has very mild Mayo 2 colitis with LOV and erosions in the distal 25cm which is slightly worse than on her prior endoscopy. Elevated FCP is likely secondary to this distal inflammation. PLAN: We will discuss with her regarding addition of rectal 5-ASA suppositories to her dose optimized infliximab to control the distal inflammation and follow up with her in clinic. Follow up on biopsy results.

EDUCATION and FOLLOW-UP Counseled: patient.

Images PROCEDURE IMAGES:

(Images available in source system) Colonoscopy - GAS_0010.jpg (Images available in source system) Colonoscopy - GAS_0009.jpg (Images available in source system) Colonoscopy - GAS_0008.jpg

(Images available in source system) Colonoscopy - GAS_0007.jpg (Images available in source system) Colonoscopy - GAS_0006.jpg (Images available in source system) Colonoscopy - GAS_0005.jpg (Images available in source system) Colonoscopy - GAS_0004.jpg (Images available in source system) Colonoscopy - GAS_0003.jpg (Images available in source system) Colonoscopy - GAS_0002.jpg (Images available in source system) Colonoscopy - GAS_0001.jpg .

Birchwood Care Clinic | Birchwood Care Clinic Cedar Specialist Group

Cedar Specialist Group a nearby city, Guelph, ON, Canada, 650 Main St t: (211) 635-7400 f: (211) 635-7400

Clinic ID: ENDO Clinic Name: ENDOSCOPY Physician: Proulx, Zoe Procedure Date: 2024-11-18 Accession Date: 2024-11-18 Report Date: 2024-12-01 Zkgkgqa Cnbuws # 111206562 Last Name: Bui First, Middle: Paloma, DOB/Gender: 1962 / Female Health Card #: 6066633087 Visit #: 6066633087

FINAL SURGICAL PATHOLOGY REPORT 6066633087

Copies to:

PATHOLOGY DIAGNOSIS

1-3. Colon (ascending, transverse, and proximal descending), biopsies:

- Colonic mucosa within normal limits.

- Negative for dysplasia.

4-5. Colon (distal descending, proximal sigmoid), biopsies:

- Mild architectural distortion.
- Negative for dysplasia.

6-8. Colon (mid sigmoid, distal sigmoid) and rectum, biopsies:

- Mild chronic active proctocolitis.
- Negative for dysplasia.

Specimen:

1. COLON ASCENDING BIOPSY
2. COLON TRANSVERSE BIOPSY
3. COLON DESCENDING BIOPSY, PROXIMAL
4. COLON DESCENDING BIOPSY, DISTAL
5. SIGMOID BIOPSY, PROXIMAL
6. SIGMOID BIOPSY, MID
7. SIGMOID BIOPSY, DISTAL
8. RECTUM BIOPSY

Clinical History: UC dysplasia surveillance

Gross Description

1. The specimen container is labelled with the patient's identification and contains one piece of tan soft tissue measuring 0.4 cm in greatest dimension.
 - 1 submitted in toto
2. The specimen container is labelled with the patient's identification and contains 2 pieces of tan soft tissue measuring 0.3 cm each in greatest dimension.
 - 1 submitted in toto
3. The specimen container is labelled with the patient's identification and contains 2 pieces of tan soft tissue measuring 0.3 cm each in greatest dimension.
 - 1 submitted in toto
4. The specimen container is labelled with the patient's identification and contains one piece of tan soft tissue

MRN	1555587795	Last Name:	Bui
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Printed D&T: [REDACTED-DATE]

Birchwood Care Clinic | Birchwood Care Clinic Cedar Specialist Group

Cedar Specialist Group a nearby city, Guelph, ON, Canada, 650 Main St t: (211) 635-7400 f: (211) 635-7400

Clinic ID: ENDO Clinic Name: ENDOSCOPY Physician: Proulx, Zoe Procedure Date: 2024-11-18 Accession Date: 2024-11-18 Report Date: 2024-12-01 Zkgkgqa Cnbuws # 111206562 Last Name: Bui First, Middle: Paloma, DOB/Gender: 1962 / Female Health Card #: 6066633087 Visit #: 6066633087

FINAL SURGICAL PATHOLOGY REPORT 6066633087

measuring 0.6 cm in greatest dimension.

- 1 submitted in toto
- 5. The specimen container is labelled with the patient's identification and contains 2 pieces of tan soft tissue measuring 0.3 cm each in greatest dimension.
- 1 submitted in toto
- 6. The specimen container is labelled with the patient's identification and contains one piece of tan soft tissue measuring 0.5 cm in greatest dimension.
- 1 submitted in toto
- 7. The specimen container is labelled with the patient's identification and contains 2 pieces of tan soft tissue measuring 0.2 and 0.3 cm in greatest dimension.
- 1 submitted in toto
- 8. The specimen container is labelled with the patient's identification and contains 2 pieces of tan soft tissue measuring 0.3 and 0.4 cm in greatest dimension.
- 1 submitted in toto

Grossed by: Zoe Proulx, Pathologists' Assistant

Zoe Proulx

MRN	1555587795	Last Name:	Bui	Page 2 of 2
-----	------------	------------	-----	-------------

Printed D&T: [REDACTED-DATE]

Patient: Mrs. Paloma Bui Appointment Date: 2024-Oct-08 Title: MS IBD Follow up Provider: Proulx, Zoe Referred By: None

I saw Paloma Bui today for follow up of her ulcerative colitis in person at Birchwood Care Clinic.

Problem History: Ulcerative colitis

IBD Phenotype: Montreal: UC Extent - E2 - Left-sided

Endoscopy Results: 2023-Aug-22 Colonoscopy - TI:normal, Asc Mayo 0, tra Mayo 0, des Mayo 1, sig Mayo 1, rec Mayo 1. Internal hemorrhoids 2022-Nov-25 Colonoscopy - TI:normal, Asc: Mayo 1, tra Mayo 0, des Mayo 1,sig Mayo 1, rec Mayo 1 2020-Jan-20 Colonoscopy - TI:normal, colon:normal Mayo 0 2017-Nov-27 Colonoscopy - TI:normal, asc Mayo 0,tra Mayo 0, at splenic flexure Mayo 2, from 35 cm to rectum May 1, 2017-Aug Sigmoidoscopy - Mayo 2 to splenic flexure and likely beyond.

Active Medications: MEZAVANT 1.2 G TABLET EC 2 Tablet(s) BID X 60 Day(s) SALOFALK 1 GRAM SUPPOSITORY 1 Suppositories QD X 30 Day(s) REMICADE 100 MG VIAL 600mg q4w (dose increased in [REDACTED-DATE] due to low level) - last infusion Oct 3

Current Status

Has been back on Remicade for the last few months and has been off Cortiment for a few months as well. Still using oral and topical 5ASA. Stool formed. No blood at all. Feeling well at the moment. Her FCP was quite elevated in [REDACTED-DATE].

A limited bowel US was performed which showed a slightly thickened sigmoid colon but there was no increase in vascularity.

On physical examination, she looks well and nutritionally fit. She has no lymphadenopathy. Her abdomen is soft, non-tender with no organomegaly or masses.

Assessment and Plan Paloma Bui is currently in symptomatic remission but I wonder if she still may have some activity. I think we need a colonoscopy at this point so I will arrange it in the next month.

2024/09/25 14:04:13 1 / 2

Birchwood Care Clinic®

APM Accredited LAB LAB Accrédité CCN

Lab ID: 6066633087 Cedar Specialist Group External Ref. No.: 6066633087 Patient ID: 1555587795

Prescriber Name: Zoe Proulx **Clinic:** Birchwood Care Clinic **Address:** 650 Main St Guelph, ON 650 Main St **Telephone:** (211) 635-7400 **Fax:** (211) 635-7400

Patient Name: Bui, Paloma **Date of birth:** 1962 **Age:** 61 **Sex:** F **Health Ins.:** 1555587795

Biochemistry

Analysis	Specimen	Result	Reference value	Unit	Status
Calprotectin	Stool	3566	<100	µg/g	

[image: graph showing Calprotectin results over time from 2022-02-08 to 2024-09-22 with a sharp upward spike to 3566 on the final date]

Collection date	Result (µg/g)
2022-02-08	53
2022-11-07	87
2023-05-14	518
2024-05-21	388
2024-09-22	3566

Interpretation: Active inflammation in the gastrointestinal tract. It is recommended to order additional analyses and to optimize the curative treatment under the supervision of medical specialists.

Note: The cut-off level suggested for adults (100 µg/g) can also be used for children aged 4 to 17 years regardless of sex.

Method: Reference values:

Normal: < 100 µg/g Moderate inflammation: ≥ 100 - ≤ 250 µg/g Active inflammation: > 250 µg/g

Reference: Bressler B. et al. Clinicians' guide to the use of fecal calprotectin to identify and monitor disease activity in inflammatory bowel disease. Can J Gastroenterol Hepatol. 2015 29(7):369-72.

Fecal calprotectin quantification is performed with the Buhlmann fCAL Turbo immunoturbidimetric assay and the Roche COBAS c311 analyzer.

The performance characteristics of this test performed on the Roche COBAS c311 analyzer have been validated by Birchwood Care Clinic. This test is approved by the Therapeutic Products Directorate (TPD) of Health Canada for application on other analyzers.

Moderate elevations of fecal calprotectin may be seen in patients taking non-steroidal anti-inflammatory drugs, aspirin, or proton pump inhibitors. If moderate inflammation is present, it is suggested to repeat the test in 4 to 6 weeks.

Date Collected	Date Received	Partial report	Completed report	Revised report
2024-09-22	[REDACTED-DATE]		2024-09-25	

650 Main St, Nanaimo (607 Wellington Rd) CANADA 650 Main St T (211) 635-7400 F (211) 635-7400 Page 1 of 2

Birchwood Care Clinic®

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Lab ID: 6066633087 Cedar Specialist Group External Ref. No.: 6066633087 Patient ID: 1555587795

Prescriber Name: Zoe Proulx **Clinic:** Birchwood Care Clinic **Address:** 650 Main St Guelph, ON 650 Main St **Telephone:** (211) 635-7400 **Fax:** (211) 635-7400

Patient Name: Bui, Paloma **Date of birth:** 1962 **Age:** 61 **Sex:** F **Health Ins.:** 1555587795

Biochemistry

Analysis	Specimen	Result	Reference value	Unit	Status

Moderate to marked increases in fecal calprotectin may be seen in other conditions unrelated to inflammatory bowel disease when there is an increase in neutrophils, monocytes, or macrophages (including celiac disease, colorectal cancer and gastrointestinal infections).

Due to the lack of homogeneous distribution of calprotectin in feces, variability in results may be observed when patients are monitored over time, particularly in samples with high calprotectin concentrations.

[image] Zoe Proulx Clinical Biochemist

Date Collected	Date Received	Partial report	Completed report	Revised report
2024-09-22	[REDACTED-DATE]	-	2024-09-25	-

650 Main St, Nanaimo (607 Wellington Rd) CANADA 650 Main St T (211) 635-7400 F (211) 635-7400

Patient: Mrs. Paloma Bui **Appointment Date:** 2024-Sep-18 **Title:** MS IBD Follow up **Provider:** Proulx, Zoe
Referred By: None

I had a telephone visit with Paloma Bui today for follow up of her ulcerative colitis and low IFX TDM at 3.015.

Problem History: Ulcerative colitis

IBD Phenotype: Montreal: UC Extent - E2 - Left-sided

Endoscopy Results: 2023-Aug-22 Colonoscopy - TI:normal, Asc Mayo 0, tra Mayo 0, des Mayo 1, sig Mayo 1, rec Mayo 1. Internal hemorrhoids 2022-Nov-25 Colonoscopy - TI:normal, Asc: Mayo 1, tra Mayo 0, des Mayo 1, sig Mayo 1, rec Mayo 1 2020-Jan-20 Colonoscopy - TI:normal, colon:normal Mayo 0 2017-Nov-27 Colonoscopy - TI:normal, asc Mayo 0, tra Mayo 0, at splenic flexure Mayo 2, from 35 cm to rectum May 1, 2017-Aug Sigmoidoscopy - Mayo 2 to splenic flexure and likely beyond.

Active Medications: MEZAVANT 1.2 G TABLET EC 2 Tablet(s) BID X 60 Day(s) - was not taking it
CORTIMENT DR/ER 9 MG TABLET 1 Tablet(s) QD X 30 Day(s) PENTASA 1 GRAM SUPPOSITORY 1
Suppositories QD X 30 Day(s) REMICADE 100 MG VIAL [600mg q4w (dose increased in [REDACTED-DATE]
due to low level)]

Current Status

I have informed Paloma of IFX TDM of 3.015. She declined antibodies testing through Cedar Specialist Group at Fairlight Medical Centre. She currently weights 130 LBS = 59 KG and was dosed at 10 mg /kg = 600 mg IFX q4weeks. She was off Remicade for 3 months due to odontogenic infection this summer. Since resuming it, she has not seen any improvement in her symptoms. We discussed possible therapeutic failure and possible need to proceed with a biologic switch. She will receive another IFX dose before Dr Proulx's return from vacation. I did explain the risk for a potential reaction.

Assessment and Plan Paloma Bui currently has moderately active symptoms with a IFX 3.015 concerning for therapeutic failure. She declined Cedar Specialist Group ABS testing at Fairlight Medical Centre.

I have advised her to resume Mezavant for the time being, along with Salofalk PR which she has at home. She is scheduled to see Dr Proulx on October 8, when he returns from vacation.

Zoe Proulx IBD NP on behalf of Dr Proulx

Birchwood Care Clinic APM Accredited LAB LAB Accredite CCN

Lab ID: 6066633087 Birchwood Care Clinic External Ref. No.: 6066633087 Patient ID: 1555587795

Prescriber Name: Zoe Proulx **Clinic:** Birchwood Care Clinic **Address:** 650 Main St Guelph, ON 650 Main St
Telephone: (211) 635-7400 **Fax:** (211) 635-7400

Patient Name: Bui, Paloma **Date of birth:** 1962 **Age:** 61 **Sex:** F **Health Ins.:** 1555587795

Note: *Infliximab testing procedure (Reflex Testing): Infliximab drug levels and antibodies are tested using a stepwise, reflex procedure. Infliximab drug levels are tested initially and reported. If the Infliximab drug level is undetectable ($\leq 0.035 \mu\text{g/mL}$) then anti-Infliximab antibody levels will be tested and reported.

Biochemistry

Analysis	Specimen	Result	Reference value	Unit	Status
Infliximab Drug Level*	Serum	3.015		$\mu\text{g/mL}$	

Interpretation: Therapeutic level

Anti-Infliximab antibodies will not be tested

Method: Quantitative detection of infliximab in human serum is performed with the Promonitor IFX enzyme-linked immunosorbent assay (ELISA). As of [REDACTED-DATE], the upper limit of quantification was modified, by the manufacturer, from 28.8 $\mu\text{g/mL}$ to 25.4 $\mu\text{g/mL}$.

Reference cut-points defined by a consensus of gastroenterologists, applicable in the context of inflammatory bowel diseases:

Subtherapeutic level: $< 3 \mu\text{g/mL}$ Therapeutic level: $3 - 7 \mu\text{g/mL}$ Supratherapeutic level: $> 7 \mu\text{g/mL}$

Infliximab therapy is indicated for a number of inflammatory diseases like rheumatoid arthritis and IBD including Crohn Disease and Ulcerative Colitis.

[signature] Zoe Proulx Clinical Biochemist

Date Collected	Date Received	Partial report	Completed report	Revised report
2024-09-09	2024-09-10	-	2024-09-15	

650 Main St, Nanaimo (607 Wellington Rd) CANADA 650 Main St T (211) 635-7400 F (211) 635-7400

Patient: Mrs. Paloma Bui Appointment Date: 2024-Jul-24 Title: Birchwood Care Clinic - IBD - Follow-up
Provider: Proulx, Zoe Referred By: Proulx, Zoe Ms. Paloma Bui is a 61 year old female with ulcerative colitis who was seen in virtual follow up on Jul 24, 2024.

This appointment was done by telephone. Informed verbal consent was obtained from this patient to communicate and provide care using virtual and other telecommunications tools. This patient has been explained the risks related to unauthorized disclosure or interception of personal health information and steps they can take to help protect their information. We have discussed that care provided through video or audio communication cannot replace the need for physical examination or an in person visit for some disorders or urgent problems and patient understands the need to seek urgent care in an Emergency Department as necessary.

IBD Problem History: 2013 Ulcerative colitis

IBD Phenotype: Montreal: UC Extent - E2 - Left-sided

IBD Complications: Nov 26, 2017 IBD-related Hospitalization - Flare: IV steroids Aug 9, 2017 IBD-related Hospitalization - Flare: IV steroids, IFx

Active Medications: PENTASA 1 GRAM SUPPOSITORY 1 Suppositories q3 days PRN REMICADE 100 MG VIAL [600mg q4w (dose increased in [REDACTED-DATE] due to low level)] vitamin D Calcium

Current Status Paloma has been feeling well from a GI perspective. She has 2 to 3 bowel movements per day that are semi-formed with no rectal bleeding or mucus and no abdominal pain.

She had a root canal and was on antibiotics for an extended period of time over the past few months. During this time her Remicade infusion was delayed - dose given on March 27th and then resumed on July 12th. She was taking Mezavant and Cortiment during this interval of time from [REDACTED-DATE]. Pre-meds were added to avoid infusion reaction. After her recent infusion on July 12th, she felt fatigued but no rash or joint swelling.

Physical examination unable to do since patient encounter was conducted by phone.

Summary of Investigations

Endoscopy Results: Aug 22, 2023 Colonoscopy - TI:normal, Asc Mayo 0, tra Mayo 0, des Mayo 1, sig Mayo 1, rec Mayo 1. Internal hemorrhoids Nov 25, 2022 Colonoscopy - TI:normal, Asc: Mayo 1, tra Mayo 0, des Mayo 1, sig Mayo 1, rec Mayo 1 Jan 20, 2020 Colonoscopy - TI:normal, colon:normal Mayo 0 Nov 27, 2017 Colonoscopy - TI:normal, asc Mayo 0, tra Mayo 0, at splenic flexure Mayo 2, from 35 cm to rectum Mayo 2 Jul-2017 Sigmoidoscopy - Mayo 2 to splenic flexure and likely beyond.

Pathology: Aug 22, 2023 Colon Bx - cecum, asc, tra, des, sig: normal. Anorectal polyp at 6 cm: inflammatory. Rec: quiescent chronic colitis Jan 20, 2020 Colon Bx - architectural distortion, quiesc IBD

IBD Diagnostics: 22-May-2024 Fecal calprotectin - 368 ug/g Sep 7, 2023 Drug level - Infliximab: 21.563 ug/mL - Birchwood Care Clinic

May 18, 2023 Drug level - Infliximab: 13.712 ug/mL - Birchwood Care Clinic 15-May-2023 Fecal calprotectin - 518 ug/g - Birchwood Care Clinic Jan 29, 2023 Drug level - Infliximab: 22.428 ug/mL - Birchwood Care Clinic Dec 7, 2022 Drug level - Infliximab: 12.8 ug/mL , ATI 22.0 U/mL - Cedar Specialist Group Nov 10, 2022 Drug level - Infliximab: 1.589 ug/mL - Birchwood Care Clinic 08-Nov-2022 Fecal calprotectin - 87 ug/g - Birchwood Care Clinic Jun 3, 2021 Drug level - Infliximab: 20.5 ug/mL - ATI < 3.1 U/mL - Cedar Specialist Group Feb 11, 2021 Drug level - Infliximab: 2.702 ug/mL - Birchwood Care Clinic Feb 7, 2021 Fecal calprotectin - 685 ug/g - Birchwood Care Clinic Jul 29, 2020 Fecal calprotectin - 40 ug/g - Birchwood Care Clinic Jul 4, 2019 Drug level - Infliximab: 24.874 ug/mL Oct 21, 2018 Fecal calprotectin - 173 Jun 24, 2018 Fecal calprotectin - 17 May 27, 2018 Drug level - Infliximab: > 34.0 ug/ml ATI < 3.1 U/ml May 27, 2018 TPMT - 58 nmol/g/h

Recent Labs: 2024-Jul-12 Hgb 132 g/L 2024-Jul-12 WBC 6.9 x E9/L, 2024-Jul-12 Plts 376 x E9/L 2024-Jul-12 CRP 37.9 mg/L 2024-Jul-12 Ferritin 137 ug/L 2024-Jul-12 ALT 19 U/L 2024-Jul-12 Bilirubin 5 umol/L 2024-Jul-12 ALP 123 U/L 2024-Jul-12 Vit B12 376 pmol/L 2024-Jul-12 Vit D 100.1 nmol/L

Assessment and Plan In summary, Paloma Bui is a 61 year old female with left-sided ulcerative colitis. She is currently in symptomatic remission. Recent CRP was elevated - unclear significance. She has been maintained on Remicade but there was an interruption to her dosing schedule and she was on Mezavant 4.8g daily and Cortiment for 2 months during this time, but has now stopped them and has resumed her Remicade infusions at 600mg every 4 weeks with pre-meds added. She continues to take Pentasa suppositories a few times per week PRN.

The following investigations will be arranged:

- routine IBD Bloodwork with every other infusion
- Infliximab trough level and antibody testing
- FCP in the fall

Paloma will return for follow up in 3 months in the office. The patient has been directed to contact our office should they have any concerns. Thank you for the opportunity to be involved in the care of this patient.

Report prepared by Zoe Proulx, Physician Sacco, on behalf of Dr. Zoe Proulx

REMICADE® (DIN: 02244016) Order Form

BIO ADVANCE®

PATIENT INFORMATION:	PRESCRIBING PHYSICIAN INFORMATION:
Name: Paloma Bui (Patient ID: 1555587795) Preferred Name: Bui	Name: Dr. Zoe Proulx Willa Holloway
Address: 650 Main St, Guelph, ON, Canada 650 Main St	Address: Birchwood Care Clinic 631 Fennimore Ave, Guelph, ON 650 Main St
Tel: (211) 635-7400	Tel: (297) 799-2940
Date of Birth (DD/MM/YYYY): 1962 Gender: Female	Pager:
Allergies: Penicillin, Codeine	Fax: (816) 754-8610
Indication: Ulcerative Colitis Secondary Indication:	Ref: 6066633087
Weight (KG): 61.90 Date of Wt (DD/MM/YYYY): 27/03/2024 Hospital ID:	Pharmacy Name: Cedar Specialist Group Fax: (211) 635-7400

PRESCRIBING PHYSICIAN SECTION

Schedule	Starting Week #	Administration	Drug	DIN	Dose	Precision	Frequency	Repeats
Maintenance		Infusion	Remicade	02244016	600 mg	Exactly	Every 4 Week(s)	

DURATION: 52 Weeks This is: ☐ first REMICADE order for this patient ☐ OR a renewal ☒ OR a change in prescription ☒ Utilize the Recommended Standard Protocol to infuse REMICADE over no less than 2 hours or as tolerated, and manage infusion reactions as applicable ☐ If my patient has received the last three 2-hour infusions without any type of infusion reaction, initiate the following order: Utilize the Shortened Infusion Protocol to infuse REMICADE over no less than 1 hour, or as tolerated, and manage reactions as applicable. Adult patients eligible for shortened infusion: Rheumatoid Arthritis, Crohn's Disease (dose < 10 mg/kg) or Ulcerative Colitis (dose < 10 mg/kg) ☐ Other:

PRETREATMENT ORDER Option 1 ☐ No pre-medications required Option 2 ☒ Please Check desired pretreatment medication(s) administered prior to infusion at clinic (indicate dose/route) ☒ Diphenhydramine (e.g, Benadryl) 25 mg IV 15-30 minutes prior to the infusion ☒ Acetaminophen 500-1000mg PO 15-30 minutes prior to the infusion ☒ Hydrocortisone 100 mg IV 15-30 minutes prior to the infusion ☐ Dimenhydrinate (e.g., Gravol) (blank) mg (blank) ☐ Desloratadine (blank) mg (blank) ☐ Other:

RELEVANT MEDICAL/SURGICAL HISTORY, MEDICATION(S) AND NOTES: TB Test [] Not required OR Date Completed: 11/08/2017 Result:Negative CXR [] Not required OR Date Completed: 09/08/2017 Result:Clear Hep B [X] Not required OR Date Completed: Result:

PRESCRIBER CERTIFICATION I certify that this prescription is an original prescription and will not be reused. Physician Signature: [signature] Zoe Proulx, Physician Sacco Signed on behalf of Dr. Zoe Proulx Date: 01/Jul/2024 *Effective date.

Fax order to: Zoe Proulx Fax: (211) 635-7400

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2024/05/27 16:32:37 1 / 2

Birchwood Care Clinic®

APM Accredited LAB Accrédité CCN

Lab ID: 6066633087 Cedar Specialist Group External Ref. No.: 6066633087 Patient ID: 1555587795

Prescriber	Patient
Name: Zoe Proulx	Name: Bui, Paloma
Clinic: Birchwood Care Clinic	
Address: 650 Main St	Date of birth: 1962 Age: 61
Guelph, ON 650 Main St	Sex: F
Telephone: (211) 635-7400	Health Ins.: 1555587795
Fax: (211) 635-7400	

Biochemistry

Analysis	Specimen	Result	Reference value	Unit	Status
Calprotectin	Stool	368	<100	µg/g	

[image]

Collection date	Result (µg/g)
2021-02-07	685
2022-02-08	53
2022-11-07	87
2023-05-14	518
2024-05-21	368

Interpretation: Active inflammation in the gastrointestinal tract. It is recommended to order additional analyses and to optimize the curative treatment under the supervision of medical specialists.

Note: The cut-off level suggested for adults (100 µg/g) can also be used for children aged 4 to 17 years regardless of sex.

Method: Reference values:

Normal: < 100 µg/g Moderate inflammation: ≥ 100 - ≤ 250 µg/g Active inflammation: > 250 µg/g

Reference: Bressler B. et al. Clinicians' guide to the use of fecal calprotectin to identify and monitor disease activity in inflammatory bowel disease. *Can J Gastroenterol Hepatol.* 2015 29(7):369-72.

Fecal calprotectin quantification is performed with the Buhlmann fCAL Turbo immunoturbidimetric assay and the Roche COBAS c311 analyzer.

The performance characteristics of this test performed on the Roche COBAS c311 analyzer have been validated by Birchwood Care Clinic. This test is approved by the Therapeutic Products Directorate (TPD) of Health Canada for application on other analyzers.

Moderate elevations of fecal calprotectin may be seen in patients taking non-steroidal anti-inflammatory drugs, aspirin, or proton pump inhibitors. If moderate inflammation is present, it is suggested to repeat the test in 4 to 6 weeks.

Date Collected	Date Received	Partial report	Completed report	Revised report
2024-05-21	[REDACTED-DATE]	-	2024-05-27	

650 Main St, Nanaimo (607 Wellington Rd) CANADA 650 Main St T (211) 635-7400 F (211) 635-7400 Page 1 of 2

Birchwood Care Clinic® APM Accredited LAB Accrédité CCN

Lab ID: 6066633087 Cedar Specialist Group External Ref. No.: 6066633087 Patient ID: 1555587795

Prescriber Name: Zoe Proulx Clinic: Birchwood Care Clinic Address: 650 Main St Guelph, ON 650 Main St Telephone: (211) 635-7400 Fax: (211) 635-7400

Patient Name: Bui, Paloma Date of birth: 1962 Age: 61 Sex: F Health Ins.: 1555587795

Biochemistry

Analysis	Specimen	Result	Reference value	Unit	Status
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Moderate to marked increases in fecal calprotectin may be seen in other conditions unrelated to inflammatory bowel disease when there is an increase in neutrophils, monocytes, or macrophages (including celiac disease, colorectal cancer and gastrointestinal infections).

Due to the lack of homogeneous distribution of calprotectin in feces, variability in results may be observed when patients are monitored over time, particularly in samples with high calprotectin concentrations.

[image] Zoe Proulx Clinical Biochemist

Date Collected	Date Received	Partial report	Completed report	Revised report
2024-05-21	[REDACTED-DATE]	-	2024-05-27	

650 Main St, Nanaimo (607 Wellington Rd) CANADA 650 Main St T (211) 635-7400 F (211) 635-7400

Patient: Mrs. Paloma Bui Appointment Date: 2024-Feb-25 Title: MS IBD Follow up Provider: Proulx, Zoe
Referred By: None

I saw Paloma Bui today for follow up of her ulcerative colitis in person at Birchwood Care Clinic.

Problem History: Ulcerative colitis

IBD Phenotype: Montreal: UC Extent - E2 - Left-sided

Endoscopy Results: 2023-Aug-22 Colonoscopy - TI:normal, Asc Mayo 0, tra Mayo 0, des Mayo 1, sig Mayo 1, rec Mayo 1. Internal hemorrhoids 2022-Nov-25 Colonoscopy - TI:normal, Asc: Mayo 1, tra Mayo 0, des Mayo 1, sig Mayo 1, rec Mayo 1 2020-Jan-20 Colonoscopy - TI:normal, colon:normal Mayo 0 2017-Nov-27 Colonoscopy - TI:normal, asc Mayo 0, tra Mayo 0, at splenic flexure Mayo 2, from 35 cm to rectum May 1, 2017-Aug Sigmoidoscopy - Mayo 2 to splenic flexure and likely beyond.

Active Medications: REMICADE 100 MG VIAL 600mg q4w (dose increased in [REDACTED-DATE] due to low level)

Current Status

Generally feeling well but still has some occasional increased frequency and urgency, with rectal bleeding. She has seen Dr. Proulx who ruled out prolapse and did see hemorrhoids. I think that is likely the cause of her bleeding and she may have some mild proctitis as well.

On physical examination, she looks well and nutritionally fit.

Assessment and Plan Paloma Bui currently has mildly active disease. This is mostly due to proctitis and hemorrhoids. I suggested she use Pentasa suppositories. I will see her in FU in 4m.

We will arrange the following investigations: Bloodwork

Dr. Zoe Proulx

650 Main St Rm 455 Guelph ON, Canada 650 Main St

Fax Cover Sheet

To: Dr. Zoe Proulx Phone: (211) 635-7400 Fax: (211) 635-7400

Date: Feb 11, 2024

From: Dr. Zoe Proulx Phone: (211) 635-7400 Fax: (491) 528-5109

Number of pages including cover: 2

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Re: Paloma Bui

Birchwood Care Clinic Cedar Specialist Group Cedar Specialist Group

Dr. Zoe Proulx MSc Colorectal Surgeon Sacco Professor of Surgery Sunnymede Family Practice a nearby city Guelph, ON, 650 Main St **T: (211) 635-7400 F: (211) 635-7400**

Feb 11, 2024

Dr. Zoe Proulx a nearby city Guelph, ON 650 Main St Fax: (211) 635-7400

Patient: Ms. Paloma Bui **PHN:** 1555587795 **Birthdate:** 1962 **Patient Phone(s):** Home: (211) 635-7400 Cell: (211) 635-7400 **Patient Address:** 650 Main St, Guelph, ON, 650 Main St

Dear Zoe,

Informed verbal consent was obtained from this patient to communicate and provide care using virtual and other telecommunications tools. This patient has been explained the risks related to unauthorized disclosure or interception of personal health information and steps they can take to help protect their information. We have discussed that care provided through video or audio communication cannot replace the need for physical examination or an in person visit for some disorders or urgent problems and patient understands the need to seek urgent care in an Emergency Department as necessary.

This 61 year-old female was seen today over the phone.

I discussed the findings of her MRI defecography which are basically negative. There is no finding of any internal or external rectal prolapse. This is concordant with my findings on flexible sigmoidoscopy. Since her scope, she has not had any significant bleeding. I remember that I saw some minor hemorrhoids grade 1 or 2 on scope and explained her that I could eventually treat this in the office in case of recurring bleeding. I could do some banding in the office which I explained in detail. She will contact my office if she consents to have this done.

Sincerely,

![signature]

Zoe Proulx Mariam Engström **Electronically Reviewed to Expedite Delivery**

Page 1 of 1 Patient: Paloma Bui PHN: 6066633087 DOB: 1962

Birchwood Care Clinic Cedar Specialist Group Cedar Specialist Group

Dr. Zoe Proulx MSc Colorectal Surgeon Sacco Professor of Surgery Sunnymede Family Practice a nearby city Guelph, ON, 650 Main St **T: (211) 635-7400 F: (211) 635-7400**

Nov 9, 2023

Dr. Zoe Proulx a nearby city Guelph, ON 650 Main St Fax: (211) 635-7400

Patient: Ms. Paloma Bui **PHN:** 1555587795 **Birthdate:** 1962 **Patient Phone(s):** Home: (211) 635-7400 Cell: (211) 635-7400 **Patient Address:** 650 Main St, Guelph, ON, 650 Main St

Dear Zoe,

Thank you for your kind referral. This 60 year-old female was seen in consultation today.

This lovely patient was seen by me in my office today for suspicious of a rectal prolapse following blood loss in the context of ulcerative colitis. She was indeed diagnosed with ulcerative colitis in 2013 and Remicade was started in 2017. She is still on Remicade right now and she has a pretty good control of her disease with a pretty normal bowel function reporting a formed stools.

From a pelvic floor standpoint, she does not report any obstructed defecation nor has she observed any prolapse of any mucosa. She does not spend a lot of time on the toilet straining to empty her rectum and she does not feel that she has fragmented defecation. On the other hand, she does not report any incontinence neither.

I do not have the results of the last colonoscopy and I am not sure why prolapse was suggested, however I can assume that there were ulcerations in the rectum that were suspicious for solitary rectal ulcer syndrome. I will therefore perform a flexible sigmoidoscopy myself to observe the rectum and eventually to take some biopsies which can often confirm the diagnosis of SURS.

In addition to this, I will request an MRI defecography as well to see if there is any internal intussusception which is often the cause of SURS. I warned her though that there is often quite some delay in having this MRI defecography performed at Birchwood Care Clinic.

When talking to her, I also explained to her that the surgical treatment of service is often not successful and that bleeding may recur. Therefore, considering the very minimal symptoms she is experiencing in the lack of impact on her quality-of-life, I think that the non-operative approach of her possible internal intussusception would be indicated. There is also some complications in treating this in the context of ulcerative colitis. However, this is something we will discuss when she has all the investigations performed and that the diagnosis confirmed.

I did not perform clinical examination today because I will perform a flexible sigmoidoscopy very soon. I will assess her anus as well as the hemorrhoids and the rectum at the same time.

Patient: Paloma Bui PHN: 6066633087 DOB: 1962

Imp/Plan:

- flex sig
- MRI defecography

Sincerely,

[image]

Zoe Proulx Mariam Engström Electronically Reviewed to Expedite Delivery

Patient: Paloma Bui PHN: 6066633087 DOB: 1962

Patient:	Mrs. Paloma Bui	Appointment Date:	2023-Sep-25
Title:	MS IBD Follow up		
Provider:	Proulx, Zoe	Referred By:	Proulx, Zoe

I saw Paloma Bui today for follow up of her ulcerative colitis.

Problem History: Ulcerative colitis

IBD Phenotype: Montreal: UC Extent - E2 - Left-sided

Endoscopy Results: 2022-Nov-25 Colonoscopy - TI:normal, Asc: Mayo 1, tra Mayo 0, des Mayo 1, sig Mayo 1, rec Mayo 1 2020-Jan-20 Colonoscopy - TI:normal, colon:normal Mayo 0 2017-Nov-27 Colonoscopy - TI:normal, asc Mayo 0, tra Mayo 0, at splenic flexure Mayo 2, from 35 cm to rectum May 1, 2017-Aug Sigmoidoscopy - Mayo 2 to splenic flexure and likely beyond.

Active Medications: ENTOCORT 0.02 MG/ML ENEMA 1 Each QD X 14 Day(s) [Rotate Entocort enema with Pentasa enema, every other day, for 14 days] CORTIMENT DR/ER 9 MG TABLET 1 Tablet(s) QD X 30 Day(s) REMICADE 100 MG VIAL [600mg q4w (dose increased in [REDACTED-DATE] due to low level)]

Current Status Having BMs 2-3x per day. Semi-formed. Occasional blood after a bowel movement. Had been cortiment for the last 2.5 weeks with no significant improvement. Started the pentasa and entocort enema also 2.5 weeks ago with some mild improvements. Main complaint is urgency once a day. She had a colonoscopy that showed some anorectal ulcers that seem to be related to prolapse as opposed to active.

On physical examination, she looks well and nutritionally fit.

Assessment and Plan Paloma Bui has urgency and occasional blood on the surface of her stool. Seems more related to rectal prolapse as opposed to active UC.

Plan: Continue Remicade d/c enemas continue salofalk suppositories Will refer to Dr. Zoe Proulx (colorectal surgeon) for work up of rectal prolapse

F/U in 3-6 months

Birchwood Care Clinic

APM Accredited LAB LAB Accrédité CCN

Lab ID: 6066633087 Cedar Specialist Group External Ref. No.: 6066633087 Patient ID: 1555587795

Prescriber

- **Name:** Zoe Proulx
- **Clinic:** Birchwood Care Clinic
- **Address:** 650 Main St Guelph, ON 650 Main St
- **Telephone:** (211) 635-7400
- **Fax:** (211) 635-7400

Patient

- **Name:** Bui, Paloma
- **Date of birth:** 1962
- **Age:** 60
- **Sex:** F
- **Health Ins.:** 1555587795

Note: *Infliximab testing procedure (Reflex Testing): Infliximab drug levels and antibodies are tested using a stepwise, reflex procedure. Infliximab drug levels are tested initially and reported. If the Infliximab drug level is undetectable ($\leq 0.035 \mu\text{g/mL}$) then anti-Infliximab antibody levels will be tested and reported.

Biochemistry

Analysis	Specimen	Result	Reference value	Unit	Status
Infliximab Drug Level*	Serum	21.563		$\mu\text{g/mL}$	

Interpretation: Supratherapeutic level

Anti-infliximab antibodies will not be tested

Method: Reference cut-points defined by a consensus of gastroenterologists, applicable in the context of inflammatory bowel diseases:

Subtherapeutic level: $< 3 \mu\text{g/mL}$ Therapeutic level: $3 - 7 \mu\text{g/mL}$ Supratherapeutic level: $> 7 \mu\text{g/mL}$

Infliximab therapy is indicated for a number of inflammatory diseases like rheumatoid arthritis and IBD including Crohn Disease and Ulcerative Colitis.

[signature] **Zoe Proulx** Clinical Biochemist

Date Collected	Date Received	Partial report	Completed report	Revised report
2023-09-07	2023-09-10	-	2023-09-14	

650 Main St, Nanaimo QUEBEC CANADA 650 Main St T (211) 635-7400 F (211) 635-7400

Birchwood Care Clinic

Colonoscopy (IBD) Procedure Note

Name: Bui, Paloma **DOB:** 1962 **Procedure Date:** 2023-Aug-22

History

Full note separate.

Physical Exam

Appearance: [X] Well [] Unwell [X] Nutritionally fit [] Undernourished [] Malnourished Abdomen: [X] Normal [] Abnormal (blank) Other: (blank)

Pre-Procedure

Procedures Performed: [X] Colonoscopy Consent: [X] Consent form reviewed with the patient. Indication, rationale, risks, benefits and alternatives discussed with patient and consent obtained. ASA Grade: [] ASA-1 [] ASA-2 [] ASA-3

Procedure

Position: [X] Left lateral decubitus [] Other (blank) Sedation: [X] Anaesthesia [] Versed mg [] Fentanyl mcg [] No Sedation

Colonoscopy

Procedure Indication: [X] Symptoms [] IBD Management [X] IBD Surveillance [] Other (blank) Quality of Prep: [] Good [X] Adequate [] Fair [] Poor Extent of Insertion: [] Sigmoid [] Splenic [] Hepatic [] Cecum [X] TI Difficulty/Limitations: [X] No [] Yes (blank) Withdrawal Time: 7 min

Birchwood Care Clinic

Name: Bui, Paloma DOB: 1962 Procedure Date: 2023-Aug-22

Colonoscopy

Digital Rectal Exam: [X] Normal [] Abnormal (blank) Hemorrhoids: [] None [X] Internal [] Internal/External Perianal Exam: [X] Normal [] Fissure [] Fistula [] Abscess [] Skin tag Rectal Retroflexion: [] No [X] Yes See below

Terminal Ileum [X] biopsied	Normal TI		
	SES-CD	Ulcer size (cm): [] 0 [] 1 [] 2 [] 3 Affected Surface: [] 0 [] 1 [] 2 [] 3	Ulcerated Surface (%): [] 0 [] 1 [] 2 [] 3 Narrowings: [] 0 [] 1 [] 2 [] 3
	Rutgeert's	[] i0 [] i1 [] i2a [] i2b [] i3 [] i4	
Ascending [X] biopsied			
	SES-CD	Ulcer size (cm): [] 0 [] 1 [] 2 [] 3 Affected Surface: [] 0 [] 1 [] 2 [] 3	Ulcerated Surface (%): [] 0 [] 1 [] 2 [] 3 Narrowings: [] 0 [] 1 [] 2 [] 3
	Mayo Score 0	[X] 0 [] 1 [] 2 [] 3	

Transverse ☒ biopsied			
	SES-CD	Ulcer size (cm): ☐ 0 ☐ 1 ☐ 2 ☐ 3 Affected Surface: ☐ 0 ☐ 1 ☐ 2 ☐ 3	Ulcerated Surface (%): ☐ 0 ☐ 1 ☐ 2 ☐ 3 Narrowings: ☐ 0 ☐ 1 ☐ 2 ☐ 3
	Mayo Score 0	☒ 0 ☐ 1 ☐ 2 ☐ 3	
Descending ☒ biopsied	LOV and erythema, mild, mostly inactive		
	SES-CD	Ulcer size (cm): ☐ 0 ☐ 1 ☐ 2 ☐ 3 Affected Surface: ☐ 0 ☐ 1 ☐ 2 ☐ 3	Ulcerated Surface (%): ☐ 0 ☐ 1 ☐ 2 ☐ 3 Narrowings: ☐ 0 ☐ 1 ☐ 2 ☐ 3
	Mayo Score 1	☐ 0 ☒ 1 ☐ 2 ☐ 3	
Sigmoid ☒ biopsied	LOV and erythema, mild, mostly inactive		
	SES-CD	Ulcer size (cm): ☐ 0 ☐ 1 ☐ 2 ☐ 3 Affected Surface: ☐ 0 ☐ 1 ☐ 2 ☐ 3	Ulcerated Surface (%): ☐ 0 ☐ 1 ☐ 2 ☐ 3 Narrowings: ☐ 0 ☐ 1 ☐ 2 ☐ 3
	Mayo Score 1	☐ 0 ☒ 1 ☐ 2 ☐ 3	
Rectum ☒ biopsied	LOV and erythema, mild, mostly inactive		
	SES-CD	Ulcer size (cm): ☐ 0 ☐ 1 ☐ 2 ☐ 3 Affected Surface: ☐ 0 ☐ 1 ☐ 2 ☐ 3	Ulcerated Surface (%): ☐ 0 ☐ 1 ☐ 2 ☐ 3 Narrowings: ☐ 0 ☐ 1 ☐ 2 ☐ 3
	Mayo Score 1	☐ 0 ☒ 1 ☐ 2 ☐ 3	

☐ Biopsies Collected for Dysplasia Screening

Polyps Found: ☒ No ☐ Yes **Total Number of Polyps:** ☒ Inflammatory pseudopolyps

☒ Polyp 1 Size: 3 mm Type: 0-Is (polypoid/ sessile, broad-based) Location: rectum cm ☐ biopsied Retrieved? ☐ No ☒ Yes → ☒ cold biopsy ☐ cold snare ☐ hot snare ☐ piecemeal ☐ saline assisted piecemeal ☐ methylene blue As per below (6 o clock position)

☐ Polyp 2 Size: Type: Location: cm ☐ biopsied Retrieved? ☐ No ☐ Yes → ☐ cold biopsy ☐ cold snare ☐ hot snare ☐ piecemeal ☐ saline assisted piecemeal ☐ methylene blue

☐ Polyp 3 Size: Type: Location: cm ☐ biopsied Retrieved? ☐ No ☐ Yes → ☐ cold biopsy ☐ cold snare ☐ hot snare ☐ piecemeal ☐ saline assisted piecemeal ☐ methylene blue

☐ Large Polyp to be removed at hospital (blank)

Findings: On retroflexion there appeared to be some linear ulcers, these were mostly proximal to the anorectal line and passing from the anal transition zone through the dentate line. They did not appear to be consistent with ulcerative proctitis, but more so prolapse. There were multiple areas of heaped up mucosa as well, no obvious dysplasia. In the LLD position at 3 o'clock there was prominent mucosa biopsied, as well as 6 o'clock (small polypoid area removed with CBF, not all margins clearly removed). Also had some internal hemorrhoids.

Birchwood Care Clinic

Name: Bui, Paloma **DOB:** 1962 **Procedure Date:** 2023-Aug-22

Post-Procedure

Complications: ☒ No ☐ Yes (blank) **Patient Comfort:** ☐ Excellent ☒ Good ☐ Fair ☐ Poor

Impression & Plan

Impression: Mild Mayo 1 left sided colitis Prolapse like changes in the rectum, some prominent unusual mucosa biopsied

Recommendations: ☐ Start treatment (blank) ☐ Continue on current treatment(s) ☐ Pending final pathology ☐ Referral to surgery ☐ Referred to hospital for polyp removal ☐ Repeat

Will follow up pathology Advise Cortiment and continue enemas Disease is quite mild and I wonder if symptoms are from an element of weak pelvic floor. She did have ulcers in the rectum but unclear if these are from UC versus prolapse. I would favor prolapse, could be driving elevated fecal calprotectin. --> Advise pelvic physiotherapy and enemas and reassess in 6 months. If not any better with above might need to consider change of therapy. Also awaiting the antibodies and TDM.

Follow up: ☐ Office appointment

!signature] Dr. Zoe Proulx Dr. Zoe Proulx Date: Aug 22, 2023

Birchwood Care Clinic

650 Main St Guelph ON, Canada 650 Main St

Fax Cover Sheet

To: Dr. Zoe Proulx Phone: (211) 635-7400 Fax: (211) 635-7400

Date: 2023-Aug-24

From: Dr. Zoe Proulx Phone: (297) 799-2940 Fax: (816) 754-8610

Number of pages including cover: 4

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legislation. If you have received this communication in error, please notify us immediately and return original transmission to us. Thank you for your co-operation and assistance.

Re: Paloma Bui

Birchwood Care Clinic

2023-Aug-20

Dr. Zoe Proulx 650 Main St Guelph, ON 650 Main St

Patient: Ms. Paloma Bui PHN: 1555587795 Birthdate: 1962 Phone: H: (211) 635-7400 C: (211) 635-7400
Address: 650 Main St Guelph, ON 650 Main St

Dear Dr. Zoe Proulx,

Paloma Bui is a 60 year old female with Ulcerative Colitis who was seen in follow up today (2023-Aug-20) at the Birchwood Care Clinic.

IBD Problem History:

2013 Ulcerative Colitis

IBD Phenotype:

Montreal: UC Extent - E2 - Left-sided

IBD Complications:

2017-Nov-26 IBD-related Hospitalization - Flare: IV steroids 2017-Aug-09 IBD-related Hospitalization - Flare: IV steroids, IFx

Active Medications:

REMICADE 100 MG VIAL 600mg q4w

Current Status

Paloma has been symptomatic since April with slightly increased stool frequency and occasional rectal bleeding on wiping (1-2x/month). She has 2 BMs per day. Her stools are often formed. No urgency or abdominal pain. She reports 5lbs weight gain since her last appointment (currently 140lbs). She reports fatigue and night sweats. She reports a widespread pruritic rash on her body - She saw a Dermatologist and was diagnosed with Dermatitis. She has been applying Betaderm topically and taking Blexten with some effect.

Her recent Fecal Calprotectin was elevated (518 ug/g). Her Remicade trough level was supratherapeutic (13.712 ug/mL) with no antibodies detected (Birchwood Care Clinic assay).

She is currently maintained on Remicade 600mg Q4W. No adverse reactions.

Summary of Investigations

Endoscopy Results:

Patient: Paloma Bui PHN: 6066633087 DOB: 1962

2022-Nov-25 Colonoscopy - TI:normal, Asc: Mayo 1, tra Mayo 0, des Mayo 1, sig Mayo 1, rec Mayo 1 2020-Jan-20 Colonoscopy - TI:normal, colon:normal Mayo 0 2017-Nov-27 Colonoscopy - TI:normal, asc Mayo 0, tra Mayo 0, at splenic flexure Mayo 2, from 35 cm to rectum May 1, 2017-Aug Sigmoidoscopy - Mayo 2 to splenic flexure and likely beyond. **Pathology:** 2020-Jan-20 Colon Bx - architectural distortion, quiesc IBD **IBD**

Diagnostics: 2023-May-19 Drug level - Infliximab: 13.712 ug/mL - Birchwood Care Clinic 2023-May-15 Fecal calprotectin - 518 ug/g - Birchwood Care Clinic 2023-Jan-29 Drug level - Infliximab: 22.428 ug/mL - Birchwood Care Clinic 2022-Dec-07 Drug level - Infliximab: 12.8 ug/mL , ATI 22.0 U/mL - Cedar Specialist Group 2022-Nov-10 Drug level - Infliximab: 1.589 ug/mL - Birchwood Care Clinic 2022-Nov-07 Fecal calprotectin - 87 ug/g - Birchwood Care Clinic 2021-Dec-16 Lab tests - Hb 153, WBC 6.4, RBC 5.38(H), plt 325, ALT 20, Alk ph 126(H), Alb 46, vit B12 614, ferritin 57, CRP 3.7 2021-Oct-21 Lab tests - Hb 138, WBC 5.5, plt 307, ALT 20, Alk ph 115, Alb 40, vit B12 617, ferritin 52, CRP 3.8 2021-Jun-03 Drug level - Infliximab: 20.5 ug/mL - ATI < 3.1 U/mL - Cedar Specialist Group 2021-May-06 Lab tests - Hb 135, WBC 6.0, plt 324, ALT 21, Alk ph 125(H), Alb 42, vit B12 674 (H), ferritin 61, CRP 5.0(H) 2021-Feb-11 Drug level - Infliximab: 2.702 ug/mL - Birchwood Care Clinic 2021-[REDACTED-DATE]-08 Fecal calprotectin - 685 ug/g - Birchwood Care Clinic 2020-Oct-06 Lab tests - Hb 148, WBC 6.1, RBC 5.15(H), plt 310, ALT 23, Alk ph 108, Alb 43, vit B12 565, ferritin 58, CRP 2.2 2020-Jul-30 Fecal calprotectin - 40 ug/g - Birchwood Care Clinic 2019-Jul-04 Drug level - Infliximab: 24.874 ug/mL 2018-Oct-21 Fecal calprotectin - 173 2018-Jun-24 Fecal calprotectin - 17 2018-May-27 Drug level - Infliximab: > 34.0 ug/ml ATI < 3.1 U/ml 2018-May-27 TPMT - 58 nmol/g/h

Assessment and Plan

In summary, Paloma Bui is a 60 year old female with Ulcerative Colitis. She has been experiencing symptoms of mildly active disease. She is currently maintained on Remicade with adequate drug levels and previous high antibody titres.

We will arrange an urgent Colonoscopy within the next few days to restage disease activity. If active inflammation is detected, she will likely require a change in therapy.

We will arrange the following investigations: Colonoscopy

Paloma will return for follow up in 2 days for her endoscopic assessment. The patient has been directed to contact our office should they have any concerns.

Report prepared by Zoe Proulx on behalf of Dr. Zoe Proulx.

Sincerely,

[image]

Zoe Proulx on behalf of

Patient: Paloma Bui PHN: 6066633087 DOB: 1962

Electronically Reviewed to Expedite Delivery

Patient: Paloma Bui PHN: 6066633087 DOB: 1962

2023/05/25 14:46:31 1 /1

Birchwood Care Clinic APM Accredited LAB LAB Accredité CCN

Lab ID: 6066633087 Cedar Specialist Group External Ref. No.: 6066633087 Patient ID: 1555587795

Prescriber Name: Zoe Proulx Clinic: Birchwood Care Clinic Address: 650 Main St Guelph, ON 650 Main St
Telephone: (211) 635-7400 Fax: (211) 635-7400

Patient Name: Bui, Paloma Date of birth: 1962 Age: 60 Sex: F Health Ins.: 1555587795

Note: *Infliximab testing procedure (Reflex Testing): Infliximab drug levels and antibodies are tested using a stepwise, reflex procedure. Infliximab drug levels are tested initially and reported. If the Infliximab drug level is undetectable ($\leq 0.035 \mu\text{g/mL}$) then anti-Infliximab antibody levels will be tested and reported.

Biochemistry

Analysis	Specimen	Result	Reference value	Unit	Status
Infliximab Drug Level*	Serum	13.712		$\mu\text{g/mL}$	

Interpretation: Supratherapeutic level

Anti-infliximab antibodies will not be tested

Method: Reference cut-points defined by a consensus of gastroenterologists, applicable in the context of inflammatory bowel diseases:

Subtherapeutic level: $< 3 \mu\text{g/mL}$ Therapeutic level: $3 - 7 \mu\text{g/mL}$ Supratherapeutic level: $> 7 \mu\text{g/mL}$

Infliximab therapy is indicated for a number of inflammatory diseases like rheumatoid arthritis and IBD including Crohn Disease and Ulcerative Colitis.

[signature] Zoe Proulx Clinical Biochemist

Date Collected	Date Received	Partial report	Completed report	Revised report
2023-05-18	2023-05-22	-	2023-05-25	

650 Main St, Nanaimo QUEBEC CANADA 650 Main St T (211) 635-7400 F (211) 635-7400

Patient: Mrs. Paloma Bui Appointment Date: 2023-Feb-26 Title: MS IBD Follow Up Provider: Proulx, Zoe
Referred By: Proulx, Zoe Paloma Bui is a 60 year old female with ulcerative colitis who was seen in follow up today in person at Birchwood Care Clinic.

IBD Problem History: 2013 Ulcerative colitis

IBD Phenotype: Montreal: UC Extent - E2 - Left-sided

IBD Complications: 2017-Nov-26 IBD-related Hospitalization - Flare: IV steroids 2017-Aug-09 IBD-related Hospitalization - Flare: IV steroids, IFx

Active Medications: REMICADE 100 MG VIAL 600mg q4w (dose increased in [REDACTED-DATE] due to low level)

Current Status After her last office visit, Paloma's IFX infusion interval was increased from every 4 weeks to every 6 weeks. She received 3 infusions at new dosing interval, but began to flare during this time. Dosing was returned to every 4 weeks. TDM on [REDACTED-DATE] showed low IFX level 1.5.

She underwent colonoscopy on 11/25/2022 that showed Mayo 1 patchy colitis. Cedar Specialist Group TDM on [REDACTED-DATE] showed ATI 22, but with IFX level 12.8. No changes were made given adequate level. Prior Cedar Specialist Group TDM on [REDACTED-DATE] showed no antibodies.

Since then, Paloma has been feeling well. She has 1 bowel movements per day. Her stools are always formed. None of her bowel movements contain blood. There is no rectal urgency. She has no abdominal pain. She reports no constitutional symptoms or extraintestinal manifestations of IBD.

She reports a pruritic rash on her arms, back, and abdomen that was initially believed to be heat rash as it developed in [REDACTED-DATE] after spending time outdoors in the sun. However, it has been persistent with worsening pruritus. She was evaluated by her family doctor and has been taking an antihistamine and applying a shampoo daily.

She remains on infliximab (Remicade) 600mg every 4 weeks. She reports no adverse reactions or symptoms with infusions.

Most recent blood work on 01/30/2023 showed IFX level 22.428, and other labs were unremarkable.

The review of symptoms was unremarkable except as noted above.

On physical examination, she looks well and nutritionally fit. Her abdomen is soft, non-distended and non-tender with no organomegaly or masses. Skin exam shows faint small flat hyperpigmented lesions scattered on the arms bilaterally and upper back.

Summary of Investigations

Endoscopy Results: 2022-Nov-25 Colonoscopy - TI:normal, Asc: Mayo 1, tra Mayo 0, des Mayo 1,sig Mayo 1, rec Mayo 1 2020-Jan-20 Colonoscopy - TI:normal, colon: normal Mayo 0 2017-Nov-27 Colonoscopy - TI: normal, asc Mayo 0, tra Mayo 0, at splenic flexure Mayo 2, from 35 cm to rectum May 1, 2017-Aug Sigmoidoscopy - Mayo 2 to splenic flexure and likely beyond.

Pathology: 2020-Jan-20 Colon Bx - architectural distortion,quiesc IBD Medical Imaging: None Recorded IBD Diagnostics: 2023-Jan-29 Drug level - Infliximab: 22.428 ug/mL - Birchwood Care Clinic 2022-Dec-07 Drug level - Infliximab: 12.8 ug/mL , ATI 22.0 U/mL - Cedar Specialist Group 2022-Nov-10 Drug level - Infliximab: 1.589 ug/mL - Birchwood Care Clinic 2022-Nov-07 Fecal calprotectin - 87 ug/g - Birchwood Care Clinic 2021-Dec-16 Lab tests - Hb 153, WBC 6.4, RBC 5.38(H), plt 325, ALT 20, Alk ph 126(H), Alb 46, vit B12 614, ferritin 57, CRP 3.7 2021-Oct-21 Lab tests - Hb 138, WBC 5.5, plt 307, ALT 20, Alk ph 115, Alb 40, vit B12 617, ferritin 52, CRP 3.8

Assessment and Plan In summary, Paloma Bui is a 60 year old female with left-sided ulcerative colitis (dx 2013). She is currently in symptomatic remission on Remicade 600mg every 4 weeks.

She had a flare a few months ago in the setting of low drug level after increasing her infusion interval, which was then returned to her current dosing. There was subsequent evidence of high antibody titres, but with

adequate drug levels, which remain excellent on recent blood work. Furthermore, she has no evidence of antibody-mediated infusion reactions.

She will remain on her current medications with continued close monitoring of IFX levels and FCP. We discussed future plan for changing medical therapy, possibly Entyvio, given lower immunosuppression and associated risk of malignancy. However, given good response to IFX, we will not make any changes at this time.

She has had a several month history of pruritic skin rash, which is unclear if possibly related to the Remicade (query folliculitis vs. psoriatic type skin reaction). We discussed formal evaluation by Dermatology - she will obtain a referral from her family doctor for the dermatologist she has previously seen, otherwise we discussed sending a new referral to Cedar Specialist Group. If this is in fact related to the infliximab, then we may decide to change to a different IBD therapy sooner.

We will arrange the following investigations: Infliximab trough level and Fecal calprotectin in 3 months

Paloma will return for follow up in 6 months in the office. The patient has been directed to contact our office should they have any concerns.

Report prepared by: Dr. Mira Singh Advanced IBD Fellow Birchwood Care Clinic On behalf of Dr. Zoe Proulx

Birchwood Care Clinic

APM Accredited LAB Accredite CCN

Lab ID: 1555587795 Cedar Specialist Group External Ref. No.: 1555587795 Patient ID: 1555587795

Prescriber Name: Zoe Proulx Clinic: Birchwood Care Clinic Address: 650 Main St Guelph, ON 650 Main St Telephone: (211) 635-7400 Fax: (211) 635-7400

Patient Name: Bui, Paloma Date of birth: 1962 Age: 60 Sex: F Health Ins.: 1555587795

Note: *Infliximab testing procedure (Reflex Testing): Infliximab drug levels and antibodies are tested using a stepwise, reflex procedure. Infliximab drug levels are tested initially and reported. If the Infliximab drug level is undetectable (≤ 0.035 $\mu\text{g/mL}$) then anti-Infliximab antibody levels will be tested and reported.

Biochemistry

Analysis	Specimen	Result	Reference value	Unit	Status
Infliximab Drug Level*	Serum	22.428		$\mu\text{g/mL}$	

Interpretation: Supratherapeutic level

Anti-infliximab antibodies will not be tested

Method: Reference cut-points defined by a consensus of gastroenterologists, applicable in the context of inflammatory bowel diseases:

Subtherapeutic level: < 3 $\mu\text{g/mL}$ Therapeutic level: $3 - 7$ $\mu\text{g/mL}$ Supratherapeutic level: > 7 $\mu\text{g/mL}$

Infliximab therapy is indicated for a number of inflammatory diseases like rheumatoid arthritis and IBD including Crohn Disease and Ulcerative Colitis.

Date Collected	Date Received	Partial report	Completed report	Revised report
2023-01-29	2023-01-31	-	2023-02-02	

650 Main St, Nanaimo QUEBEC CANADA 650 Main St T (211) 635-7400 F (211) 635-7400 Page 1 of 1

Paloma Bui

Cedar Specialist Group* Anser® IFX

Test Report FINAL

Subject ID:	1555587795	Ordered By:	Zoe Proulx
Order ID:	1555587795	Report Recipient:	Contact Info:
External Protocol ID:		Zoe Proulx	Phone: 997-440-3761
StudyID:	1555587795	Glenmore Specialist Centre	Fax:
Visit:	Visit 1	Glenmore Specialist Centre	

Ordered:	Collected:	Sample Type:	Reported:	Sender Sample ID:	Cedar Specialist Group Sample ID:
[REDACTED-DATE]	[REDACTED-DATE] 12:00 PM	Serum	12/13/2022	1555587795	1555587795

Results

Detectable Serum Infliximab (IFX)			Detectable Antibodies to Infliximab (ATI)		
Assay	Result	Lower Limit of Quantification	Assay	Result	Lower Limit of Quantification
IFX concentration	12.8 ug/mL	< 1.0 ug/mL	ATI concentration	22.0 U/mL	< 3.1 U/mL

[image: Line graph showing IFX (ug/mL) over time. Data points at 07/20/2022: 17.1 and [REDACTED-DATE]: 12.8] [image: Line graph showing ATI (U/mL) over time. Data points at 07/20/2022: 0.0 and [REDACTED-DATE]: 22.0]

Collection Date (Last 4 Samples)

Collection Date:	Reason For Order:	IFX:	ATI:	Dosage Date:	Dosage:	Interval:
[REDACTED-DATE]	Not Provided	12.8 ug/mL	22.0 U/mL	Not Provided	Not Provided	Not Provided
07/20/2022	Not Provided	17.1 ug/mL	< 3.1 U/mL	Not Provided	Not Provided	Not Provided

Test Description: The test measures IFX and ATI levels in serum using a homogenous mobility shift assay by size exclusion HPLC.

Clinical Interpretation:

- American Gastroenterological Association guidelines recommend IFX trough concentrations of ≥ 5 $\mu\text{g/mL}$ for reactive maintenance¹
- Patients with fistula healing had significantly higher serum IFX (15.8 $\mu\text{g/mL}$) vs. those with active fistulas (4.4 $\mu\text{g/mL}$)²
- Serum IFX concentrations of $\geq 12 - 16.2$ $\mu\text{g/mL}$ were associated with endoscopic remission³
- ATI level > 3.1 U/mL has been associated with a 4.3-fold increased risk of loss of response (discontinuation of IFX)⁴
- The presence of detectable ATI is associated with a 34% shorter half-life and 2.7-fold increased clearance⁵
- Measuring both IFX and ATI can provide clinically useful information to aid in the management of patients on IFX therapy⁶

Report Notes:

References: 1. Feuerstein JD, et al; American Gastroenterological Association Institute Clinical Guidelines Committee. American Gastroenterological Association Institute guideline on therapeutic drug monitoring in inflammatory bowel disease. *Gastroenterology*. 2017;153(3):827-834. 2. Yarur AJ, et al. Higher infliximab trough levels are associated with perianal fistula healing in patients with Crohn's disease. *Aliment Pharmacol Ther*. 2017;45(7):933-940. 3. Juncadella A, Papamichael K, Vaughn BP, Cheifetz AS. Maintenance adalimumab concentrations are associated with biochemical, endoscopic, and histologic remission in inflammatory bowel disease. *Dig Dis Sci*. 2018;63(11):3067-3073. 4. Zitomersky N, et al. Low infliximab levels and anti-infliximab antibodies increase the risk of loss of response to infliximab in pediatric IBD, a prospective pediatric study. *Gastroenterology*. 2018;154(6 suppl 1):S-60. 5. Ternant D, et al. Infliximab pharmacokinetics in inflammatory bowel disease patients. *Ther Drug Monit*. 2008;30(4):523-529. 6. Afif W et al. Clinical utility of measuring infliximab and human anti-chimeric antibody concentrations in patients with inflammatory bowel disease. *Am J Gastroenterol*. 2010;105(5):1133-1139

Test results should be used in conjunction with other clinical and diagnostic findings. The healthcare provider is responsible for the use of this information in the management of their patient. The test was developed and its performance characteristics determined by Cedar Specialist Group. It has not been cleared or approved by the U.S. FDA. The test is used for clinical purposes and should not be regarded as investigational or for research. Cedar Specialist Group is CAP-accredited (6066633087) and CLIA-certified (6066633087) as qualified to perform high complexity testing. The test may be covered by one or more U.S. pending or issued patents - refer to www.northviewclinic.ca. Cedar Specialist Group and Anser, are trademarks or registered trademarks of Cedar Specialist Group, Orillia, California. All other trademarks and service marks are the property of their respective owners. © 2021 Cedar Specialist Group All rights reserved.

650 Main St, Orillia, 443 Castlefield St 650 Main St Phone: (211) 635-7400 || Fax: (211) 635-7400 Laboratory
Director: Leonardo Navarro

Cedar Specialist Group

www.northviewclinic.ca IFX.S.2002v2 (01-2020)

650 Main St
Guelph ON, Canada
650 Main St

Birchwood Care Clinic

Fax Cover Sheet

To: Dr. Zoe Proulx
Phone: (211) 635-7400
Fax: (211) 635-7400

Date: 2022-Dec-10

From: Dr. Zoe Proulx
Phone: (297) 799-2940
Fax: (816) 754-8610

Number of pages including cover: 3

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Re: Paloma Bui

![[logo]]

Birchwood Care Clinic

2022-Nov-25

Dr. Zoe Proulx 650 Main St Guelph, ON 650 Main St

Patient: Ms. Paloma Bui **PHN:** 1555587795 **Birthdate:** 1962 **Phone:** H: (211) 635-7400 C: (211) 635-7400
Address: 650 Main St Guelph, ON 650 Main St

Dear Dr. Zoe Proulx,

Ms. Paloma Bui was seen at the Birchwood Care Clinic (Birchwood Care Clinic) on 2022-Nov-25 for colonoscopy. Ms. Bui, is a 60-year-old female with Ulcerative Colitis

Problem History: Ulcerative colitis

Past Medical History: Urinary Tract Infection - suspected- Nitrofurantoin x 7 days COVID-19 - husband positive **Past Surgical History:** None Recorded **Biologics:** None Recorded **Active Medications:** None Recorded **External Medications:** REMICADE 100 MG VIAL [600mg q4w (dose increased in [REDACTED-DATE] due to low level)]

Known Allergies: CODEINE Amoxicillin Amoxicillin **Family History:** IBD (Sister) - Ulcerative Colitis **Lifestyle Notes:** Smoking Status - Non-Smoker Immigration - from 519 College Rd

INTERIM HISTORY

Hx of UC, drug level reduced after frequency of IFX infusions increased to q6w. Recently this was changed back to q4w. Symptoms have been improving, presently no further bleeding or urgency.

Physical Examination: He looks well and nutritionally fit. Abdomen is soft and non-tender, with no organomegaly or masses.< <

COLONOSCOPY PROCEDURE NOTE

Procedure Indication:

Extent of Insertion: Terminal ileum

petra.brennan73@patient.example | www.northviewclinic.ca | 650 Main St, Guelph, ONTARIO 650 Main St CANADA F: 997-440-3761 Page 1 of 2. 997-440-3761 Patient: Paloma Bui PHN: 6066633087 DOB: 1962

Difficulty/Limitations: None

Findings:

Digital Rectal Exam: Normal

Hemorrhoids: None

Perianal Exam: Normal

Rectal Retroflexion:

Terminal Ileum: normal

Ascending Colon: Mayo 1 (erythema, decreased vascular pattern, mild friability).

Transverse Colon: Mayo 0 (normal/inactive).

Descending Colon: Mayo 1 (erythema, decreased vascular pattern, mild friability).

Sigmoid: Mayo 1 (erythema, decreased vascular pattern, mild friability).

Rectum: Mayo 1 (erythema, decreased vascular pattern, mild friability).

No polyps were seen.

mayo 1 patchy colitis

IMPRESSION AND RECOMMENDATIONS

mayo 1 patchy colitis, normal otherwise.

New drug level at q4w dosing. Review in office.

Sincerely,

Zoe Proulx **Electronically Reviewed to Expedite Delivery** cc: Dr. Zoe Proulx

petra.brennan73@patient.example | www.northviewclinic.ca | 650 Main St, Guelph, ONTARIO 650 Main St
CANADA Patient: Paloma Bui PHN: 6066633087 DOB: 1962

Birchwood Care Clinic

APM Accredited LAB LAB Accrédité CCN

Lab ID: 1555587795 Cedar Specialist Group External Ref. No.: 1555587795 Patient ID: 1555587795

Prescriber Name: Zoe Proulx Clinic: Birchwood Care Clinic Address: 650 Main St Guelph, ON 650 Main St
Telephone: (211) 635-7400 Fax: (211) 635-7400

Patient Name: Bui, Paloma Date of birth: 1962 Age: 59 Sex: F Health Ins.: 1555587795

Note: *Infliximab testing procedure (Reflex Testing): Infliximab drug levels and antibodies are tested using a stepwise, reflex procedure. Infliximab drug levels are tested initially and reported. If the Infliximab drug level is undetectable ($\leq 0.035 \mu\text{g/mL}$) then anti-Infliximab antibody levels will be tested and reported.

Biochemistry

Analysis	Specimen	Result	Reference value	Unit	Status
Infliximab Drug Level*	Serum	1.589		$\mu\text{g/mL}$	

Interpretation: Subtherapeutic level

Anti-Infliximab antibodies will not be tested

Method: Reference cut-points defined by a consensus of gastroenterologists, applicable in the context of inflammatory bowel diseases:

Subtherapeutic level: $< 3 \mu\text{g/mL}$ Therapeutic level: $3 - 7 \mu\text{g/mL}$ Supratherapeutic level: $> 7 \mu\text{g/mL}$

Infliximab therapy is indicated for a number of inflammatory diseases like rheumatoid arthritis and IBD including Crohn Disease and Ulcerative Colitis.

[signature] Zoe Proulx Clinical Biochemist

Date Collected	Date Received	Partial report	Completed report	Revised report
2022-11-10	2022-11-11	-	2022-11-17	-

650 Main St, Nanaimo QUEBEC CANADA 650 Main St T (211) 635-7400 F (211) 635-7400

Birchwood Care Clinic

APM Accredited LAB LAB Accrédité CCN

Lab ID: 1555587795 Cedar Specialist Group External Ref. No.: 1555587795 Patient ID: 1555587795

Prescriber Name: Zoe Proulx **Clinic:** Birchwood Care Clinic **Address:** 650 Main St Guelph, ON 650 Main St **Telephone:** (211) 635-7400 **Fax:** (211) 635-7400

Patient Name: Bui, Paloma **Date of birth:** 1962 **Age:** 59 **Sex:** F **Health Ins.:** 1555587795

Biochemistry

Analysis	Specimen	Result	Reference value	Unit	Status
Calprotectin	Stool	87	<100	µg/g	

[image: Line graph showing Calprotectin results over time from 2019-07-03 to 2022-11-07. Thresholds for 'Moderate inflammation' and 'Active inflammation' are indicated.]

Collection date	Result (µg/g)
2019-07-03	989
2020-07-29	40
2021-02-07	685
2022-02-08	53
2022-11-07	87

Interpretation: No indication of inflammation in the gastrointestinal tract. Disease probably inactive. Continue therapy.

Note: The cut-off level suggested for adults (100 µg/g) can also be used for children aged 4 to 17 years regardless of sex.

Method: Reference values:

Normal: < 100 µg/g Moderate inflammation: ≥ 100 - ≤ 250 µg/g Active inflammation: > 250 µg/g

Reference: Bressler B. et al. Clinicians' guide to the use of fecal calprotectin to identify and monitor disease activity in inflammatory bowel disease. Can J Gastroenterol Hepatol. 2015 29(7):369-72.

Fecal calprotectin quantification is performed with the Buhlmann fCAL Turbo immunoturbidimetric assay and the Roche COBAS c311 analyzer, replacing the Buhlmann fCAL ELISA assay used until February 2021. Both methods use the same antibody for the capture of calprotectin and in-house correlation studies did not show significant deviation between the methods.

The immunoturbidimetric method has a negative bias compared to the ELISA method. Below 1,500 µg/g, calprotectin values determined by the new method are approximately 15% lower than values determined by ELISA. Above 1,500 µg/g, this bias can reach up to 40%. There is no change to the interpretation of the results and the literature-based clinical cutoff intervals remain the same.

[signature] Zoe Proulx Clinical Biochemist

Date Collected	Date Received	Partial report	Completed report	Revised report
2022-11-07	2022-11-08		2022-11-10	

650 Main St, Nanaimo QUEBEC CANADA 650 Main St T (211) 635-7400 F (211) 635-7400

REMICADE® (DIN: 02244016) Order Form

BIO ADVANCE®

PATIENT INFORMATION: Name: Paloma Bui (Patient ID: 1555587795) Preferred Name: Bui

Address: 650 Main St, Guelph, ON, Canada 650 Main St Tel: (211) 635-7400 Date of Birth (DD/MM/YYYY): 1962 Gender: Female Allergies: Penicillin, Codeine Indication: Ulcerative Colitis Secondary Indication: Weight (KG): 63.00 Date of Wt (DD/MM/YYYY): 29/09/2022 Hospital ID:

PRESCRIBING PHYSICIAN INFORMATION: Name: Dr. Zoe Proulx Willa Holloway Address: Birchwood Care Clinic 650 Main St, Guelph, ON 650 Main St Tel: (297) 799-2940 Pager: Fax: (816) 754-8610 Ref: 1555587795 Pharmacy Name: Cedar Specialist Group Fax: (211) 635-7400

PRESCRIBING PHYSICIAN SECTION

Schedule	Starting Week #	Administration	Drug	DIN	Dose	Precision	Frequency	Repeats
Maintenance		Infusion	Remicade	02244016	600 mg	Exactly	Every 4 Week(s)	

DURATION: 52 Weeks

This is: ☐ first REMICADE order for this patient ☐ OR a renewal ☒ OR a change in prescription ☒ Utilize the Recommended Standard Protocol to infuse REMICADE over no less than 2 hours or as tolerated, and manage infusion reactions as applicable ☐ If my patient has received the last three 2-hour infusions without any type of infusion reaction, initiate the following order: Utilize the Shortened Infusion Protocol to infuse REMICADE over no less than 1 hour, or as tolerated, and manage reactions as applicable. Adult patients eligible for shortened infusion: Rheumatoid Arthritis, Crohn's Disease (dose < 10 mg/kg) or Ulcerative Colitis (dose < 10 mg/kg) ☐ Other:

PRETREATMENT ORDER Option 1 ☒ No pre-medications required Option 2 ☐ Please Check desired pretreatment medication(s) administered prior to infusion at clinic (indicate dose/route) ☐ Diphenhydramine (e.g, Benadryl) _____ mg ☐ Acetaminophen _____ mg ☐ Hydrocortisone _____ mg ☐ Dimenhydrinate (e.g., Gravol) _____ mg ☐ Desloratadine _____ mg ☐ Other:

RELEVANT MEDICAL/SURGICAL HISTORY, MEDICATION(S) AND NOTES: TB Test: ☐ Not required OR Date Completed: 11/08/2017 Result:Negative CXR: ☐ Not required OR Date Completed: 09/08/2017

Result: Clear Hep B: [X] Not required OR Date Completed: Result:

PRESCRIBER CERTIFICATION I certify that this prescription is an original prescription and will not be reused.

Physician Signature: [signature] Date: Oct 30, 2022 *Effective date.

Fax order to: Malia Delacroix Fax: 997-440-3761

650 Main St | Guelph, Ontario | 650 Main St | www.northviewclinic.ca © 2014 Cedar Specialist Group | All trademarks used under license. All other third party trademarks are the property of their respective owner(s)

Patient: Mrs. Paloma Bui Appointment Date: 2022-Jul-12 Title: Birchwood Care Clinic - IBD - Follow-up
Provider: Proulx, Zoe Referred By: None Ms. Paloma Bui was seen at the Birchwood Care Clinic (Birchwood Care Clinic) on 2022-Jul-12. Ms. Bui, a 59-year-old female with ulcerative colitis.

Problem History: Ulcerative colitis since 2017.

Past Medical History: Urinary Tract Infection - suspected- Nitrofurantoin x 7 days COVID-19 - husband positive
Past Surgical History: None Recorded Biologics: None Recorded Active Medications: None Recorded External
Medications: REMICADE 100 MG VIAL [600mg q6w] Known Allergies: CODEINE Amoxicillin Amoxicillin
Family History: IBD (Sister) - Ulcerative Colitis Lifestyle Notes: Smoking Status - Non-Smoker Immigration -
from 519 College Rd

INFLAMMATORY BOWEL DISEASE PROFILE

IBD Phenotype: Montreal: UC Extent - E2 - Left-sided IBD Extraintestinal Manifestations: None Recorded Prior
(IBD) Therapies: Biologics - Infliximab: 2017 - Changed to every 4 weeks([REDACTED-DATE] 2021) then to
every 6 weeks in February 2022. Systemic Steroids - Prednisone: [REDACTED-DATE] 5-ASA - Mezavant
Topical - Mesalamine Topical - Hydrocortisone IBD Diagnostics: 2021-Dec-16 Lab tests - Hb 153, WBC 6.4,
RBC 5.38(H), plt 325, ALT 20, Alk ph 126(H), Alb 46, vit B12 614, ferritin 57, CRP 3.7 2021-Oct-21 Lab tests -
Hb 138, WBC 5.5, plt 307, ALT 20, Alk ph 115, Alb 40, vit B12 617, ferritin 52, CRP 3.8 2021-Jun-03 Drug level
- Infliximab: 20.5 ug/mL - ATI < 3.1 U/mL - Cedar Specialist Group 2021-May-06 Lab tests - Hb 135, WBC 6.0,
plt 324, ALT 21, Alk ph 125(H), Alb 42, vit B12 674 (H), ferritin 61, CRP 5.0(H) 2021-Feb-11 Drug level -
Infliximab: 2.702 ug/mL - Birchwood Care Clinic 2021-[REDACTED-DATE]-08 Fecal calprotectin - 685 ug/g -
Birchwood Care Clinic 2020-Oct-06 Lab tests - Hb 148, WBC 6.1, RBC 5.15(H), plt 310, ALT 23, Alk ph 108,
Alb 43, vit B12 565, ferritin 58, CRP 2.2 2020-Jul-30 Fecal calprotectin - 40 ug/g - Birchwood Care Clinic 2019-
Jul-04 Drug level - Infliximab: 24.874 ug/mL 2018-Oct-21 Fecal calprotectin - 173

2018-Jun-24 Fecal calprotectin - 17 2018-May-27 Drug level - Infliximab: > 34.0 ug/ml ATI < 3.1 U/ml 2018-
May-27 TPMT - 58 nmol/g/h **Endoscopy Results:** 2020-Jan-20 Colonoscopy - TI:normal, colon:normal Mayo
0 2017-Nov-27 Colonoscopy - TI:normal, asc Mayo 0, tra Mayo 0, at splenic flexure Mayo 2, from 35 cm to
rectum May 1, 2017-Aug Sigmoidoscopy - Mayo 2 to splenic flexure and likely beyond. **Pathology:** 2020-Jan-
20 Colon Bx - architectural distortion, quiesc IBD **Medical Imaging:** None Recorded

INTERIM HISTORY

1-2 bowel movements per day, no bleeding or urgency. Heat rash (seen by dermatologist). Also has chronic
arthralgia (reviewed by rheumatologist and presumed OA). Otherwise well, some weight gain.

On physical examination, She looks well and nutritionally fit.

Recent Labs: 2022-May-05; Hgb 140 g/L 2022-May-05; WBC 6.2 x E9/L, 2022-May-05; Plts 321 x E9/L 2022-May-05; CRP 5.0 mg/L 2022-May-05; Ferritin 46 ug/L

2022-May-05; 4 umol/L2022-May-06; 120 U/L 2022-May-05; Vit B12 502 pmol/L

2022-[REDACTED-DATE]-09; FCP 53 ug/g

IFX - 11.7 Dec 2021.

ASSESSMENT and PLAN

Clinical remission.

We will arrange the following investigations:

- 1. Bloodwork with drug level prior to 3rd IFX dose at new frequency.
- 2. Colonoscopy for surveillance.
- 3. Continue remicade.

Birchwood Care Clinic

Lab ID: 1555587795 Cedar Specialist Group External Ref. No.: 1555587795

Prescriber Name: Zoe Proulx Clinic: Birchwood Care Clinic (Northview Clinic) Address: 650 Main St Guelph, ON 650 Main St Telephone: 997-440-3761 Fax: 997-440-3761

Patient Name: Bui, Paloma Date of birth: 1962 Age: 59 Sex: F Health Ins.: 1555587795

Biochemistry

Analysis	Specimen	Result	Reference value	Unit	Status
Calprotectin	Stool	53	<100	µg/g	

Calprotectin Level [image: A line graph showing Calprotectin levels over time with dates on the x-axis and µg/g on the y-axis. Data points correspond to the table below.]

Collection date	Result (µg/g)
2019-07-03	589
2020-07-29	40
2021-02-07	585
2022-02-08	53

Interpretation: No indication of inflammation in the gastrointestinal tract. Disease probably inactive. Continue therapy.

Note: The cut-off level suggested for adults (100 µg/g) can also be used for children aged 4 to 17 years regardless of sex.

Method: Reference values: Normal: < 100 µg/g Moderate inflammation: ≥ 100 - ≤ 250 µg/g Active inflammation: > 250 µg/g

Reference: Bressler B. et al. Clinicians' guide to the use of fecal calprotectin to identify and monitor disease activity in inflammatory bowel disease. Can J Gastroenterol Hepatol. 2015 29(7):389-72.

Fecal calprotectin quantification is performed with the Buhlmann fCAL Turbo immunoturbidimetric assay and the Roche COBAS c311 analyzer, replacing the Buhlmann fCAL ELISA assay used until February 2021. Both methods use the same antibody for the capture of calprotectin and in-house correlation studies did not show significant deviation between the methods.

The immunoturbidimetric method has a negative bias compared to the ELISA method. Below 1,500 µg/g, calprotectin values determined by the new method are approximately 15% lower than values determined by ELISA. Above 1,500 µg/g, this bias can reach up to 40%. There is no change to the interpretation of the results and the literature-based clinical cutoff intervals remain the same.

[signature] Zoe Proulx Clinical Biochemist

Date Collected	Date Received	Partial report	Completed report	Revised report
2022-02-08	2022-02-10	-	2022-02-17	

650 Main St, Glenmore Specialist Centre CANADA 650 Main St T (211) 635-7400 F (211) 635-7400

Birchwood Care Clinic® APM Accredited LAB

Lab ID: 1555587795 Cedar Specialist Group External Ref. No.: 1555587795

Prescriber Name: Zoe Proulx Clinic: Birchwood Care Clinic (Northview Clinic) Address: 650 Main St Guelph, ON 650 Main St Telephone: 997-440-3761 Fax: 997-440-3761

Patient Name: Bui, Paloma Date of birth: 1962 Age: 59 Sex: F Health Ins.: 1555587795

Note: *Infliximab testing procedure (Reflex Testing): Infliximab drug levels and antibodies are tested using a stepwise, reflex procedure. Infliximab drug levels are tested initially and reported. If the Infliximab drug level is undetectable (≤ 0.035 µg/mL) then anti-Infliximab antibody levels will be tested and reported.

Biochemistry

Analysis	Specimen	Result	Reference value	Unit	Status
Infliximab Drug Level*	Serum	11.733		µg/mL	

Interpretation: Supratherapeutic level

Anti-infliximab antibodies will not be tested

Method: Reference cut-points defined by a consensus of gastroenterologists, applicable in the context of inflammatory bowel diseases:

Subtherapeutic level: < 3 µg/mL Therapeutic level: 3 - 7 µg/mL Supratherapeutic level: > 7 µg/mL

Infliximab therapy is indicated for a number of inflammatory diseases like rheumatoid arthritis and IBD including Crohn Disease and Ulcerative Colitis.

[signature] Zoe Proulx Clinical Biochemist

Date Collected	Date Received	Partial report	Completed report	Revised report
2022-01-13	2022-01-14	-	2022-01-18	-

650 Main St, Nanaimo QUEBEC CANADA 650 Main St T (211) 635-7400 F (211) 635-7400 Page 1 of 1

REMICADE® I.V. (DIN: 02244016) Order Form BIO ADVANCE®

PATIENT INFORMATION: Name: Paloma Bui (Patient ID: 1555587795) Preferred Name: Bui Address: 650 Main St, Guelph, ON, Canada 650 Main St Tel: (211) 635-7400 Date of Birth (DD/MM/YYYY): 1962 Gender: Female Allergies: Penicillin, Codeine Indication: Ulcerative Colitis Secondary Indication: Weight (KG): 60.00 Date of Wt (DD/MM/YYYY): 15/12/2021 Hospital ID:

PRESCRIBING PHYSICIAN INFORMATION: Name: Dr. Zoe Proulx Willa Holloway Address: 650 Main St, 441 Birchwood Care Clinic, Guelph, ON 650 Main St Tel: (211) 635-7400 Pager: 997-440-3761 Fax: (211) 635-7400 Ref: 1555587795 Pharmacy Name: Cedar Specialist Group Fax: (211) 635-7400

PRESCRIBING PHYSICIAN SECTION

Schedule	Starting Week #	Administration	Drug	DIN	Dose	Precision	Frequency	Repeats
Maintenance		Infusion	Remicade	02244016	600 mg	Exactly	Every 4 Week(s)	

DURATION: 52 Weeks This is: ☐ first REMICADE order for this patient ☒ OR a renewal ☐ OR a change in prescription ☒ Utilize the Recommended Standard Protocol to infuse REMICADE over no less than 2 hours or as tolerated, and manage infusion reactions as applicable ☐ If my patient has received the last three 2-hour infusions without any type of infusion reaction, initiate the following order: Utilize the Shortened Infusion Protocol to infuse REMICADE over no less than 1 hour, or as tolerated, and manage reactions as applicable. Adult patients eligible for shortened infusion: Rheumatoid Arthritis, Crohn's Disease (dose < 10 mg/kg) or Ulcerative Colitis (dose < 10 mg/kg) ☐ Other:

PRETREATMENT ORDER Option 1 ☒ No pre-medications required Option 2 Please Check desired pretreatment medication(s) administered prior to infusion at clinic (indicate dose/route) ☐ Diphenhydramine (e.g. Benadryl) _____ mg _____ ☐ Acetaminophen _____ mg _____ ☐ Hydrocortisone _____ mg _____ ☐ Dimenhydrinate (e.g., Gravol) _____ mg _____ ☐ Desloratadine _____ mg _____ ☐ Other:

RELEVANT MEDICAL/SURGICAL HISTORY, MEDICATION(S) AND NOTES: TB Test ☐ Not required OR Date Completed: 11/08/2017 Result: Negative CXR ☐ Not required OR Date Completed: 09/08/2017 Result: Clear Hep B ☒ Not required OR Date Completed: Result:

PRESCRIBER CERTIFICATION I certify that this prescription is an original prescription and will not be reused.
Physician Signature: [signature] Date: Jan 9, 2022 *Effective date. Fax order to: Malia Delacroix Fax: 997-440-3761 650 Main St | Guelph, Ontario | 650 Main St | www.northviewclinic.ca © 2014 Cedar Specialist Group | All trademarks used license. All other third party trademarks are the property of their respective owner(s).

Patient: Mrs. Paloma Bui Appointment Date: 2022-Jan-09 Title: MS IBD Follow up Provider: Proulx, Zoe
Referred By: None I saw Paloma Bui today for follow up of her ulcerative colitis by telephone.

Problem History: Ulcerative colitis

IBD Phenotype: Montreal: UC Extent - E2 - Left-sided

Endoscopy Results: 2020-Jan-20 Colonoscopy - TI:normal, colon:normal Mayo 0 2017-Nov-27 Colonoscopy - TI:normal, asc Mayo 0, tra Mayo 0, at splenic flexure Mayo 2, from 35 cm to rectum May 1, 2017-Aug Sigmoidoscopy - Mayo 2 to splenic flexure and likely beyond.

Active Medications: REMICADE 100 MG VIAL

Current Status

She is generally doing well from a GI perspective. She had a slight exacerbation in symptoms after her Moderna vaccine but this has settled. She did have some back pain and apparently some blood in her urine. She also mentioned some intermittent nose bleeds. These issues do not seem to me to be related to UC or her Remicade and should be further managed by her family MD.

Assessment and Plan Paloma Bui is currently in symptomatic remission.

We will arrange the following investigations:

Infliximab serum level Fecal calprotectin

I will see her again in follow up 6 months in the office. Her next colonoscopy should be performed toward the end of this year or early next year.

Patient: Mrs. Paloma Bui Appointment Date: 2021-Nov-09 Title: Phone Log Provider: Proulx, Zoe Referred By: None Phone Conversation Log

Patient: Paloma Bui Date: 2021-Nov-09 Rsmh (Scuxgd.): 3:82 BV Number called: Cell (211) 635-7400

Spoke to: Paloma

Call Details:

TD called Paloma as per her email request. Paloma has been experiencing increased urinary frequency. Her Family MD ordered a series of tests, which demonstrated trace amounts of blood in the urine. As such, she was prescribed a 7 day course of oral antibiotics (Nitrofurantoin 100mg PO BID) for a suspected UTI.

Her next Remicade infusion is scheduled for November 18th.

Plan: Paloma will be finished abx by November 16th. As such, I explained that she may proceed with her Remicade infusion (as scheduled) providing that she remains afebrile and does not develop worsening symptoms.

Patient: Mrs. Paloma Bui **Appointment Date:** 2021-Jul-04 **Title:** MS IBD Follow up **Provider:** Proulx, Zoe
Referred By: None I saw Paloma Bui today for follow up of his ulcerative colitis by telephone.

Problem History: Ulcerative colitis

IBD Phenotype: Montreal: UC Extent - E2 - Left-sided

Endoscopy Results: 2020-Jan-20 Colonoscopy - TI:normal, colon:normal Mayo 0 2017-Nov-27 Colonoscopy - TI:normal, asc Mayo 0, tra Mayo 0, at splenic flexure Mayo 2, from 35 cm to rectum May 1, 2017-Aug Sigmoidoscopy - Mayo 2 to splenic flexure and likely beyond.

Active Medications: REMICADE 100 MG VIAL 600mg q64w

Current Status

After symptomatic exacerbation in [REDACTED-DATE] with high FCP and low IFX level we increased her dose to q4w. Her level improved quite a bit at the higher dose. She is feeling well right now with 1-2 BMs/day with no blood.

Her recent labs showed a slight increase in her ALP and CRP. These are still close to the normal range and I am not concerned about these results but will keep an eye on them.

I will see her in FU in 6m.

REMICADE® I.V. (DIN: 02244016) Order Form BIO ADVANCE®

PATIENT INFORMATION:

Name: Paloma Bui (Patient ID: 1555587795)	Preferred Name: Bui
Address: 650 Main St, Guelph, ON, Canada 650 Main St	
Tel: (211) 635-7400	Date of Birth (DD/MM/YYYY): 1962
Gender: Female	Allergies: Penicillin, Codeine
Indication: Ulcerative Colitis	Secondary Indication:
Weight (KG): 61.00 Date of Wt (DD/MM/YYYY): 27/08/2020	Hospital ID:

PRESCRIBING PHYSICIAN INFORMATION:

Name: Dr. Zoe Proulx	Willa Holloway
Address: 650 Main St, 441 Birchwood Care Clinic, Guelph, ON 650 Main St	
Tel: (211) 635-7400	Pager: 997-440-3761
Fax: (211) 635-7400	Ref: 1555587795
Pharmacy Name: Cedar Specialist Group	Fax: (211) 635-7400

PRESCRIBING PHYSICIAN SECTION

Schedule	Starting Week #	Administration	Drug	DIN	Dose	Precision	Frequency	Repeats
Maintenance		Infusion	Remicade	02244016	600 mg	Exactly	Every 4 Week(s)	

DURATION: 52 Weeks

This is: ☐ first REMICADE order for this patient ☐ OR a renewal ☒ OR a change in prescription

☒ Utilize the Recommended Standard Protocol to infuse REMICADE over no less than 2 hours or as tolerated, and manage infusion reactions as applicable. (Patients eligible for shortened infusion have been diagnosed with active Rheumatoid Arthritis)

☐ If my patient has received the last three 2-hour infusions without any type of infusion reaction, initiate following order: Utilize the Shortened Infusion Recommended Standard Protocol to infuse REMICADE over no less than 1 hour, or as tolerated, and manage infusion reactions as applicable. (Patients eligible for shortened infusion have been diagnosed with active Rheumatoid Arthritis)

☐ **Other:**

PRETREATMENT ORDER Option 1 ☒ No pre-medications required

Option 2 ☐ Please Check desired pretreatment medication(s) administered prior to infusion at clinic (indicate dose/route) ☐ Diphenhydramine (e.g., Benadryl) ____ mg _____ ☐

Acetaminophen ____ mg _____ ☐ Hydrocortisone ____ mg

_____ ☐ Dimenhydrinate (e.g., Gravol) ____ mg

_____ ☐ Desloratadine ____ mg

_____ ☐ Other:

RELEVANT MEDICAL/SURGICAL HISTORY, MEDICATION(S) AND NOTES: TB Test ☐ Not required **OR**

Date Completed: 11/08/2017 Result: Negative **CXR** ☐ Not required **OR** Date Completed: 09/08/2017 Result: Clear **Hep B** ☒ Not required **OR** Date Completed: Result:

PRESCRIBER CERTIFICATION I certify that this prescription is an original prescription and will not be reused.

Physician Signature: [signature] Date: Feb 22, 2021 *Effective date.

Fax order to: Malia Delacroix Fax: 997-440-3761 650 Main St | Guelph, Ontario | 650 Main St |
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Birchwood Care Clinic® APM Accredited LAB Accrédité CCN

Lab ID: 1555587795 Cedar Specialist Group External Ref. No.: 1555587795

Prescriber Name: Zoe Proulx Clinic: Birchwood Care Clinic (Northview Clinic) Address: 650 Main St, 441 Guelph, ON 650 Main St Telephone: 997-440-3761 Fax: 997-440-3761

Patient Name: Bui, Paloma Date of birth: 1962 Age: 58 Sex: F Health Ins.: 1555587795

Note: *Infliximab testing procedure (Reflex Testing): Infliximab drug levels and antibodies are tested using a stepwise, reflex procedure. Infliximab drug levels are tested initially and reported. If the Infliximab drug level is undetectable ($\leq 0.035 \mu\text{g/mL}$) then anti-Infliximab antibody levels will be tested and reported.

Biochemistry

Analysis	Specimen	Result	Reference value	Unit	Status
Infliximab Drug Level*	Serum	2.702		$\mu\text{g/mL}$	

Interpretation: Subtherapeutic level Anti-Infliximab antibodies will not be tested

Method: Reference cut-points defined by a consensus of gastroenterologists, applicable in the context of inflammatory bowel diseases:

Subtherapeutic level: $< 3 \mu\text{g/mL}$ Therapeutic level: $3 - 7 \mu\text{g/mL}$ Supratherapeutic level: $> 7 \mu\text{g/mL}$

Infliximab therapy is indicated for a number of inflammatory diseases like rheumatoid arthritis and IBD including Crohn Disease and Ulcerative Colitis.

Comments:

[signature] Zoe Proulx Clinical Biochemist

Date Collected	Date Received	Partial report	Completed report	Revised report
2021-02-11	2021-02-12	-	2021-02-18	-

650 Main St, Nanaimo (607 Wellington Rd) Canada 650 Main St T (211) 635-7400 F (211) 635-7400

Birchwood Care Clinic® APM Accredited LAB Accrédité CCN

Lab ID: 1555587795 Cedar Specialist Group External Ref. No.: 1555587795

Prescriber Name: Zoe Proulx Clinic: Birchwood Care Clinic (Northview Clinic) Address: 650 Main St, 441 Guelph, ON 650 Main St Telephone: 997-440-3761 Fax: 997-440-3761

Patient Name: Bui, Paloma Date of birth: 1962 Age: 58 Sex: F Health Ins.: 1555587795

Biochemistry

Analysis	Specimen	Result	Reference value	Unit	Status
Calprotectin	Stool	685	<100	$\mu\text{g/g}$	

Calprotectin Level

[image]

Collection date	Result ($\mu\text{g/g}$)
2019-07-03	989

Collection date	Result (µg/g)
2020-07-29	40
2021-02-07	685

Interpretation: Active inflammation in the gastrointestinal tract. It is recommended to order additional analyses and to optimize the curative treatment under the supervision of medical specialists.

Note: The cut-off level suggested for adults (100 µg/g) can also be used for children aged 4 to 17 years regardless of sex.

Method: Reference values: Normal: < 100 µg/g Moderate inflammation: ≥ 100 - ≤ 250 µg/g Active inflammation: > 250 µg/g

Reference: Bressler B. et al. Clinicians' guide to the use of fecal calprotectin to identify and monitor disease activity in inflammatory bowel disease. Can J Gastroenterol Hepatol. 2015 29(7):369-72.

According to scientific literature, there is a significant bias between different calprotectin analytical methods, reaching differences of up to 5 times*. Due to this variability, it is recommended to always use the same laboratory method for the monitoring of your patient. The method used by Birchwood Care Clinic is one of the most used and validated in the scientific literature.

*Reference: Labaere D, Smismans A, Van Olmen A, Christiaens P, D'Haens G, Moons V, Cuyle PJ, Frans J, Bossuyt P. Comparison of six different calprotectin assays for the assessment of inflammatory bowel disease. United European Gastroenterol J. 2014 [REDACTED-DATE];2(1):30-7. doi: 10.1177/2050640613518201. PubMed PMID: 24918006; PubMed Central PMCID: PMC4040805.

Comments:

[signature] Zoe Proulx Clinical Biochemist

Date Collected	Date Received	Partial report	Completed report	Revised report
2021-02-07	2021-02-08	-	2021-02-16	-

650 Main St, Nanaimo (607 Wellington Rd) Canada 650 Main St T (211) 635-7400 F (211) 635-7400

Patient: Mrs. Paloma Bui Appointment Date: 2021-Jan-17 Title: MS (TD) Follow Up Provider: Proulx, Zoe Referred By: Proulx, Zoe Paloma Bui is a 58 year old female with ulcerative colitis who was seen in follow up today. Due to the COVID-19 pandemic, a telephone follow up took place on 2021-Jan-17 in lieu of an office visit. Confirmation of patient ID and verbal consent was obtained from the patient to communicate and provide care using telecommunications tools.

IBD Problem History: 2013 - Ulcerative Colitis

IBD Phenotype: Montreal: UC Extent - E2 - Left-sided

IBD Complications: 2017-Nov-26 IBD-related Hospitalization - Flare: IV steroids 2017-Aug-09 IBD-related Hospitalization - Flare: IV steroids, IFx

Active Medications: REMICADE 100 MG VIAL - 600mg q6w

Current Status

Paloma was last seen for follow up in [REDACTED-DATE] 2020. Since then, she has been feeling well. She has 1 bowel movement per day. Her stools are always formed. None of her bowel movements contain blood. No rectal urgency or abdominal pain. No constitutional symptoms. She reports occasional lower back pain, but attributes it to lifting heavy objects at her workplace. No extraintestinal manifestations of IBD. She is currently maintained on Remicade 600mg q6w and reports no adverse reactions to her IBD medications.

Paloma is currently caring for her husband who is COVID-19 positive. She is asymptomatic and will continue to self-monitor for symptoms. She is scheduled for Remicade on Feb 11, 2021. In the event that she develops COVID-19, her infusion will need to be held temporarily until she has been cleared of the virus.

The review of symptoms was unremarkable.

Summary of Investigations

Endoscopy Results: 2020-Jan-20 Colonoscopy - TI:normal, colon:normal Mayo 0 2017-Nov-27 Colonoscopy - TI:normal, asc Mayo 0, tra Mayo 0, at splenic flexure Mayo 2, from 35 cm to rectum May 1, 2017-Aug Sigmoidoscopy - Mayo 2 to splenic flexure and likely beyond. **Pathology:** 2020-Jan-20 Colon Bx - architectural distortion, quiesc IBD **Medical Imaging:** None Recorded **IBD Diagnostics:** 2020-Oct-06 Lab tests - Hb 148, WBC 6.1, RBC 5.15(H), plt 310, ALT 23, Alk ph 108, Alb 43, vit B12 565, ferritin 58, CRP 2.2 2020-Jul-30 Fecal calprotectin - 40 ug/g - Birchwood Care Clinic 2019-Jul-04 Drug level - Infliximab: 24.874 ug/mL 2018-Oct-21 Fecal calprotectin - 173 2018-Jun-24 Fecal calprotectin - 17

2018-May-27 Drug level - Infliximab: > 34.0 ug/ml ATI < 3.1 U/ml 2018-May-27 TPMT - 58 nmol/g/h

Assessment and Plan

In summary, Paloma Bui is a 58 year old female with ulcerative colitis. She is in symptomatic remission and should remain on current medications.

We will arrange the following investigations: Infliximab trough level Fecal calprotectin

Paloma will return for follow up in 6 months in the office. The patient has been directed to contact our office should they have any concerns.

Report prepared by Zoe Proulx on behalf of Dr. Zoe Proulx.

REMICADE® I.V. (DIN: 02244016) Order Form BIO ADVANCE®

PATIENT INFORMATION: Name: Paloma Bui (Patient ID: 1555587795) Preferred Name: Bui

Address: 650 Main St, Guelph, ON, Canada 650 Main St

Tel: (211) 635-7400

Date of Birth (DD/MM/YYYY): 1962 Gender: Female

Allergies: Penicillin, Codeine

Indication: Ulcerative Colitis Secondary Indication:

Weight (KG): 61.00 Date of Wt (DD/MM/YYYY): 27/08/2020 Hospital ID:

PRESCRIBING PHYSICIAN INFORMATION: Name: Dr. Zoe Proulx Willa Holloway

Address: 650 Main St, 441 Birchwood Care Clinic, Guelph, ON 650 Main St

Tel: (211) 635-7400

Pager: 997-440-3761

Fax: (211) 635-7400

Ref: 1555587795

Pharmacy Name: Cedar Specialist Group Fax: 997-440-3761

PRESCRIBING PHYSICIAN SECTION

Schedule	Starting Week #	Administration	Drug	DIN	Dose	Precision	Frequency	Repeats
Maintenance		Infusion	Remicade	02244016	600 mg	Exactly	Every 6 Week(s)	

DURATION: 52 Weeks

This is: ☐ first REMICADE order for this patient ☐ OR a renewal ☒ OR a change in prescription

☒ Utilize the Recommended Standard Protocol to infuse REMICADE over **no less than 2 hours** or as tolerated, and manage infusion reactions as applicable. (Patients eligible for shortened infusion have been diagnosed with active Rheumatoid Arthritis)

☐ If my patient has received the last three 2-hour infusions without any type of infusion reaction, initiate following order: Utilize the Shortened Infusion Recommended Standard Protocol to infuse REMICADE over **no less than 1 hour**, or as tolerated, and manage infusion reactions as applicable. (Patients eligible for shortened infusion have been diagnosed with active Rheumatoid Arthritis)

☐ Other:

PRETREATMENT ORDER

Option 1 ☒ No pre-medications required

Option 2 ☐ Please Check desired pretreatment medication(s) administered prior to infusion at clinic (indicate dose/route)

- ☐ Diphenhydramine (e.g. Benadryl) mg _____
- ☐ Acetaminophen mg _____
- ☐ Hydrocortisone mg _____
- ☐ Dimenhydrinate (e.g., Gravol) mg _____
- ☐ Other:

RELEVANT MEDICAL/SURGICAL HISTORY, MEDICATION(S) AND NOTES: TB Test ☐ Not required **OR**

Date Completed: 11/08/2017 Result: Negative **CXR** ☐ Not required **OR** Date Completed: 09/08/2017 Result:

Clear **Hep B** [X] Not required **OR** Date Completed: Result:

PRESCRIBER CERTIFICATION I certify that this prescription is an original prescription and will not be reused.

Physician Signature: [signature] Date: [REDACTED-DATE] *Effective date.

Fax order to: Malia Delacroix Fax: 997-440-3761 650 Main St | Guelph, Ontario | 650 Main St |
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2020-08-06 09:27:95

Cedar Specialist Group APM Accredited LAB LAB Accrédité CCN

Lab ID: 1555587795 Cedar Specialist Group External Ref. No.: 1555587795

Prescriber Name: Zoe Proulx **Clinic:** CLINIC (Northview Clinic) **Address:** 650 Main St Guelph, ON 650 Main
St **Telephone:** 997-440-3761 **Fax:** 997-440-3761

Patient Name: Bui, Paloma **Date of birth:** 1962 **Age:** 57 **Sex:** F **Health Ins.:** 1555587795

Biochemistry

Analysis	Specimen	Result	Reference value	Unit	Status
Calprotectin	Stool	40	<100	µg/g	

Calprotectin Level

[image: Line graph showing Calprotectin levels decreasing from 989 in [REDACTED-DATE] to 40 in [REDACTED-DATE]. The graph indicates regions for "Active inflammation" (>250 µg/g) and "Moderate inflammation" (100-250 µg/g).]

Collection date	Result (µg/g)
2019-07-03	989
2020-07-29	40

Interpretation: No indication of inflammation in the gastrointestinal tract. Disease probably inactive. Continue therapy.

Note: The cut-off level suggested for adults (100 µg/g) can also be used for children aged 4 to 17 years regardless of sex.

Method: Reference values: Normal: < 100 µg/g Moderate inflammation: ≥ 100 - ≤ 250 µg/g Active inflammation: > 250 µg/g

Reference: Bressler B. et al. Clinicians' guide to the use of fecal calprotectin to identify and monitor disease activity in inflammatory bowel disease. *Can J Gastroenterol Hepatol.* 2015 29(7):369-72.

According to scientific literature, there is a significant bias between different calprotectin analytical methods, reaching differences of up to 5 times*. Due to this variability, it is recommended to always use the same

laboratory method for the monitoring of your patient. The method used by Birchwood Care Clinic is one of the most used and validated in the scientific literature.

*Reference: Labaere D, Smismans A, Van Olmen A, Christiaens P, D'Haens G, Moons V, Cuyle PJ, Frans J, Bossuyt P. Comparison of six different calprotectin assays for the assessment of inflammatory bowel disease. United European Gastroenterol J. 2014 [REDACTED-DATE];2(1):30-7. doi: 10.1177/2050640613518201. PubMed PMID: 24918006; PubMed Central PMCID: PMC4040805.

Comments:

[signature] Zoe Proulx Clinical Biochemist

Date Collected	Date Received	Partial report	Completed report	Revised report
2020-07-29	2020-07-30	-	2020-08-06	-

650 Main St, Nanaimo (607 Wellington Rd) Canada 650 Main St T (211) 635-7400 F (211) 635-7400

Patient: Mrs. Paloma Bui Appointment Date: 2020-Jul-19 Title: MS (PT) IBD Follow up Provider: Proulx, Zoe
Referred By: Proulx, Zoe CORRECTED NOTE: Patient seen at Birchwood Care Clinic (Not Birchwood Care Clinic)

We saw Paloma Bui July 19th 2020 in-person for follow up of her ulcerative colitis. Her pre-clinic COVID screen was negative. She was seen at Birchwood Care Clinic.

Problem History: Ulcerative colitis

IBD Phenotype: Montreal: UC Extent - E2 - Left-sided

Endoscopy Results: 2020-Jan-21 Colonoscopy - TI: normal. Mayo 0 throughout 2017-Nov-27 Colonoscopy - TI:normal, asc Mayo 0,tra Mayo 0, at splenic flexure Mayo 2, from 35 cm to rectum May 1, 2017-Aug Sigmoidoscopy - Mayo 2 to splenic flexure and likely beyond.

Active Medications: PENTASA 4 GRAM/100 ML ENEMA 1 Each QHS X 30 Day(s) REMICADE 100 MG VIAL (600mg IV q4weeks)

Investigations IFX drug level Jul 14, 2019 - 24.87 FCP Jul 14, 2019 - FCP 989 Lab Jul 2, 2020 - ALT 30, ALP 103, BILI 6, PLAT 321, ALB 43, Cr 74, WBC 6.1, Hgb 146, B12 544, Ferritin 32, CRP 0.8

Current Status Paloma has 1-2 formed BMs per day without blood or urgency. She reports no abdominal pain. Her weight is stable. She reports no EIM of IBD. She no longer feels any palpable lymph nodes

On physical examination She appears well. There is no lymphadenopathy in the H+N area. Her abdomen is soft and NON tender.

Assessment and Plan Paloma is in deep (clinical and endoscopic) remission on remicaide. She will continue on Remicaide 600mg IV q4weeks. We will check her fecal calprotectin. If the FCP is less than 250 and she remains in remission, we can likely scale back the remicaide infusions to every 6 weeks and monitor for any potential relapse. If the FCP is > 250, we will keep her at the current dose.

We also spoke about preventative measures in IBD including the following. She will see her family physician to make sure she is up to date with vaccinations and cancer screening:

1. Annual influenza shot (non-activated vaccine)
2. Pneumonia vaccine - PCV13 followed by PPSV23 at least 8 weeks later
3. Annual skin exam given patients with IBD on anti-TNF therapy are at a higher risk of melanoma and non melanoma skin cancer.
4. PAP smear as per gynecological recommendations given patients on anti-TNF therapy are at a higher risk of cervical cancer
5. Live vaccines are contraindicated given he is on biologic therapy.

We will follow up in clinic in 6 months time or earlier if any concerns,

Boris Young Advanced IBD Fellow Birchwood Care Clinic

Birchwood Care Clinic

Cedar Specialist Group

Cedar Specialist Group

650 Main St Guelph, Ontario, Canada 650 Main St t: 997-440-3761 f: (211) 635-7400

Health Card #:	1555587795	Medical Record #	1555587795
Location:	ENDOSCOPY	Visit #:	1555587795
Room:			
Physician:	Dr. Zoe Proulx	Last Name:	Bui
Date of Procedure:	2020.01.20	First Name:	Paloma
Accession Date:	2020.01.20	Date of Birth:	1962
Date and Time of Report:	2020.01.23 14:39	Sex:	F

FINAL SURGICAL PATHOLOGY REPORT 1555587795

PATHOLOGY DIAGNOSIS: 1-6: Biopsies of cecum, ascending, transverse, descending and sigmoid colon and rectum Large bowel mucosa with architectural distortion, consistent with quiescent –IBD

- There is no evidence of dysplasia

Specimen: (1) CECUM BIOPSY (2) COLON ASCENDING BIOPSY (3) COLON TRANSVERSE BIOPSY (4) COLON DESCENDING BIOPSY (5) SIGMOID BIOPSY (6) RECTUM BIOPSY

Clinical History: 57-year-old female with UC on Remicade, rule out active disease, rule out dysplasia

Gross Description:

1. The specimen container is labelled with the patient's identification only and contains 3 pieces of tan soft tissue measuring 0.1 cm to 0.3 cm in greatest dimension.
- 1 submitted in toto.

2. The specimen container is labelled with the patient's identification only and contains 2 pieces of tan soft tissue measuring 0.1 cm and 0.3 cm in greatest dimension.
 - 1 submitted in toto.
3. The specimen container is labelled with the patient's identification only and contains 3 pieces of tan soft tissue measuring 0.3 cm to 1.0 cm in greatest dimension.
 - 1 submitted in toto.

Printed 2020-01-23 7:36:24 PM

Birchwood Care Clinic Cedar Specialist Group

Cedar Specialist Group

650 Main St Guelph, Ontario, Canada 650 Main St t: 997-440-3761 f: (211) 635-7400

Health Card #:	1555587795	Medical Record #	1555587795
Location:	ENDOSCOPY	Visit #:	1555587795
Room:			
Physician:	Dr. Zoe Proulx	Last Name:	Bui
Date of Procedure:	2020.01.20	First Name:	Paloma
Accession Date:	2020.01.20	Date of Birth:	1962
Date and Time of Report:	2020.01.23 14:39	Sex:	F

FINAL SURGICAL PATHOLOGY REPORT 1555587795

4. The specimen container is labelled with the patient's identification only and contains 2 pieces of tan soft tissue measuring 0.3 cm and 0.8 cm in greatest dimension.
 - 1 submitted in toto.
5. The specimen container is labelled with the patient's identification only and contains a single piece of tan soft tissue measuring 0.2 cm in greatest dimension.
 - 1 submitted in toto.
6. The specimen container is labelled with the patient's identification only and contains 2 pieces of tan soft tissue both measuring 0.3 cm in greatest dimension.
 - 1 submitted in toto.

Grossed by: Stefan Sacco

Microscopic Description: Vera Ibrahim

Electronically verified by: Zoe Proulx

Birchwood Care Clinic Cedar Specialist Group Cedar Specialist Group

650 Main St Guelph, Ontario, Canada 650 Main St t: 997-440-3761

EFR: 829-448-090 Visit #: 1555587795 Patient Name: Bui, Paloma Address: 650 Main St Guelph, Ontario 650 Main St Date of Birth: 1962 Sex: Female Health Card: 1555587795 Admit Date: 2020-01-20 Encounter: Day Surgery Fin #: 1555587795 V: DM Discharge Date:

HRS Transcribed Reports

Document Type:	Endoscopy Report
Result Status:	Transcribed
Performed Information:	Esme Ortega (2020-01-20 13:06)
Signed Information:	

Endoscopy Report

Visit ID:1555587795 Procedure Date:2020-01-20

DATE OF PROCEDURE: Jan 20, 2020

PROCEDURE: Colonoscopy.

STAFF: Dr. Zoe Proulx.

ASSISTANT: Dr. Esme Ortega.

SEDATION: Versed 4 mg IV x1, fentanyl 50 mcg IV x1.

IDENTIFICATION: Ms. Bui is a lovely 57-year-old woman with history of E2 ulcerative colitis since 2013. She is currently maintained on Remicade 600 mg every 4 weeks and Pentasa enemas p.r.n. In November 2017, she did have some Mayo 2 disease activity at the splenic flexure as well as from 35 cm and distally, and her Remicade was dosed optimize to her current dose. In the summer in [REDACTED-DATE], she had elevated fecal calprotectin of 989 after previously having normal fecal calprotectin, and her infliximab level was 24.87 after dose optimization. Her December 2019 blood work was completely normal. CRP was 0.6. She is here for endoscopic reassessment of disease activity after dose optimization of Remicade.

PROCEDURE NOTE: Informed consent for this procedure was obtained including a full discussion of risks and benefits. Risks discussed were those of sedation related complications, risk of bleeding, risk of perforation, risk of missed lesion. She was happy to proceed. The patient was placed in the left lateral decubitus position. A digital rectal examination was performed which revealed one

Request ID: 1555587795 Print Date: 2020-01-20 16:08 Printed By: System Generated

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Birchwood Care Clinic EFR: 829-448-090 Cedar Specialist Group Visit #: 1555587795 Fin #: 1555587795 650 Main St Patient Name: Bui, Paloma Guelph, Ontario 650 Main St

HRS Transcribed Reports

internal skin tag but no other abnormalities such as fissures, abscesses, or fistulas. A lubricated Olympus variable stiffness adult colonoscope was then inserted through the anal canal and advanced 10 cm into the terminal ileum. The terminal ileum appeared completely normal as did the entire colon. The cecum, ascending, transverse, descending, sigmoid, and rectum were all Mayo 0 with no evidence of active disease. Segmental biopsies were obtained throughout the colon. Bowel preparation today was excellent. The scope was then withdrawn and there were no immediate complications.

IMPRESSION: In summary, Ms. Bui is a 57-year-old woman with E2 ulcerative colitis who is in clinical and endoscopic remission based on today's examination. Hence, she will continue on her Remicade 600 mg every four weeks. We will see her back in clinic on a routine basis. We will follow up on the results of her pathology. She knows to contact us anytime if any new issues arise in the interim.

Thank you for involving me in the care of this patient.

Yours sincerely, Esme Ortega (Fellow) Zoe Proulx Authenticated 10 days after distribution date

Dictated By: Esme Ortega (Fellow) Dictated: 2020-01-20 44:23:11 PM Transcribed: 2020-01-20 94:21:45 PM
Distributed: 2020-01-20 94:21:45 PM

Job #: 1555587795

cc: Zoe Proulx (Fax: (211) 635-7400) Zoe Proulx, Esme, FRCPC (Fax: (211) 635-7400)

Request ID: 1555587795 Print Date: 2020-01-20 16:08 Printed By: System Generated

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REMICADE® I.V. (DIN: 02244016) Order Form BIO ADVANCE®

PATIENT INFORMATION: Name: Paloma Bui (Patient ID: 1555587795) Preferred Name: Bui Prescribing Physician Information: Name: Dr. Zoe Proulx Willa Holloway Address: 650 Main St, Guelph, ON, Canada 650 Main St Address: 650 Main St, 441 Birchwood Care Clinic, Guelph, ON 650 Main St Tel: (211) 635-7400 Tel: (211) 635-7400 Date of Birth (DD/MM/YYYY): 1962 Gender: Female Pager: 997-440-3761 Allergies: Penicillin, Codeine Fax: (211) 635-7400 Indication: Ulcerative Colitis Secondary Indication: Ref: 1555587795 Weight (KG): 57.50 Date of Wt (DD/MM/YYYY): 19/12/2019 Hospital ID: Pharmacy Name: Cedar Specialist Group Fax: (211) 635-7400

PRESCRIBING PHYSICIAN SECTION

Schedule	Starting Week #	Administration	Drug	DIN	Dose	Precision	Frequency	Repeats
Maintenance		Infusion	Remicade	02244016	600 mg	Exactly	Every 4	

DURATION: 52 Weeks This is: ☐ first REMICADE order for this patient ☒ OR a renewal ☐ OR a change in prescription ☒ Utilize the Recommended Standard Protocol to infuse REMICADE over no less than 2 hours or as tolerated, and manage infusion reactions as applicable. (Patients eligible for shortened infusion have been diagnosed with active Rheumatoid Arthritis) ☐ If my patient has received the last three 2-hour infusions without any type of infusion reaction, initiate following order: Utilize the Shortened Infusion Recommended Standard Protocol to infuse REMICADE over no less than 1 hour, or as tolerated, and manage infusion reactions as applicable. (Patients eligible for shortened infusion have been diagnosed with active Rheumatoid Arthritis) ☐ Other:

PRETREATMENT ORDER

Option 1 ☒ No pre-medications required Option 2 Please Check desired pretreatment medication(s) administered prior to infusion at clinic (indicate dose/route) ☐ Diphenhydramine (e.g., Benadryl) ____ mg
____ ☐ Acetaminophen ____ mg ____ ☐
Hydrocortisone ____ mg ____ ☐ Dimenhydrinate (e.g., Gravol) ____ mg
____ ☐ Desloratadine ____ mg ____ ☐
Other:

RELEVANT MEDICAL/SURGICAL HISTORY, MEDICATION(S) AND NOTES:

TB Test ☐ Not required OR Date Completed: 11/08/2017 Result: Negative CXR ☐ Not required OR Date Completed: 09/08/2017 Result: Clear Hep B ☒ Not required OR Date Completed: Result:

PRESCRIBER CERTIFICATION

I certify that this prescription is an original prescription and will not be reused. Physician Signature: [signature]
Date: Jan 15, 2020 *Effective date.

Fax order to: Malia Delacroix Fax: 997-440-3761 650 Main St | Guelph, Ontario | 650 Main St |
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2019-07-11 25:00:50 1 /1

Birchwood Care Clinic APM Accredited LAB LAB Accrédité CCN TM

Lab ID: 1555587795 Cedar Specialist Group External Ref. No.: 1555587795

Prescriber Name: Zoe Proulx Clinic: CLINIC (Northview Clinic) Address: 650 Main St Guelph, ON 650 Main St
Telephone: 997-440-3761 Fax: 997-440-3761

Patient Name: Bui, Paloma Date of birth: 1962 Age: 56 Sex: F Health Ins.: 1555587795

Note: *Infliximab testing procedure (Reflex Testing): Infliximab drug levels and antibodies are tested using a stepwise, reflex procedure. Infliximab drug levels are tested initially and reported. If the Infliximab drug level is undetectable ($\leq 0.035 \mu\text{g/mL}$) then anti-Infliximab antibody levels will be tested and reported.

Biochemistry

Analysis	Specimen	Result	Reference value	Unit	Status
Infliximab Drug Level*	Serum	24.874		$\mu\text{g/mL}$	

Interpretation: Supratherapeutic level Anti-infliximab antibodies will not be tested Method: Reference cut-points defined by a consensus of gastroenterologists, applicable in the context of inflammatory bowel diseases: Subtherapeutic level: $< 3 \mu\text{g/mL}$ Therapeutic level: $3 - 7 \mu\text{g/mL}$ Supratherapeutic level: $> 7 \mu\text{g/mL}$ Infliximab therapy is indicated for a number of inflammatory diseases like rheumatoid arthritis and IBD including Crohn Disease and Ulcerative Colitis.

Comments: [signature] Zoe Proulx Clinical Biochemist

Date Collected: 2019-07-04 Date Received: 2019-07-05 Partial report: - Completed report: 2019-07-11
Revised report: -

Birchwood Care Clinic®

APM Accredited LAB LAB Accrédité CCN TM

Lab ID: 1555587795 Cedar Specialist Group External Ref. No.: 1555587795

Prescriber Name: Zoe Proulx Clinic: CLINIC (Northview Clinic) Address: 650 Main St Guelph, ON 650 Main St Telephone: 997-440-3761 Fax: 997-440-3761

Patient Name: Bui, Paloma Date of birth: 1962 Age: 56 Sex: F Health Ins.: 1555587795

Biochemistry

Analysis	Specimen	Result	Reference value	Unit	Status
Calprotectin	Stool	989	<100	µg/g	

Calprotectin Level

Collection date	Result (µg/g)
2019-07-03	989

[image: graph showing a data point at 989 µg/g on [REDACTED-DATE], significantly above the 'Active inflammation' threshold of 250 µg/g and 'Moderate inflammation' threshold of 100 µg/g.]

Interpretation: Active inflammation in the gastrointestinal tract. It is recommended to order additional analyses and to optimize the curative treatment under the supervision of medical specialists.

Note: The cut-off level suggested for adults (100 µg/g) can also be used for children aged 4 to 17 years regardless of sex.

Method: Reference values: Normal: < 100 µg/g Moderate inflammation: ≥ 100 - ≤ 250 µg/g Active inflammation: > 250 µg/g Reference: Bressler B. et al. Clinicians' guide to the use of fecal calprotectin to identify and monitor disease activity in inflammatory bowel disease. Can J Gastroenterol Hepatol. 2015 29(7):369-72.

Comments:

[signature] Zoe Proulx Clinical Biochemist

Date Collected: 2019-07-03 Date Received: 2019-07-04 Partial report: - Completed report: 2019-07-11 Revised report: -

650 Main St, Nanaimo (607 Wellington Rd) Canada 650 Main St T (211) 635-7400 F (211) 635-7400 Page 1 of 1

Patient: Mrs. Paloma Bui Appointment Date: 2019-Jun-09 Title: MS IBD Follow up Provider: Proulx, Zoe Referred By: Proulx, Zoe I saw Paloma Bui today for follow up of her ulcerative colitis.

Problem History: Ulcerative colitis

IBD Phenotype: Montreal: UC Extent - E2 - Left-sided

Endoscopy Results: 2017-Nov-27 Colonoscopy - TI:normal, asc Mayo 0,tra Mayo 0, at splenic flexure Mayo 2, from 35 cm to rectum May 1, 2017-Aug Sigmoidoscopy - Mayo 2 to splenic flexure and likely beyond.

Active Medications: PENTASA 4 GRAM/100 ML ENEMA 1 Each QHS X 30 Day(s) REMICADE 100 MG VIAL

Current Status Generally feeling much better since on higher dose of Remicade. Occasional episodes of urgency with rectal bleeding which responds to Pentasa enemas as needed. Labs look ok. No overt infections. Has noted an intermittently tender swelling over the left ear.

On physical examination, she looks well and nutritionally fit. I could not palpate any swelling on that side. She has no lymphadenopathy anywhere - head and neck, supraclavicular, axillae, inguinal. Her abdomen is soft, non-tender with no organomegaly or masses.

Assessment and Plan Paloma Bui is currently in symptomatic remission . I believe she may be having intermittent lymph node enlargement related to a root canal previously and a cracked tooth and infection she had there remotely although that was [REDACTED-DATE]. I have asked her to keep an eye out for any lumps/bumps. She should see her dentist.

If her FCP is still low will decrease her Remicade dose.

We will arrange the following investigations:

Fecal calprotectin IFX level

I will see her again in follow up for her endoscopic assessment.

Patient: Mrs. Paloma Bui Appointment Date: 2019-Jan-20 Title: MS IBD Follow up Provider: Proulx, Zoe Referred By: None I saw Paloma Bui today for follow up of her ulcerative colitis.

Problem History: Ulcerative colitis

IBD Phenotype: Montreal: UC Extent - E2 - Left-sided

Endoscopy Results:

2017-Nov-27 Colonoscopy - TI:normal, asc Mayo 0,tra Mayo 0, at splenic flexure Mayo 2, from 35 cm to rectum May 1, 2017-Aug Sigmoidoscopy - Mayo 2 to splenic flexure and likely beyond.

Active Medications: PENTASA 4 GRAM/100 ML ENEMA 1 Each QHS X 30 Day(s) REMICADE 100 MG VIAL

Current Status

1-2 BMs/day. No visible blood generally and when she sees it she uses Pentasa enemas which alleviate the symptoms. Tolerating Remicade well. No overt side effects.

On physical examination, she looks well and nutritionally fit.

Assessment and Plan Paloma Bui is currently in symptomatic remission. She has been feeling better since starting the increased dose of Remicade.

We will arrange the following investigations:

Colonoscopy - next year

I will see her again in follow up in 6 months in the office.

Birchwood Care Clinic Cedar Specialist Group Cedar Specialist Group Cedar Specialist Group

Emergency Record 650 Main St Guelph, Ontario, Canada 650 Main St MS 410 TRIAL (Rev. 06.2017) Page 2 of 6

EFR: 829-448-090 Arr Dt/Tm: 2017-10-11 08:08 Case No: 1555587795 DOB: 1962 Sex: Female Age: 54 Years Name: Bui, Paloma HCN: 1555587795 VC: DM Address: 650 Main St Apt/Unit: Guelph, ON 650 Main St H: (211) 635-7400 [unreadable] B: x Emerg Dr: Marco Haddad Arrival Mode: Walked In Pt.Class: OHIP Incident DT/Tm: Transf'd From: Emergency Contact: Mercer, Chloe H: (211) 635-7400 B: Family Physician: Zoe Proulx Address: 650 Main St Guelph, 650 Main St B: (211) 635-7400 F: Patient Complaint: BRBPR/ Melena

Rsmh (Scuxgd.): 3:82 BV Physician/NP/PA: [signature]

History & Chief Complaint

54 F c/o BRBPR x 1 week

- recently started on Remicade
- just tapered off prednisone
- F/U Dr. Proulx
- mild cramping, [no] pain
- [no] nausea, [no] fever

O: Pt well, NAD, alert Chest - clr CV - S1S2, [unreadable] Abd - SNT

[Diagram of abdomen showing symbols for RUQ, LUQ, RLQ, LLQ] PER - [X] Crp - [X] ACC - [X]

[Handwritten note in blue circle: Apt in 2 weeks]

POCUS (site +/-): X-Ray/CT ECG: Fecal Occult Blood: Visual Acuity R L

Staff Physician Notes [blank] 66:43(S) Discharge Disposition: [X] Home [] Rehab [] CAMH ED [] LTC

Prescriptions [blank]

Discharge Instructions [] Info sheet given [X] Instructed to return if symptoms worsen [] Other Instructions:

Diagnosis Ulcerative colitis

Fax Chart to: [X] Dr. Proulx [] 997-440-3761

Follow Up [] Family MD [] CCAC [X] Other: Dr. Proulx

Physician/NP/PA/trainee: [signature] Attending Physician: [signature] Physician/NP/PA/trainee: [signature]
Attending Physician: [signature]

CHART COPY

Cedar Specialist Group

Patient Triage Record

PATIENT INFORMATION

Patient: Bui, Paloma Birthdate: 1962 | Age: 54 yr | Gender: Female CEDIS Complaint: Blood in Stool / Melena Rsmh (Scuxgd.): 3:82 BV | CTAS Score: 3 | Triage RN: Leon Boucher Mode of Arrival: Walk-in
Patient Does Not Consent: No

[Label] 1555587795 1555587795 Bui, Paloma 1962 F (211) 635-7400 ON 8678 800 053 EQ [REDACTED-DATE] 08:08 650 Main St Guelph, ONTARIO 650 Main St

ASSESSMENT

Nurse Assessed Complaint

Patient Stated Complaint EARLY STAGES OF UC FLARE

Allergies AMOXACILLIN, PCN, CODEINE

Medications REMICADE (last dose [REDACTED-DATE]), PREDNISONE (last dose today)

Subjective Assessment PT OF Dr. Proulx (Fairlight Medical Centre GI) BLOOD IN STOOL (start [REDACTED-DATE]) INCREASING + MUCOUS + ABDO/BACK CRAMPS. SIMILAR SYMPTOMS TO PREVIOUS UC FLARES--EARLY STAGES. NO DIARRHEA. MOST CONCERNED RE: BLOOD.

Objective Assessment AMBULATORY, LOOKS WELL, SKIN PINK, WARM, SMILING.

Medical History ULCERATIVE COLITIS

Treatment/Interventions

VITAL SIGNS

@Triage Assessment(T)	High MOI:	Immunocomp.:	Blood Disorder:	Weight:
Time	Temp	Pulse	Resp.	BP
66:43(S)	36.0	90	16	148 / 83

REASSESSMENT

RAZ

TRANSFER OF ACCOUNTABILITY

[Barcode] Patient: Bui, Paloma Healthcard: 1555587795 Pretriage RN: Leon Boucher Pretriage Time: [REDACTED-DATE] 7:53 Triage RN: Leon Boucher Triage Time: [REDACTED-DATE] 8:01

2015-10-18 07:46 PM EDT via VSI-FAX Page 3 of 6 #8800

Westbrook Medical Associates Birchwood Care Clinic Cedar Specialist Group Cedar Specialist Group 650 Main St Guelph, ON 650 Main St T: 997-440-3761 F: 997-440-3761

Medical Record#: 1555587795 Case Number: 1555587795 Last Name: Bui First Name: Paloma Date of Birth: 1962 Sex: F Health Card#: 1555587795 Facility: Fairlight Medical Centre Location: BCZTZFZ BTM WEEEEKPT Room: Physician: Proulx, Zoe Copy to: Order#: 1555587795 D&T Ordered: 2015. 09. 28 08:18 D&T Received: 2015. 09. 28 08:18

Source: Stool Site:

Test Results Status Reported

Ova & Parasites: FINAL 2015.10.18 11:26 Pus cells present. No pathogenic parasites found in this specimen as reported by the Cedar Specialist Group (Cedar Specialist Group), 650 Main St, Guelph, 261 Aldergrove Ave, 650 Main St. Cedar Specialist Group Specimen No. 1555587795

[image]

- FIRST PRINTING OF THIS RESULT PRINTED: 2015.10.18 19:28 by APM to MSI PAGE: 1 of 1 Order#: 1555587795 D&T Ordered: 2015. 09. 28 08:18
-

2015-10-13 07:41 PM EDT via VSI-FAX Page 3 of 4 #7308

Westbrook Medical Associates Birchwood Care Clinic Cedar Specialist Group Cedar Specialist Group 650 Main St Guelph, ON 650 Main St T: 997-440-3761 F: 997-440-3761

Medical Record#: 1555587795 Case Number: 1555587795 Last Name: Bui First Name: Paloma Date of Birth: 1962 Sex: F Health Card#: 1555587795 Facility: Fairlight Medical Centre Location: BCZTZFZ BTM WEEEEKPT Room: Physician: Proulx, Zoe Copy to: Order#: 1555587795 D&T Ordered: 2015. 09. 28 08:21 D&T Received: 2015. 09. 28 08:21

Source: Stool Site:

Test Results Status Reported

Ova & Parasites: FINAL 2015.10.13 16:00 Pus cells present. No pathogenic parasites found in this specimen as reported by the Cedar Specialist Group (Cedar Specialist Group), 650 Main St, Guelph, 261 Aldergrove Ave, 650 Main St. Cedar Specialist Group Specimen No. 1555587795

[image]

- FIRST PRINTING OF THIS RESULT PRINTED: 2015.10.13 19:27 by APM to Fairlight Medical Centre PAGE: 1 of 1 Order#: 1555587795 D&T Ordered: 2015. 09. 28 08:21
-

2015-10-13 07:41 PM EDT via VSI-FAX #7308

Westbrook Medical Associates Birchwood Care Clinic Cedar Specialist Group Cedar Specialist Group 650 Main St Guelph, ON 650 Main St T: 997-440-3761 F: 997-440-3761

Medical Record#: 1555587795 Case Number: 1555587795 Last Name: Bui First Name: Paloma Date of Birth: 1962 Sex: F Health Card#: 1555587795 Facility: Fairlight Medical Centre Location: BCZTZFZ BTM WEEEEKPT Room: Physician: Proulx, Zoe Copy to: Order#: 1555587795 D&T Ordered: 2015. 09. 28 08:20 D&T Received: 2015. 09. 28 08:20

Source: Stool Site:

Test Results Status Reported

Ova & Parasites: FINAL 2015.10.13 16:01 Pus cells present. No pathogenic parasites found in this specimen as reported by the Cedar Specialist Group (Cedar Specialist Group), 650 Main St, Guelph, 261 Aldergrove Ave, 650 Main St. Cedar Specialist Group Specimen No. 1555587795

[image]

- FIRST PRINTING OF THIS RESULT PRINTED: 2015.10.13 19:27 by APM to Fairlight Medical Centre Order#: 1555587795 D&T Ordered: 2015. 09. 28 08:20

2015-09-29 09:05 PM EDT via VSI-FAX Page 3 of 5 #3163

Westbrook Medical Associates Birchwood Care Clinic Cedar Specialist Group Cedar Specialist Group 650 Main St Guelph, ON 650 Main St T: 997-440-3761 F: 997-440-3761

Medical Record#: 1555587795 Case Number: 1555587795 Last Name: Bui First Name: Paloma Date of Birth: 1962 Sex: F Health Card#: 1555587795 Facility: Fairlight Medical Centre Location: BCZTZFZ BTM WEEEEKPT Room: Physician: Proulx, Zoe Copy to: Order#: 1555587795 D&T Ordered: 2015. 09. 28 08:21 D&T Received: 2015. 09. 28 08:21

Source: Stool Site:

Test Results Status Reported

Ova & Parasites: INTERIM 2015.09.29 03:22 This specimen has been sent to the Sunnymede Family Practice, 650 Main St, Guelph, 261 Aldergrove Ave, 650 Main St. Results will be reported on the Cedar Specialist Group (Cedar Specialist Group) accessible through Cedar Specialist Group and Cedar Specialist Group (Cedar Specialist Group) and will be transcribed here when available. For inquiry please call the Cedar Specialist Group at 997-440-3761.

[image]

- FIRST PRINTING OF THIS RESULT PRINTED: 2015.09.29 19:46 by APM to APM PAGE: 1 of 1 Order#: 1555587795 D&T Ordered: 2015. 09. 28 08:21

2015-09-29 09:05 PM EDT via VSI-FAX Page 4 of 5 #3163

Westbrook Medical Associates Birchwood Care Clinic Cedar Specialist Group Cedar Specialist Group 650 Main St Guelph, ON 650 Main St T: 997-440-3761 F: 997-440-3761

Medical Record#: 1555587795 Case Number: 1555587795 Last Name: Bui First Name: Paloma Date of Birth: 1962 Sex: F Health Card#: 1555587795 Facility: Fairlight Medical Centre Location: BCZTZFZ BTM WEEEEKPT Room: Physician: Proulx, Zoe Copy to: Order#: 1555587795 D&T Ordered: 2015. 09. 28 08:20 D&T Received: 2015. 09. 28 08:20

Source: Stool Site:

Test Results Status Reported

Ova & Parasites: INTERIM 2015.09.29 03:22 This specimen has been sent to the Sunnymede Family Practice, 650 Main St, Guelph, 261 Aldergrove Ave, 650 Main St. Results will be reported on the Cedar Specialist Group (Cedar Specialist Group) accessible through Cedar Specialist Group and Cedar Specialist Group (Cedar Specialist Group) and will be transcribed here when available. For inquiry please call the Cedar Specialist Group at 997-440-3761.

- FIRST PRINTING OF THIS RESULT PRINTED: 2015.09.29 19:46 by APM to APM Order#: 1555587795 PAGE: 1 of 1 D&T Ordered: 2015. 09. 28 08:20

2015-09-29 09:05 PM EDT via VSI-FAX #3163

Westbrook Medical Associates Birchwood Care Clinic Cedar Specialist Group Cedar Specialist Group 650 Main St Guelph, ON 650 Main St T: 997-440-3761 F: 997-440-3761

Medical Record#: 1555587795 Case Number: 1555587795 Last Name: Bui First Name: Paloma Date of Birth: 1962 Sex: F Health Card#: 1555587795 Facility: Fairlight Medical Centre Location: BCZTZFZ BTM WEEEEKPT Room: Physician: Proulx, Zoe Copy to: Order#: 1555587795 D&T Ordered: 2015. 09. 28 08: 18 D&T Received: 2015. 09. 28 08: 18

Source: Stool Site:

Test Results Status Reported

Ova & Parasites: INTERIM 2015.09.29 03:22 This specimen has been sent to the Sunnymede Family Practice, 650 Main St, Guelph, 261 Aldergrove Ave, 650 Main St. Results will be reported on the Cedar Specialist Group (Cedar Specialist Group) accessible through Cedar Specialist Group and Cedar Specialist Group (Cedar Specialist Group) and will be transcribed here when available. For inquiry please call the Cedar Specialist Group at 997-440-3761.

- FIRST PRINTING OF THIS RESULT PRINTED: 2015.09.29 19:46 by APM to APM Order#: 1555587795 PAGE: 1 of 1 D&T Ordered: 2015. 09. 28 08: 18

2015-09-30 07:48 PM EDT via VSI-FAX Page 3 of 3 #3448

Westbrook Medical Associates Birchwood Care Clinic Cedar Specialist Group Cedar Specialist Group 650 Main St Guelph, ON 650 Main St T: 997-440-3761 F: 997-440-3761

Medical Record#: 1555587795 Case Number: 6518012942 Last Name: Bui First Name: Paloma Date of Birth: 1962 Sex: F Health Card#: 1555587795 Facility: Fairlight Medical Centre Location: BCZTZFZ BTM WEEEEKPT Room: Physician: Proulx, Zoe Copy to: Order#: F7891790 D&T Ordered: 2015. 09. 28 08: 23 D&T Received: 2015. 09. 28 08: 23

Source: Stool Site:

Test Results Status Reported

Clostridium difficile Toxin: FINAL 2015.09.28 09:31 Negative - No Clostridium difficile toxin B gene detected by Cepheid Xpert C. difficile/Epi assay. This assay has a negative likelihood ratio between 0. 03-0. 06. A second test does NOT significantly increase the sensitivity or change the negative likelihood ratio. (Ref: Eur J Clin Microbiol Infect Dis 2013; 32(1): 97-9)

Culture and Sensitivity: FINAL 2015.9.30 08:14 No Salmonella, Shigella, Campylobacter or E. coli O157: H7 isolated.

[image]

- FIRST PRINTING OF THIS RESULT PRINTED: 2015.9.30 19:28 by APM to APM Order#: F7891790 D&T Ordered: 2015. 09. 28 08: 23

2015-09-24 08:28 PM EDT via VSI-FAX Page 3 of 6 #1800

Sunnymede Family Practice Birchwood Care Clinic Cedar Specialist Group 650 Main St Guelph Ontario 650 Main St t: 816-782-6981 f: (211) 635-7400

LABORATORY REPORT

Permanent Chart Copy

Medical Record#:	1555587795
Case Number:	6518012942
Last Name:	Bui
First Name:	Paloma
Date of Birth:	1962 Sex: F
Health Card#:	4729-059-504
Facility:	Fairlight Medical Centre
Location:	BCZTZFZ BTM WEEEEKPT
Room:	
Physician:	Proulx, Zoe
Copy to:	Proulx, Zoe
Order#:	F7891790

D&T Ordered:	2015. 09. 23 13: 05
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Test Name Results Flag Reference Units

BLOOD CHEMISTRY COLLECTED 2015. 09. 23 13: 11

General Blood Chemistry

Test Name	Results	Flag	Reference	Units
Ferritin Plasma	*47		10-264	ug/L
Iron (Fe) Plasma	*12		8-26	umol/L
Transferrin Plasma	*2. 99		2. 00-3. 60	g/L
Calc Iron Binding Pl	*75		50-90	umol/L
Transferrin Sat'n Pl	*0. 16		0. 10-0. 40	

[image]

- FIRST PRINTING OF THIS RESULT Result Flags: L-LOW, H-HIGH, CL-CRITICAL LOW, CH-CRITICAL HIGH, AB-ABNORMAL, X-ABSURD PRINTED: 2015.09.25 19:34 by APM to Rsm,JS07821382.bVdmkw#: F7891790 Aux#: Page: 1 of 1 D&T Ordered: 2015. 09. 23 13: 05 h

2015-09-24 09: 36 AM EDT via VSI-FAX Page 12 of 15 #1425

Sunnymede Family Practice Birchwood Care Clinic Cedar Specialist Group 650 Main St Guelph Ontario
650 Main St t: 816-782-6981 f: (211) 635-7400

LABORATORY REPORT

Permanent Chart Copy

Medical Record#:	1555587795
Case Number:	6518012942
Last Name:	Bui
First Name:	Paloma
Date of Birth:	1962 Sex: F
Health Card#:	4729-059-504
Facility:	Fairlight Medical Centre
Location:	BCZTZFZ BTM WEEEEKPT
Room:	
Physician:	Proulx, Zoe

Copy to:	Proulx, Zoe
Order#:	F7891790
D&T Ordered:	2015. 09. 23 13: 05

Test Name Results Flag Reference Units

HAEMATOPATHOLOGY COLLECTED 2015. 09. 23 13: 11

Analytical Haematopathology

Test Name	Results	Flag	Reference	Units
Haemoglobin	*144		110-150	g/L
White Blood Cell	*7. 71		3. 00-10. 00	X 10 ⁹ /L
Platelet Count	*312		130-400	X 10 ⁹ /L
MCV	*84. 7		80. 0-98. 0	fL
Haematocrit	*0. 439		0. 330-0. 450	L/L
Red Blood Cell	*5. 18	H	3. 50-5. 00	X 10 ¹² /L
MCH	*27. 8		25. 0-33. 0	pg
MCHC	*328		310-365	g/L
RDW-SD	*40. 4		36. 0-50. 0	fL
RDW-CV	*13. 2		11. 0-15. 0	%
MPV	*9. 9		8. 0-13. 0	fL
Nucleated RBC	*0. 00			X 10 ⁹ /L

Automated Differential

Test Name	Results	Flag	Reference	Units
NEUTROPHIL	*5. 64		1. 50-8. 00	X 10 ⁹ /L
LYMPHOCYTE	*1. 40		1. 00-3. 50	X 10 ⁹ /L
MONOCYTE	*0. 41		0. 20-0. 80	X 10 ⁹ /L
EOSINOPHIL	*0. 19		0. 04-0. 40	X 10 ⁹ /L
BASOPHIL	*0. 05		0. 00-0. 10	X 10 ⁹ /L
Immature Granulocyte %	*0. 3		0. 0-1. 0	%

Vitamin B12 & Folate

Test Name	Results	Flag	Reference	Units
Vitamin B12 Plasma	*785	H	179-660	pmol/L

[image]

- FIRST PRINTING OF THIS RESULT Result Flags: L-LOW, H-HIGH, CL-CRITICAL LOW, CH-CRITICAL HIGH, AB-ABNORMAL, X-ABSURD PRINTED: 2015.09.23 19:34 by APM to Rsm,JS07821382.bVdmkw#: F7891790 Aux#: Page: 1 of 2 D&T Ordered: 2015. 09. 23 13: 05 h

Sunnymede Family Practice Birchwood Care Clinic Cedar Specialist Group 650 Main St Guelph Ontario
650 Main St t: 816-782-6981 f: (211) 635-7400

LABORATORY REPORT

Permanent Chart Copy

Medical Record#: 1555587795 Case Number: 6518012942 Last Name: Bui First Name: Paloma Date of Birth: 1962 Sex: F Health Card#: 4729-059-504 Facility: Fairlight Medical Centre Location: BCZTZFZ BTM WEEEEKPT Room: Physician: Proulx, Zoe Copy to: Proulx, Zoe Order#: F7891790 D&T Ordered: 2015. 09. 23 13: 05

Test Name Results Flag Reference Units c o n t i n u e d

BLOOD CHEMISTRY COLLECTED 2015. 09. 23 13: 11

Rapid Blood Chemistry

Test Name	Results	Flag	Reference	Units
Sodium plasma	*142		135-145	mmol/L
Potassium plasma	*4. 3		3. 5-5. 0	mmol/L
Chloride plasma	*102		97-105	mmol/L
Creatinine Plasma	*68		45-80	umol/L
MDRD GFR Estimate PI	*>60		60-9999	mL/min/1. 73m ²

Reference Range: >60 mL/min/1. 73m²

Invalid for drug dosing, pregnancy, muscle mass extremes. Increase estimate by 20% if patient is of African descent. Categories of impairment when estimate stable >3 months: 30-60 Moderate, 15-30 Severe, <15 Kidney Failure. More likely to progress if serial decline >20% per year, proteinuria, diabetes mellitus, or abnormal urinary anatomy.

Test Name	Results	Flag	Reference	Units
Albumin Plasma	*42. 5		40. 0-53. 0	g/L
Bilirubin Total Plasma	*6		3-20	umol/L
GGT Plasma	*21		7-58	U/L
AST Plasma	*17		13-37	U/L

Test Name	Results	Flag	Reference	Units
Amylase Plasma	*88		32-120	U/L
ALT plasma	*17		10-40	U/L
ALP plasma	*97		30-109	U/L

Proteins

Test Name	Results	Flag	Reference	Units
C-Reactive Prot PI	*1. 4			mg/L

Unequivocal inflammatory response >10 mg/L. Cardiovascular Risk Assessment (Circulation 2003; 107: 499-511): Average 2 measurements at least 2 weeks apart (omit CRP >10) Risk: Low <1 mg/L, Average 1-2. 9 mg/L, Higher 3-10 mg/L.

[image]

- FIRST PRINTING OF THIS RESULT Result Flags: L-LOW, H-HIGH, CL-CRITICAL LOW, CH-CRITICAL HIGH, AB-ABNORMAL, X-ABSURD PRINTED: 2015.09.23 19:34 by APM to Rsm,JS07821382.bVdmkw#: F7891790 Aux#: Page: 2 of 2 D&T Ordered: 2015. 09. 23 13: 05 h

Birchwood Care Clinic Cedar Specialist Group Sunnymede Family Practice General Medicine

Dr. Zoe Proulx, MD, PhD, FRCPC Associate Professor of Medicine, Sunnymede Family Practice 261 Aldergrove Ave Guelph, Ontario 650 Main St t: 816-782-6981 f: 997-440-3761

Sep 23, 2015

Dear Dr. Zoe Proulx Fax: 816-782-6981

Regarding: Bui, Paloma PBU: 306593376

Paloma attended Dr. Proulx's clinic today. As you know, she is a patient of Dr. Mehta with a history of Ulcerative colitis with a left sided distribution diagnosed originally in 2013. She is currently in her 50's and is originally from 519 College Rd. She was originally diagnosed in 2013 with proctosigmoiditis and no evidence of disease extension beyond this point. She quickly went into remission on 5-ASA therapy. She has remained relatively stable and in endoscopic remission since then. Her last visit with Dr. Mehta was in March 2015 when he did a sigmoidoscopy in the office and at this time on 6.5grams of Mezavant she had no evidence of rectal inflammation at least. Unfortunately, she has had what sounds like a flare since the [REDACTED-DATE-AND-TIME]. She has been passing 5 stools per day with no nocturnal motions. She has noted blood and mucous and liquid consistency. This occurred after reducing her Mezavant to 2.4 grams and also after starting Aspirin therapy. She started Cortifoam therapy rectally and increased her Mezavant for 4.8 grams. These changes were made two weeks ago. Since then, she started having more solid stool, less blood, and more energy. She still currently has symptoms however they have improved substantially.

On examination, she is well today and has minimal abdominal tenderness. I note that she had recently travelled to 519 College Rd. My impression is that she has recently had a mild flare probably secondary to reducing her 5ASA therapy and possibly with the addition of Aspirin. Her last blood work in April was good with normal hemoglobin and a CRP of 1. We are repeating blood work including CRP today. We are also checking the stool cultures, C-diff toxins and ova and parasites to out rule infection. We are introducing Salofalk to her current treatment regimen and have asked her to continue her Mezavant at her current dose and continue both enemas until her symptoms have resolved. If she is unwell in the interim she will contact us. We will see her in 6 months time.

Sincerely,

[image]

Zoe Proulx Dictated by Dr. Mila Eldridge, GI Fellow Dictated but Not Read

Birchwood Care Clinic Cedar Specialist Group

t 456.795.5054 ext. 2074 f 997-440-3761 www.fairlightmedicalcentre.ca

Dr. Zoe Proulx General Medicine 650 Main St, Guelph, Ontario, Canada 650 Main St

Name (Please print) Paloma Bui Address 261 Aldergrove Ave Date (YYYY MM DD) [REDACTED-DATE-AND-TIME]

Rx Salofalk 1 PR od Repeat _____ Cortifoam 1 pr od Mezavant 4.8 g po od LU Code _____ x 1 month

Rx Repeat (6)

[signature]

LU Code _____ Signed: Dr. _____

262116357

Provider: Proulx - [REDACTED-PROVIDER-IDENTIFIER-CODE] PBU: 306593376 Last Visit: 07/03/2015
Patient #: 060666 ZXZ: 8352063028 XY DOB: 1962 (52 yrs) Name: Bui, Paloma Sex: F 261 Aldergrove Ave Guelph 261 Aldergrove Ave (H):816-782-6981 (B):41- - 0 Ref Phys: Dr. Zoe Proulx([REDACTED-PROVIDER-IDENTIFIER-CODE]) Sunita Whitfield

Next Contact: / / -

[REDACTED-DATE-AND-TIME] - U.C 2013. 519 College Rd ♀

- Proctosigmoiditis
- Had rigid sigmoid at last office visit April [□ clin + endo review on 3.6 Mezavant] Since: 17th August.
- 4 times/ nocturnal bleeding, mucus
- liquidy (had reduced Mezavant to 2.4g and started Aspirin).

Sunita Whitfield: Cortifoam x 2 weeks ↑ Mezavant to 4.8g x 2 weeks. Avoiding fibre.

→ Starting to get solid stool, more energy

Plan: → Stool c+s → CRP, WCC → Salofalk. Continue Mesa + Cortifoam → IF unwell - Mezavant ↑ + add steroid / do scope otherwise

FHx → sister has UC.

SHx: Married Non smoker Non drinkers

NO EIMs

O/E: Well, /BMI/clubbing signs of anemia.

[image of anatomical diagram showing LLQ tenderness] min LLF tenderness.

□: Recent mild flare. likely 2° to ↓ 5ASA + aspirin addition

March 2015 Last blood work:

HB 146	B12 683
WCC 7.03	Alb 43.
Plt 364	CRP 1.
MCV 86.8	

H in 6/12

[signature block]

Patient: Mrs. Paloma Bui **Appointment Date:** 2018-Aug-26 **Title:** MS IBD Follow up **Provider:** Proulx, Zoe **Referred By:** None

I saw Paloma Bui today for follow up of her ulcerative colitis.

Problem History: Ulcerative colitis

IBD Phenotype: Montreal: UC Extent - E2 - Left-sided

Endoscopy Results: 2017-Nov-27 Colonoscopy - TI:normal, asc Mayo 0,tra Mayo 0, at splenic flexure Mayo 2, from 35 cm to rectum May 1, 2017-Aug Sigmoidoscopy - Mayo 2 to splenic flexure and likely beyond.

Active Medications: REMICADE 100 MG VIAL [300mgq4w changed to 600mg q4w in March/2018]

Current Status Up until 1 week ago was having 1 formed BM/day with no blood. In last week stools a little softer with some visible blood - bright red, in toilet or on tissue paper. No urgency. No straining. Some cramping on left side. No infections or skin rashes.

Has been having a lot of legumes/lentils recently.

On physical examination, she looks well and nutritionally fit.

Assessment and Plan Paloma Bui currently has [symptomatic remission|endoscopic remission|complete remission] mildly active symptoms. I am not certain if this is a true exacerbation or if she is having symptoms of fecal loading and/or anal fissure. Her FCP in June was normal and her labs have been fine. IFX level is high with no antibodies. I have suggested a laxative regimen and gave her a prescription for 5ASA enemas should they be required. I have told her to contact me if she is not improving. Will review IFX dosing at next visit.

We will arrange the following investigations: Bloodwork Fecal calprotectin

I will see her again in follow up in 4 months in the office.

Cedar Specialist Group® Therapeutics & Diagnostics 443 Castlefield St Orillia, 443 Castlefield St 650 Main St Phone: 816-782-6981 www.northviewclinic.ca

Cedar Specialist Group® Anser® IFX

Paloma Bui

Patient & Order Information	Report Recipient
Order ID 3308785	Zoe Proulx
Patient 3308785, 1555587795	Westbrook Medical Associates/ Mt. Birchwood Care Clinic Hospital
DOB	261 Aldergrove Ave
SSN Sex M	261 Aldergrove Ave
Institution ID 3308785 Cedar Specialist Group ID 3308785	Guelph, ON 261 Aldergrove Ave
Ordered 05/29/2018 Completed 05/30/2018	Canada
Ordered By Zoe Proulx	
	816-782-6981 Phone 816-782-6981 Fax
	Study 1555587795 Visit Visit #1

Sample ID: 3308785 Collection Date: 05/27/2018 [REDACTED-DATE-AND-TIME] (Serum) Institution
Sample ID: 3308785

Results:

Detectable Serum Infliximab

Undetectable Antibodies to Infliximab

Assay	Result	Lower Limit of Quantification
Serum Infliximab (IFX) concentration	> 34.0 ug/ml	< 1.0 ug/ml
Antibodies to Infliximab (ATI) concentration	< 3.1 U/ml	< 3.1 U/ml

Serum Infliximab Concentration* 34.0 05/27/2018

Antibodies to Infliximab Concentration* 0.0 05/27/2018

Collection Date	IFX	ATI	Current Drug	Last Infusion	Current Dose	Current Interval
05/27/2018	> 34.0 ug/ml	< 3.1 U/ml	Not Provided	Not Provided	Not Provided	Not Provided

*Note - Values reported as exceeding the upper limit of quantification for the assay are plotted on the chart with the limit of quantification value

- The presence of detectable antibodies to infliximab (ATI) is associated with a 34% shorter half-life and 2.7 fold increased clearance.¹
- The presence of detectable ATI is independently associated with a shorter duration of response.²
- A serum infliximab concentration ≥ 3 ug/ml at trough is associated with a mean CRP level that is 52% less than in samples having an infliximab concentration <3 ug/ml.³
- Measuring both serum infliximab level and ATI concentration can provide clinically useful information to aid in the management of patients on infliximab therapy.⁴
- Anser IFX has been validated for use in patients treated with infliximab biosimilars.⁵

The test results are determined by using a size exclusion chromatography based on mobility shift assay on a High-Performance Liquid Chromatography (HPLC) system.

References:

1. Ternant D., et al., Infliximab Pharmacokinetics in Inflammatory Bowel Disease Patients. Ther Drug Monit 2008;30:523-529.
2. Baert F., et al., Influence of Immunogenicity on the Long-Term Efficacy of Infliximab in Crohn's Disease. N Engl J Med 2003;348:601-608.
3. Feagan B., et al., Novel Infliximab (IFX) and Antibody-to-Infliximab (ATI) Assays are Predictive of Disease Activity in Patients with Crohn's Disease. Gastroenterology 2012; 142(5), Supplement 1, Abstract 565.
4. Afif W., et al., Clinical Utility of Measuring Infliximab and Human anti-Chimeric Antibodies Concentrations in Patients with Inflammatory Bowel Disease. Am J Gastroenterol 2010;105:1133-1139.
5. Data on file. Cedar Specialist Group DOF16-002, 02/2016.

Cedar Specialist Group diagnostic services provide important information to aid in the diagnosis and management of certain diseases. Test results should be used with other clinical and diagnostic findings to make a diagnosis and/or prognosis. This test was developed and its performance characteristics determined by Cedar Specialist Group. It has not been cleared or approved by the U.S. Food and Drug Administration. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. This test may be covered by one or more US pending or issued patents - see www.northviewclinic.ca for details.

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Patient: Mrs. Paloma Bui Appointment Date: 2018-May-27 Title: MS IBD Follow up Provider: Proulx, Zoe
Referred By: None I saw Paloma Bui today for follow up of her ulcerative colitis.

Problem History: Ulcerative colitis

IBD Phenotype: Montreal: UC Extent - E2 - Left-sided

Endoscopy Results: [REDACTED-DATE] Sigmoidoscopy - Mayo 2 to splenic flexure and likely beyond.

Active Medications: REMICADE 100 MG VIAL

Current Status Tapered of Prednisone in February. No relapse since then. We had increased Remicade in late February although her levels in November last year were good. Over last few months 1 BM/day. Formed. No blood. No abdominal pain. Occasional rash on back with sweating. Joint pains in knees, lower back, elbows, hands. This is a new pain since dose of Remicade was increased. Pain worse in the morning and at rest.

On physical examination, she looks well and nutritionally fit.

Assessment and Plan Paloma Bui is currently in symptomatic remission from a GI perspective although I do wonder if the joint pains are inflammatory or related to Remicade (ie. antibody mediated).

We will arrange the following investigations: Bloodwork Infliximab serum level with antibodies (with Cedar Specialist Group) Fecal calprotectin

I will see her again in follow up in 4 months.

Patient: Mrs. Paloma Bui Appointment Date: 2018-Feb-11 Title: MS IBD Follow up Provider: Proulx, Zoe
Referred By: None I saw Paloma Bui today for follow up of her ulcerative colitis.

Problem History: Ulcerative colitis

IBD Phenotype: Montreal: UC Extent - E2 - Left-sided

Active Medications: REMICADE 100 MG VIAL Prednisone 5mg/day. Has been tapering over last 2 months.

Current Status 1 BM/day. Semi-formed. No blood. No abdominal pain. No fever. Has been feeling rapid HR in chest daily. Some chest tightness with it. Discussed with her GP. No tests done. A bit better as steroid

dose has been tapered. Also noted thrush on tongue 2 weeks after discharge. Used Nystatin mouth wash. Improves.

On physical examination, she looks well and nutritionally fit. Her HR was normal and regular. Tongue looked normal today. She has no lymphadenopathy. Her lungs are clear to auscultation. She has normal heart sounds. Her abdomen is soft, non-tender with no organomegaly or masses.

Assessment and Plan Paloma Bui is currently in symptomatic remission . However she is just finishing her steroid taper. I need to confirm her Remicade dosing schedule (she was supposed to be on 10mg/kg q4w but may still be on 5mg/kg). We are running out of options to manage relapse and she is suffering from steroid-related side effects. We will hope she stays in remission and she will contact me if she gets worse.

I will see her again in follow up in 3 months in the office.

Birchwood Care Clinic Cedar Specialist Group

IBD Discharge Summary 650 Main St Guelph, Ontario, Canada, 650 Main St Telephone: 816-782-6981

Transcribed by Health Records Services Telephone: 816-782-6981

MSID #: 201 575 576 Last Name: Bui First Name: Paloma Date of Birth: 1962 Sex: F

Visit ID #: [REDACTED-VISIT-ROOM-NUMBER] Visit Type: IP Room #: [REDACTED-VISIT-ROOM-NUMBER] Atten. MD: Arjun Lindgren

Family Physician: Proulx, Zoe Service Type: Acute Care Completed By: Lee, Helena Date completed: 2017-11-30

Visit ID: [REDACTED-VISIT-ROOM-NUMBER] Admitted: 2017-11-26 Discharged: 2017-11-30 Pt. Address: 650 Main St, Guelph, ON, 650 Main St Pt. Phone: 816-782-6981

Most Responsible Diagnosis/ Discharge Diagnosis: Ulcerative Colitis Flare

Discharge Disposition: Home

Allergies: penicillins, amoxicillin, codeine

Chief Complaint/ Presenting Complaint: Worsening bloody bowel movements

Course in Hospital/ Summary of Key Results: Colonoscopy Nov 27 Mayo 1 at splenic flexure for 5 cm and then Mayo 2 from 35cm to rectum

Remicade 600 mg IV on Nov 27 Solumedrol 20 IV BID changed to Prednisone Nov 29, tapered as outpatient

Investigations (Lab Results):

Interventions/ Invasive Procedures/ Treatment: Colonoscopy - see dictated report

CONFIDENTIAL INFORMATION

Birchwood Care Clinic Cedar Specialist Group

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Visit ID #: [REDACTED-VISIT-ROOM-NUMBER] Visit Type: IP Room #: [REDACTED-VISIT-ROOM-NUMBER] Atten. MD: Arjun Lindgren

Pre-existing Conditions Impacting Hospital Stay: Developed more symptoms with steroid tapering, with increasing BMs, abdominal cramping, worsening bloody stools Constitutionally losing some weight, no infectious symptoms Oral intake poor

Developed Conditions Impacting Hospital Stay:

Past Medical History: Ulcerative Colitis Admitted with flare in Aug 2017, in remission with steroids and Remicade

Admission Medications: 5-aminosalicylic acid (5-aminosalicylic acid (SALOFALK)) 1,000 mg, Drug Form= Supp, PR, BID

inFLIXimab (REMICADE) 300 mg, IV, Q60Days

Discharge Medications: *CONTINUE on the following medications from home:* 5-aminosalicylic acid (5-aminosalicylic acid (SALOFALK)) 1,000 mg, Drug Form= Supp, PR, BID Dispense Qty: 30 days supply Refills: 0

Stop the following medications from home: inFLIXimab (REMICADE) 300 mg, IV, Q60Days

Start on the following new medications: 5-aminosalicylic acid (SALOFALK 4 g/60 g Enema) 4 g, Drug Form= Enema, RECTAL, QHS Dispense Qty: 30 days supply Refills: 0

calcium 1500 mg PO daily Comments: supplement while on prednisone, stop Feb 20, 2018 Dispense Qty: 90 tabs Refills: 0

hydrocortisone (CORTIFOAM 10%) 1 App, Drug Form= Aerosol, RECTAL, QAM Dispense Qty: 30 days supply

CONFIDENTIAL INFORMATION

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Visit ID #: [REDACTED-VISIT-ROOM-NUMBER] Visit Type: IP Room #: [REDACTED-VISIT-ROOM-NUMBER] Atten. MD: Arjun Lindgren

Refills: 0

prednisone 25 mg PO daily Comments: start Dec 20, end Dec 26 inclusive Dispense Qty: 7 days Refills: 0

prednisone 30 mg PO daily Comments: start Dec 13, end Dec 19 inclusive Dispense Qty: 7 days Refills: 0

prednisone 35 mg PO daily Comments: start Dec 6, end Dec 12 inclusive Dispense Qty: 7 days Refills: 0

predniSONE 40 mg, Drug Form= Tab, PO, Daily Comments: started Nov 29, end Dec 5 inclusive Dispense Qty: 6 days Refills: 0

prednisone 5 mg PO daily Comments: start Feb 7, end Feb 13 inclusive Dispense Qty: 7 days Refills: 0

prednisone 2.5 mg PO daily Comments: start Feb 14, end Feb 20 inclusive, then stop all prednisone Dispense Qty: 7 days Refills: 0

prednisone 7.5 mg PO daily Comments: start Jan 31, end Feb 6 inclusive Dispense Qty: 7 days Refills: 0

prednisone 10 mg PO daily Comments: start Jan 24, end Jan 30 inclusive Dispense Qty: 7 days

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Visit ID #: [REDACTED-VISIT-ROOM-NUMBER] Visit Type: IP Room #: [REDACTED-VISIT-ROOM-NUMBER] Atten. MD: Arjun Lindgren

Refills: 0

prednisone 12.5 mg PO daily Comments: start Jan 17, end Jan 23 inclusive Dispense Qty: 7 days Refills: 0

prednisone 15 mg PO daily Comments: start Jan 10, end Jan 16 inclusive Dispense Qty: 7 days Refills: 0

prednisone 17.5 mg PO daily Comments: start Jan 3, end Jan 9 inclusive Dispense Qty: 7 days Refills: 0

prednisone 20 mg PO daily Comments: start Dec 27, end Jan 2 inclusive Dispense Qty: 7 days Refills: 0

vitamin D 1000 IU Comments: supplement while on prednisone, stop Feb 20, 2018 Dispense Qty: 90 tabs Refills: 0

Follow-up Instructions for Patient: Dr. Proulx (Gastroenterologist) in [REDACTED-DATE] 2018

Discharged on infliximab 10 mg/kg q4w - infused 600 mg on Nov 27, 2017

CONFIDENTIAL INFORMATION

Birchwood Care Clinic Cedar Specialist Group

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Visit ID #: [REDACTED-VISIT-ROOM-NUMBER] Visit Type: IP Room #: [REDACTED-VISIT-ROOM-NUMBER] Atten. MD: Arjun Lindgren

Follow-up Plan recommended to be implemented by the receiving provider:

Referrals:

Transcribed by: Lee, Helena

Arjun Lindgren

Authenticated 10 days after distribution date

Transcribed by: Lee, Helena Dictated: 2017-11-30 17:16 Transcribed: 2017-12-03 15:10 Distributed: 2017-12-05 15:05 Revised 2017-12-05 15:05 Job #: 1614933/3 tt Copied from report submitted by physician to Fairlight Medical Centre-Transcription Services cc: Proulx, Zoe - (650 Main St, Guelph, Ontario, 650 Main St) Zoe Proulx, MD* - Fax (211) 635-7400

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Most Responsible Diagnosis/ Discharge Diagnosis: Ulcerative Colitis Flare

Discharge Disposition: Home

Allergies: penicillins, amoxicillin, codeine

Chief Complaint/ Presenting Complaint: Worsening bloody bowel movements

Course in Hospital/ Summary of Key Results: Colonoscopy Nov 27 Mayo 1 at splenic flexure for 5 cm and then Mayo 2 from 35cm to rectum

Remicade 600 mg IV on Nov 27 Solumedrol 20 IV BID changed to Prednisone Nov 29, tapered as outpatient

Investigations (Lab Results):

Interventions/ Invasive Procedures/ Treatment: Colonoscopy - see dictated report

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Visit ID #: [REDACTED-VISIT-ROOM-NUMBER] Visit Type: IP Room #: [REDACTED-VISIT-ROOM-NUMBER] Atten. MD: Arjun Lindgren

Pre-existing Conditions Impacting Hospital Stay: Developed more symptoms with steroid tapering, with increasing BMs, abdominal cramping, worsening bloody stools Constitutionally losing some weight, no infectious symptoms Oral intake poor

Developed Conditions Impacting Hospital Stay:

Past Medical History: Ulcerative Colitis Admitted with flare in Aug 2017, in remission with steroids and Remicade

Admission Medications: 5-aminosalicylic acid (5-aminosalicylic acid (SALOFALK)) 1,000 mg, Drug Form= Supp, PR, BID

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Start on the following new medications: 5-aminosalicylic acid (SALOFALK 4 g/60 g Enema) 4 g, Drug Form= Enema, RECTAL, QHS Dispense Qty: 30 days supply Refills: 0

calcium 1500 mg PO daily Comments: supplement while on prednisone, stop Feb 20, 2018 Dispense Qty: 90 tabs Refills: 0

hydrocortisone (CORTIFOAM 10%) 1 App, Drug Form= Aerosol, RECTAL, QAM Dispense Qty: 30 days supply

Page 2 of 5

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Refills: 0

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prednisone 17.5 mg PO daily Comments: start Jan 3, end Jan 9 inclusive Dispense Qty: 7 days Refills: 0

prednisone 20 mg PO daily Comments: start Dec 27, end Jan 2 inclusive Dispense Qty: 7 days Refills: 0

vitamin D 1000 IU Comments: supplement while on prednisone, stop Feb 20, 2018 Dispense Qty: 90 tabs
Refills: 0

Follow-up Instructions for Patient: Dr. Proulx (Gastroenterologist) in [REDACTED-DATE] 2018

Discharged on infliximab 10 mg/kg q4w - infused 600 mg on Nov 27, 2017

CONFIDENTIAL INFORMATION

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Transcribed by Health Records Services Telephone: 816-782-6981

MSID #:	201 575 576
Last Name:	Bui
First Name:	Paloma
Date of Birth:	1962
Sex:	F
Visit ID #:	[REDACTED-VISIT-ROOM-NUMBER]
Visit Type:	IP
Room #:	[REDACTED-VISIT-ROOM-NUMBER]
Atten. MD:	Arjun Lindgren

Follow-up Plan recommended to be implemented by the receiving provider:

Referrals:

Transcribed by: Lee, Helena

Arjun Lindgren

Authenticated 10 days after distribution date

Transcribed by: Lee, Helena Dictated: 2017-11-30 17:16 Transcribed: 2017-12-03 15:10 Distributed: 2017-12-05 15:05 Revised 2017-12-05 15:05 Job #: 1614933/3 tt Copied from report submitted by physician to Fairlight Medical Centre-Transcription Services cc: Proulx, Zoe - (650 Main St, Guelph, Ontario, 650 Main St) Zoe Proulx, MD* - Fax (211) 635-7400

CONFIDENTIAL INFORMATION

Birchwood Care Clinic Cedar Specialist Group

Cedar Specialist Group

650 Main St Guelph, Ontario, Canada 650 Main St t: 997-440-3761 f: (211) 635-7400

Health Card #:	1555587795	Medical Record #	1555587795
Location:	BCZTZFZ BTM WEEEEKPT	Visit #:	[REDACTED-VISIT-ROOM-NUMBER]
Room:	[REDACTED-VISIT-ROOM-NUMBER]		
Physician:	Arjun Lindgren	Last Name:	Bui
Date of Procedure:	2017.11.27	First Name:	Paloma
Accession Date:	2017.11.27	Date of Birth:	1962
Date and Time of Report:	2017.11.28 13:07	Sex:	F

FINAL SURGICAL PATHOLOGY REPORT 1614933/3 tt

PATHOLOGY DIAGNOSIS:

1. Terminal ileum, biopsy:

- Without significant abnormality

2&3. Colon, right and transverse, biopsies:

- Without significant abnormality

4. Colon, at 40 cm, biopsy:

- Focal chronic active colitis
- Negative for dysplasia; no viral inclusions seen

5. Colon, at 35 cm, biopsy:

- Chronic colitis, moderate activity
- Negative for dysplasia; no viral inclusions seen

6. Rectum, biopsy:

- Chronic proctitis, severe activity with ulceration
- Negative for dysplasia; no viral inclusions seen

Note: No cytomegaloviral inclusions are identified on H&E. However, given the clinical request, CMV immunohistochemistry will be performed as a precaution, and the result will follow in an addendum.

Specimen: (1) TERMINAL ILEUM BIOPSY (2) COLON BIOPSY RIGHT (3) COLON TRANSVERSE BIOPSY (4) COLON DESCENDING BIOPSY, PROXIMAL, 40 CM (5) COLON DESCENDING BIOPSY, 35 CM (6) RECTUM BIOPSY

Clinical History: UC flare on Remicade, normal TI + cecal patch, Mayo 2 colitis to splenic flexure, rule out CMV

Printed 2017-11-29 7:40:00 AM Page 1 of 3

Birchwood Care Clinic Cedar Specialist Group

Cedar Specialist Group

650 Main St Guelph, Ontario, Canada 650 Main St t: 997-440-3761 f: (211) 635-7400

Health Card #:	1555587795	Medical Record #	1555587795
Location:	BCZTZFZ BTM WEEEEKPT	Visit #:	[REDACTED-VISIT-ROOM-NUMBER]
Room:	[REDACTED-VISIT-ROOM-NUMBER]		
Physician:	Arjun Lindgren	Last Name:	Bui
Date of Procedure:	2017.11.27	First Name:	Paloma
Accession Date:	2017.11.27	Date of Birth:	1962
Date and Time of Report:	2017.11.28 13:07	Sex:	F

FINAL SURGICAL PATHOLOGY REPORT 1614933/3 tt

Gross Description:

1. The specimen container is labelled with the patient's identification only and contains a single piece of tan tissue that measure 0.7 cm in greatest dimensions.
 - 1 submitted in toto
2. The specimen container is labelled with the patient's identification only and contains 2 pieces of tan tissue that measure 0.3 cm and 0.7 cm in greatest dimensions.
 - 1 submitted in toto

3. The specimen container is labelled with the patient's identification only and contains 4 pieces of tan tissue ranging from 0.2 cm to 0.6 cm in greatest dimensions.
 - 1 submitted in toto
4. The specimen container is labelled with the patient's identification only and contains 3 pieces of tan tissue ranging from 0.2 cm to 0.3 cm in greatest dimensions.
 - 1 submitted in toto
5. The specimen container is labelled with the patient's identification only and contains 2 pieces of tan tissue that measure 0.2 cm and 0.4 cm in greatest dimensions.
 - 1 submitted in toto
6. The specimen container is labelled with the patient's identification only and contains 4 pieces of tan tissue that ranges from 0.1 cm to 0.3 cm in greatest dimensions.
 - 1 submitted in toto

Grossed by: Stefan Sacco

Printed 2017-11-29 7:40:00 AM

Birchwood Care Clinic

Cedar Specialist Group

**Pathology &
Laboratory Medicine**

650 Main St
Guelph, Ontario, Canada 650 Main St
t: 997-440-3761
f: (211) 635-7400

Health Card #:	1555587795	Medical Record #	1555587795
Location:	BCZTZFZ BTM WEEEEKPT	Visit #:	[REDACTED-VISIT-ROOM-NUMBER]
Room:	[REDACTED-VISIT-ROOM-NUMBER]		
Physician:	Arjun Lindgren	Last Name:	Bui
Date of Procedure:	2017.11.27	First Name:	Paloma
Accession Date:	2017.11.27	Date of Birth:	1962
Date and Time of Report:	2017.11.28 13:07	Sex:	F

FINAL SURGICAL PATHOLOGY REPORT 1614933/3 tt

Microscopic Description:

Incorporated into diagnosis

Electronically verified by:

Dr. Rumi Uddin

Printed 2017-11-29 7:40:00 AM

Sunnymede Family Practice 443 Castlefield St Orillia, 443 Castlefield St 650 Main St Phone: 816-782-6981
www.northviewclinic.ca

Cedar Specialist Group Anser IFX Bui, Paloma

Patient & Order Information

Order ID	3308785		
Patient	3308785, 1555587795		
DOB			
SSN		Sex	M
Institution ID	3308785	Cedar Specialist Group ID	3308785
Ordered	11/28/2017	Completed	11/29/2017
Ordered By	Zoe Proulx		

Report Recipient

Zoe Proulx Westbrook Medical Associates/ Mt. Birchwood Care Clinic Hospital 261 Aldergrove Ave 261
Aldergrove Ave Guelph, ON 261 Aldergrove Ave Canada

816-782-6981 Phone 816-782-6981 Fax Study 1555587795 Visit Visit #1

Sample ID: 3308785	Collection Date: 11/27/2017 [REDACTED- DATE-AND-TIME]	(Serum)	Institution Sample ID: 3308785
-----------------------	--	---------	-----------------------------------

Results:

Detectable Serum Infliximab

Undetectable Antibodies to Infliximab

Assay	Result	Lower Limit of Quantification
Serum Infliximab (IFX) concentration	12.3 ug/ml	< 1.0 ug/ml
Antibodies to Infliximab (ATI) concentration	< 3.1 U/ml	< 3.1 U/ml

Serum Infliximab Concentration* [image: graph showing IFX Concentration (ug/ml) over time, with a single data point of 12.3 on 11/27/2017]

Antibodies to Infliximab Concentration* [image: graph showing ATI Concentration (U/ml) over time, with a single data point of 0.0 on 11/27/2017]

Collection Date (last 6 samples)

Collection Date	IFX	ATI	Current Drug	Last Infusion	Current Dose	Current Interval
11/27/2017	12.3 ug/ml	< 3.1 U/ml	Not Provided	Not Provided	Not Provided	Not Provided

*Note - Values reported as exceeding the upper limit of quantification for the assay are plotted on the chart with the limit of quantification value

- The presence of detectable antibodies to infliximab (ATI) is associated with a 34% shorter half-life and 2.7 fold increased clearance.¹
- The presence of detectable ATI is independently associated with a shorter duration of response.²
- A serum infliximab concentration ≥ 3 ug/ml at trough is associated with a mean CRP level that is 52% less than in samples having an infliximab concentration <3 ug/ml.³
- Measuring both serum infliximab level and ATI concentration can provide clinically useful information to aid in the management of patients on infliximab therapy.⁴
- Anser IFX has been validated for use in patients treated with infliximab biosimilars.⁵

The test results are determined by using a size exclusion chromatography based on mobility shift assay on a High-Performance Liquid Chromatography (HPLC) system.

References:

1. Ternant D., et al., Infliximab Pharmacokinetics in Inflammatory Bowel Disease Patients. Ther Drug Monit 2008;30:523-529.
2. Baert F., et al., Influence of Immunogenicity on the Long-Term Efficacy of Infliximab in Crohn's Disease. N Engl J Med 2003;348:601-608.
3. Feagan B., et al., Novel Infliximab (IFX) and Antibody-to-Infliximab (ATI) Assays are Predictive of Disease Activity in Patients with Crohn's Disease. Gastroenterology 2012; 142(5), Supplement 1, Abstract 565.

4. Afif W., et al., Clinical Utility of Measuring Infliximab and Human anti-Chimeric Antibodies Concentrations in Patients with Inflammatory Bowel Disease. Am J Gastroenterol 2010;105:1133-1139.
5. Data on file. Cedar Specialist Group DOF16-002, 02/2016.

Cedar Specialist Group diagnostic services provide important information to aid in the diagnosis and management of certain diseases. Test results should be used with other clinical and diagnostic findings to make a diagnosis and/or prognosis. This test was developed and its performance characteristics determined by Cedar Specialist Group. It has not been cleared or approved by the U.S. Food and Drug Administration. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. This test may be covered by one or more US pending or issued patents - see www.northviewclinic.ca for details.

Ayesha Brown Medical Director

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Printed 11/29/2017 Page 1 of 1 159.3

Birchwood Care Clinic Cedar Specialist Group Cedar Specialist Group

Endoscopy Report

650 Main St Guelph, Ontario, Canada, 650 Main St Telephone: 816-782-6981

Transcribed by Health Records Services Telephone: 816-782-6981

MSID #:	201 575 576
Last Name:	Bui
First Name:	Paloma
Date of Birth:	1962
Sex:	F
Visit ID #:	[REDACTED-VISIT-ROOM-NUMBER]
Visit Type:	IP
Room #:	[REDACTED-VISIT-ROOM-NUMBER]
Atten. MD:	Arjun Lindgren

Visit ID: [REDACTED-VISIT-ROOM-NUMBER] Procedure Date: 2017-11-27 Physician: Arjun Lindgren
Assistant: Jonah Velasquez Anaesthetic: Fentanyl 50 mcg and Versed 3 mg

Diagnosis: Ulcerative colitis

Procedure: Colonoscopy

Postoperative Diagnosis: Active ulcerative colitis to splenic flexure

Clinical History: Ms. Bui is a 54-year-old female who was initially diagnosed with ulcerative colitis in 2015. At that time, her disease was limited to the sigmoid and rectum. She was initially well-controlled on oral and rectal 5-ASA alone. In August 2017, she presented with an ulcerative colitis flare. A flexible sigmoidoscopy at that time showed Mayo 2 disease extending now to the splenic flexure. She was started on Remicade and IV steroid with an excellent response to therapy in hospital. On discharge home, she was having infrequent, formed, brown bowel movements with minimal blood. Unfortunately as she got to the end of her steroid taper, she began to have looser, more frequent and increasingly bloody stools. She received an additional dose of Remicade at 5 mg/kg, but her symptoms persisted. Her last dose of Remicade was the beginning of November and her level at that time was 8.

Procedure Note: Informed consent was obtained from the patient. The indications, risks and benefits including, but not limited to the risk of perforation, bleeding and sedating medications were described. The slightly increased risk of perforation in the setting of active inflammation was highlighted and all of the patient's questions were answered. The patient was placed in the left lateral decubitus position and sedation provided in the form of fentanyl 50 mcg and Versed 3 mg. A digital rectal examination was performed. This was normal.

A colonoscope was introduced into the rectum and advanced to the cecum with intubation of the terminal ileum. Bowel preparation was excellent with minimal liquid stool requiring aspiration. The terminal ileum looked normal. Biopsies were taken to confirm. The colonoscope was then slowly withdrawn with careful examination of the mucosa. From the cecum to distal transverse colon, the mucosa was completely normal. Starting at the

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Atten. MD:	Arjun Lindgren

splenic flexure measured at 40 cm, there was a 5 cm length of Mayo 1 disease with circumferential erythema, mucosal edema and decreased vascular pattern. From 35 cm to the rectum, there was a continuous segment of Mayo 2 disease with mucosal erythema, friability, decreased vascular pattern and small scattered erosions. Biopsies were taken in the right colon, transverse, left colon, sigmoid and rectum to confirm the extent of active inflammation. Additional biopsies were taken in the rectum to rule out underlying CMV infection. The colonoscope was slowly withdrawn and the patient was transferred to the Recovery Room in stable condition.

In summary, Ms. Bui is a 54-year-old female with a known history of ulcerative colitis currently on Remicade 5 mg/kg q4 weeks. Her colonoscopy today revealed persistent active inflammation from rectum to splenic flexure, which seems similar to her findings from August 2017. Though she had an initial response to therapy at that time, it is not clear if this was primarily the prednisone or Remicade, which she was started on simultaneously. Given that her most recent Remicade level was 8, we will start the patient on IV steroids and increase her dose to 10 mg/kg q4 weeks in the hopes that dose optimization of the Remicade will result in maintenance of remission on this biologic therapy.

Arjun Lindgren

Authenticated 10 days after distribution date

Dictated by: Jonah Velasquez Dictated: 2017-11-27 13:46 Transcribed: 2017-11-27 13:53 Distributed: 2017-11-27 13:53

Job #: 1614933/3 tt cc: Zoe Proulx, Family Physician Zoe Proulx, MD* - Fax (211) 635-7400

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Inpatient Consult Note

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Atten. MD:	Arjun Lindgren

Visit ID:	[REDACTED-VISIT-ROOM-NUMBER]
Consultant:	Jonah Velasquez for Arjun Lindgren
Admitted:	2017-11-26
Consultation Date	2017-11-26
Service:	Gastroenterology

Mrs. Bui is a 54-year-old female with a known history of ulcerative colitis who presents to hospital with symptoms suggestive of a flare in spite of Remicade therapy.

Past Medical History:

Ulcerative colitis - diagnosed in 2013.

Allergies:

1. Amoxicillin.
2. Codeine.
3. Penicillin.

History of Presenting Illness:

Ms. Bui was initially diagnosed with ulcerative colitis in 2013. At that time, she presented with left-sided proctosigmoiditis. At that time, she was treated with oral 5-ASA alone, and because of persistent symptoms and inflammation, topical rectal therapy was added as well. She had a repeat scope in November 2015 which showed Mayo 2 proctitis to 15 cm but continued on topical 5-ASA therapy. In August 2017, she was admitted to Birchwood Care Clinic with a flare. Flexible sigmoidoscopy at that time identified Mayo 2 disease to the splenic flexure. She was started on IV steroid and Remicade. She had a good response to therapy with decreased frequency of bowel movements, more formed stools, and less blood.

Unfortunately, as she began to taper her oral steroids and as she went further out from her dose of Remicade, she reported new-onset increased frequency of bowel movements, abdominal cramping, tenesmus, and increasingly bloody stools. It is not clear whether this increase in symptoms is due to a lack of response to Remicade or need for biologic optimization. She received an extra dose of Remicade. Her last dose was Oct 31, 2017, and her next dose is due on Nov 28, 2017.

Medications:

- 1. Remicade.
- 2. Salofalk suppositories 1 g b.i.d.

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Physical Examination:

On physical examination, the patient looks well. She is sitting up at the side of the bed and in no acute distress. BP 129/72 mmHg with heart rate of 80 beats per minute and afebrile. On cardiovascular examination, there are normal heart sounds, no extra heart sounds, no murmurs, and no edema. On respiratory examination, there is equal air entry bilaterally with no adventitial sounds. On abdominal examination, bowel sounds are present, and the abdomen is soft and nontender to palpation with no guarding, rigidity, or rebound tenderness.

Investigations:

WBC 6.16, hemoglobin 137, platelets 367, ESR 32, CRP 3.2, electrolytes normal, creatinine 65.

Abdominal x-ray - featureless left colon with stool loading.

Assessment and Plan:

In summary, Ms. Bui is a 54-year-old female with a known history of ulcerative colitis most recently involving rectum up to splenic flexure on Remicade. She presents with symptoms of increased stool frequency, abdominal cramping, tenesmus, and intermittently bloody stools consistent with a flare of her disease. At this point, the cause of her symptoms is not clear. It is possible that:

1. She has not responded to Remicade;
2. She has had some healing, but her proctitis remains which is giving her the symptoms of tenesmus and bloody bowel movements; or,
3. She has partially responded to Remicade, but the dose needs to be optimized.

She has been admitted to the Inpatient GI Service. We have prepped her for a colonoscopy to assess for healing. Post-scope, we will make further recommendations about any changes to her therapy.

Arjun Lindgren

Authenticated 10 days after distribution date

Dictated by:	Jonah Velasquez
Dictated:	2017-11-26 17:17
Transcribed:	2017-11-26 18:14
Distributed:	2017-11-27 09:04
Revised:	2017-11-27 09:04
Job #:	1614933/3 tt
cc:	Zoe Proulx, MD* - Fax (211) 635-7400, Gastroenterologist
	Zoe Proulx, Family Physician

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Procedure Date:	2017-11-27
Physician:	Arjun Lindgren
Assistant:	Jonah Velasquez
Anaesthetic:	Fentanyl 50 mcg and Versed 3 mg

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Procedure: **Colonoscopy**

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2017-11-07 16:47:32 1 /1

Birchwood Care Clinic

APM Accredited LAB Accrédité CCN

Prescriber	Patient
Name: Zoe Proulx	Name: Bui, Paloma
Clinic: CLINIC (Northview Clinic)	
Address: 650 Main St	Date of birth: 1962 Age: 54
Guelph, ON 650 Main St	Sex: F
Telephone: 997-440-3761	Health Ins. 1555587795
Fax: 997-440-3761	

Note: *Infliximab testing procedure (Reflex Testing): Infliximab drug levels and antibodies are tested using a stepwise, reflex procedure. Infliximab drug levels are tested initially and reported. If the Infliximab drug level is undetectable (≤ 0.035 $\mu\text{g/mL}$) then anti-Infliximab antibody levels will be tested and reported.

Biochemistry

Analysis	Specimen	Result	Reference value	Unit	Status
Infliximab Drug Level*	Serum	8.771		$\mu\text{g/mL}$	

Interpretation Therapeutic level Anti-Infliximab antibodies will not be tested

Method: Reference cut-points defined by a consensus of gastroenterologists, applicable in the context of inflammatory bowel diseases: <3 $\mu\text{g/mL}$: sub-therapeutic level 3-7 $\mu\text{g/mL}$: therapeutic level

7 $\mu\text{g/mL}$: supra-therapeutic level

Infliximab therapy is indicated for a number of inflammatory diseases like rheumatoid arthritis and IBD including Crohn Disease and Ulcerative Colitis.

Comments:

[signature] Zoe Proulx Clinical Biochemist

Date Collected	Date Received	Date completed	Date of Report	Report
2017-10-31	2017-11-01	2017-11-07	2017-11-07	Complete

650 Main St, Nanaimo (607 Wellington Rd) Canada 650 Main St T (211) 635-7400 F (211) 635-7400 Page 1 of 1

Patient: Mrs. Paloma Bui Appointment Date: 2017-Oct-22 Title: MS IBD Follow up Provider: Proulx, Zoe Referred By: None

I saw Ms. Paloma Bui today for follow up of her ulcerative colitis.

Current Status Had first dose of Remicade [REDACTED-DATE-AND-TIME] in hospital. Third dose of induction received Sep 28. Feels improved since starting Remicade. Finished prednisone October 11. Since then her symptoms have become a little worse. 7 BMS/day now which is worse than a few weeks ago. Stools fairly formed. Blood visible 1- 2x/day. Some urgency. Weight stable. Eating ok. (Vegetarian)

Active Medications: REMICADE 100 MG VIAL [300mg q8w]

Assessment and Plan Paloma Bui is currently looking relatively well but seems to be having some breakthrough symptoms after tapering steroids. I am going to suggest increasing her Remicade to q4weeks for now and see if we can get things under better control. Bloodwork normal.

We will arrange the following investigations:

Infliximab trough level Fecal calprotectin

I will see her again in 4 months.