SESSION (2)

Optimizing Management in IBD: Switching Biologics

Optimizing Management in Inflammatory Bowel Disease: Switching Biologics

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The biologics approved for Crohn's disease (CD) and ulcerative colitis in North America include the tumour necrosis factor-α (TNF-α) inhibitors infliximab, adalimumab, and golimumab (also certolizumab pegol for CD in the United States) and the anti-integrin agent vedolizumab (also natalizumab for CD in the United States). There is no doubt that these agents have favorably altered the trajectory of the natural history and improved the quality of life of many patients with inflammatory bowel disease. However, the variability in pharmacokinetics of these agents, their potential for immunogenicity, and the differences between objective bowel inflammation and clinical manifestations make them complicated drugs to use in real-world clinical practice. This presentation will examine the need for dose escalation of biologics and will attempt to bolster the case for combination therapy (biologic plus immunosuppressive agent) in most clinical case scenarios. The positioning of TNF-α inhibitors relative to anti-integrin agents will be reviewed, as will the concept of treat-to-target (using objective markers of inflammation in an algorithmic approach to make treatment decisions). The importance of therapeutic drug monitoring in making decisions about dose escalation or switching biologics will also be discussed.

References

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