



## OPTIMIZING MANAGEMENT IN IBD: WHAT WE (THINK) WE KNOW?

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The medical management of inflammatory bowel disease has undergone enlightened evolution over the past 20 years. Although the introduction of tumour necrosis factor- $\alpha$  (TNF- $\alpha$ ) antagonists (infliximab, adalimumab, and certolizumab pegol) and selective leukocyte adhesion molecule inhibitors has substantially improved patient care, recent data indicate that an opportunity exists for even greater efficacy and safety gains through optimization of the use of these biologic agents.

Optimization strategies will be discussed in detail. Current concepts include use of biologics early in the course of the disease in high-risk patients; use of combination therapy (immunosuppressive plus a monoclonal) to reduce immunogenicity, increase trough drug concentrations, and enhance efficacy; and therapeutic drug monitoring to inform clinical decision-making.

In 2014 optimal management for Crohn's disease (CD) requires identification of high-risk patients, which include those with complex fistulas, severe endoscopic ulceration, extensive disease, and high-risk anatomy (perianal, rectal, or foregut involvement) and the presence of severe clinical disease activity, low albumin, clinically important weight loss, a rapidly progressive course, and corticosteroid resistance. Low-risk patients can be treated with agents that control symptoms, such as budesonide, short-course induction prednisone, and anti-diarrheals, and careful follow-up for signs of high-risk disease behavior. In contrast, high-risk patients require the best available therapy, a biologic, which may be a TNF- $\alpha$  antagonist or vedolizumab plus an anti-metabolite immunosuppressive.

In ulcerative colitis (UC) the situation is different and more complex. UC is a more forgiving disease than CD and is characterized by superficial, mucosal inflammation. A traditional step-care approach is useful for many patients, although severe disease may need a "top-down" approach. The use of therapeutic drug monitoring may be especially valuable for the management of severe colitis since these patients clear monoclonal antibodies rapidly through multiple mechanisms.

*For both diseases* a treat-to-target paradigm based on both clinical symptoms and objective evaluation of response is evolving, with endoscopic assessment playing a vital role.

### References

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