SESSION 5

To Switch Or Not To Switch? That is the question...

INTERACTIVE CASE PRESENTATION

CASE 1

Charles is a 60-year-old steel worker with Crohn's colitis. He is taking adalimumab 40 mg SC weekly and methotrexate 12.5 mg PO weekly. Recent therapeutic drug monitoring (TDM) has shown his trough serum level to be 12.2 mcg/mL. A surveillance colonoscopy shows scarring and inflammatory polyps throughout the colon, multiple aphthous ulcers and several linear ulcers in the rectum. Magnetic resonance enterography (MRE) notes no small bowel disease but an uncomplicated trans-sphincteric fistula.

ARS Decision Node

1. What treatment strategy would you recommend to Charles?

- **a.** Increase the adalimumab dose
- **b.** Switch to infliximab
- **c.** Switch to ustekinumab
- **d.** Switch to vedolizumab
- **e.** Continue adalimumab and add vedolizumab

CASE 2

Chantelle is a 19-year-old engineering student with left-sided ulcerative colitis. Four months ago, she was started on vedolizumab and is now receiving 300 mg IV every eight weeks. Her symptoms initially improved, but are now the same as when she started therapy. You repeat her sigmoidoscopy and find Mayo 2 activity to at least 25 cm. You add budesonide MMX® 9 mg daily and arrange for an early dose of vedolizumab the next day, which would mean a four-week interval. Four weeks later her symptoms are unchanged. Review of her biopsies returned, showing granulomas in the rectum but no dysplasia.

ARS Decision Node

2. What treatment strategy would you recommend to Chantelle?

- **a.** Continue vedolizumab every four weeks
- **b.** Switch to adalimumab
- **c.** Switch to infliximab
- **d.** Add oral azathioprine
- **e.** Surgical consultation for colectomy

CASE 3

Ahmed is a 29-year-old tattoo artist with extensive small-bowel Crohn's disease, who was started nine months ago on ustekinumab 90 mg SC every 8 weeks as monotherapy. He feels well, but is frustrated that he cannot gain weight, and MRE shows persistent mid-jejunal ulceration. You take advantage of a new TDM program and find that his serum ustekinumab level at trough is 6.1 mcg/mL.

ARS Decision Node

3. What treatment strategy would you recommend to Ahmed?

- **a.** Shorten his ustekinumab injection interval to four weeks
- **b.** Switch to adalimumab
- **c.** Switch to infliximab
- **d.** Switch to vedolizumab
- **e.** Add SC methotrexate