



## SESSION 5

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

## MAXIMAL TREATMENT OPTIMIZATION BEFORE SWITCHING

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The treatment landscape for IBD is rapidly evolving, with the recent approval of novel biologics and multiple agents in late-phase development. In the past 20 years, tumor necrosis factor (TNF) antagonists have provided clinicians and patients with better options. However, approximately one-third of biologic naïve patients fail to respond to induction therapy, and of those initially responding, up to 40% ultimately fail treatment due to suboptimal drug exposure (due to immunogenicity or high drug clearance), side effects or other poorly characterized mechanisms. New therapies such as vedolizumab, an integrin blocker that prevents T-cell trafficking to the gut, and ustekinumab, an antibody blocking the common p40 subunit of interleukin (IL)-12 and -23, have been introduced to the market. These therapies are effective in both TNF-antagonist-naïve patients and those who have failed these agents. Several other new drugs, including novel anti-trafficking therapies (e.g., anti-β7 and sphingosine-1-phosphate receptor modulators), antibodies against IL-23, and small molecules including Janus kinase inhibitors, are under investigation in phase II and III trials.

In addition to these new agents, multiple strategies have evolved that have great potential to optimize treatment in a given patient. Many of these approaches are based on the precepts of “precision medicine.” First, the management of IBD has evolved from targeting control of symptoms to suppression of mucosal inflammation. Second, this shift in thinking has been accompanied by a movement away from “step-care” to the early use of highly effective therapy in poor-prognosis patients. Third, adoption of therapeutic drug monitoring has been a useful management tool in patients who lose response to biologics. Finally, we are beginning to see that selecting specific drug therapies in IBD for a given patient is possible just as it is in oncology. Validation of this approach is an integral component of reducing the high cost of medical therapy.

Current treatment options and optimization strategies will be discussed, with an emphasis on practical suggestions for patient management.

### References

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