SESSION 2

BIOLOGIC THERAPY IN IBD: TODAY AND TOMORROW

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Ulcerative colitis (UC) and Crohn's disease (CD) result from dysregulated immune responses to microbial antigens in genetically susceptible individuals. Given that the exact aetiology of both conditions is unknown, immunosuppression remains the basis of treatment. However, our evolving understanding of the immune mechanisms relevant to disease pathogenesis has led to development of novel classes of therapy with superior efficacy and safety than traditional broad-spectrum agents such as corticosteroids, thiopurines and methotrexate. Current monoclonals include TNF antagonists (infliximab, adalimumab) the anti-integrin vedolizumab and the interleukin 12/23 antagonist, ustekinumab. Although these drugs are now widely used for treatment of both UC and CD, important questions remain regarding their integration into treatment algorithms and how to achieve optimal results for a given agent.

Emerging concepts that will shape the field include an increased emphasis on personalized medicine (right drug, right dose, right time) and the development of new biologics, most notably the interleukin-23 antagonists, novel anti-integrins and oral peptide-based strategies. However, it is highly unlikely that any of these new agents will achieve high remission rates as monotherapy based upon our current understanding of disease pathophysiology. Accordingly, future treatment algorithms will likely feature orthogonal combinations of oral biologics characterized by high efficacy and low systemic immunosuppression.

The current status of biologic therapy for IBD will be reviewed and some thoughts offered regarding future developments in the field.

References

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