



She undergoes six weeks of radiotherapy. She had a percutaneous endoscopic gastrostomy (PEG) tube inserted to help with nutrition as she had difficulty swallowing post-operatively. You do FCP testing every three months.

- FCP (January): 228 mcg/kg
- FCP (April): 1286 mcg/kg

Clinically she is doing okay, with two to three bowel movements daily and no significant abdominal pain. Her perianal disease is inactive. She has completed her radiotherapy. You decide to restart therapy, as the FCP is rising.

Decision Node 3

- Do you restart both infliximab and MTX?
- Would you have done anything differently if she was on chemotherapy?

She receives a standard three-dose induction regimen of infliximab adjusted to her new weight. You decide to use monotherapy and not restart the immunomodulator. Repeat FCP in four months is 56 mcg/kg. She continues to follow with oncology, ENT, and gastroenterology. She requires repeat dilations of her post-radiotherapy esophageal stricture.

Decision Node 4

- Would you have chosen a non-anti-TNF agent when the FCP increased?
- How will your knowledge of safety and efficacy of other anti-TNF agents, ustekinumab and vedolizumab, affect the choice of one drug over the others in patients with cancer?
