



SESSION 4 CROHNS'S DISEASE So Many Choices: Positioning advanced therapies in Crohn's disease

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Until recently questions concerning choice of advanced therapies in Crohn's disease were limited to "When to start an anti-TNF?", "Which anti-TNF?", and "What to do when anti-TNF fails?". The development and approval of alternate pathway biologics and targeted oral small molecules have rapidly augmented the possibilities for treatment sequencing. Choice of first and subsequent advanced therapies must consider efficacy in achieving treatment targets, durability, and safety, with additional factors such as speed of onset and ease of regimen factoring into patient preferences.

Data guiding positioning recommendations include: direct evidence from head-to-head randomized trials; indirect evidence of comparative efficacy and safety from network meta-analyses of randomized controlled trials; propensity score matched analyses of individual patient data from randomized placebo-controlled trials of different agents or of observational data. Important lessons regarding optimization of efficacy in achieving and maintaining remission were learned with anti-TNFs and must be adapted for emerging therapies.

Investigation of the role of dual biologic therapy has just begun. Phenotypic features of Crohn's disease, including location, behaviour, and presence of extra-intestinal manifestations may impact optimal choice, but biomarkers predictive of anticipated clinical course or response to therapy in clinical practice are yet to be identified.

References

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