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SAGES Patient forum, 2018
Medication for IBD: what's new...?

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Disclosures

- Prof. Lindsay has:
 - Served as consultant and an advisory board participant for AbbVie, Actavis (Warner Chilcott), Atlantic Healthcare, Celtrion, Ferring, GSK, Janssen, MSD, Napp, Pfizer, Shire, Takeda and Vifor Pharma
 - Received speaker fees and sponsorship to attend academic meetings from AbbVie, Actavis (Warner Chilcott), Ferring, Janssen, MSD, Shire and Takeda and Tillotts
 - Received investigator led research grants from Hospira, Shire and Takeda

Medication for IBD: what's new

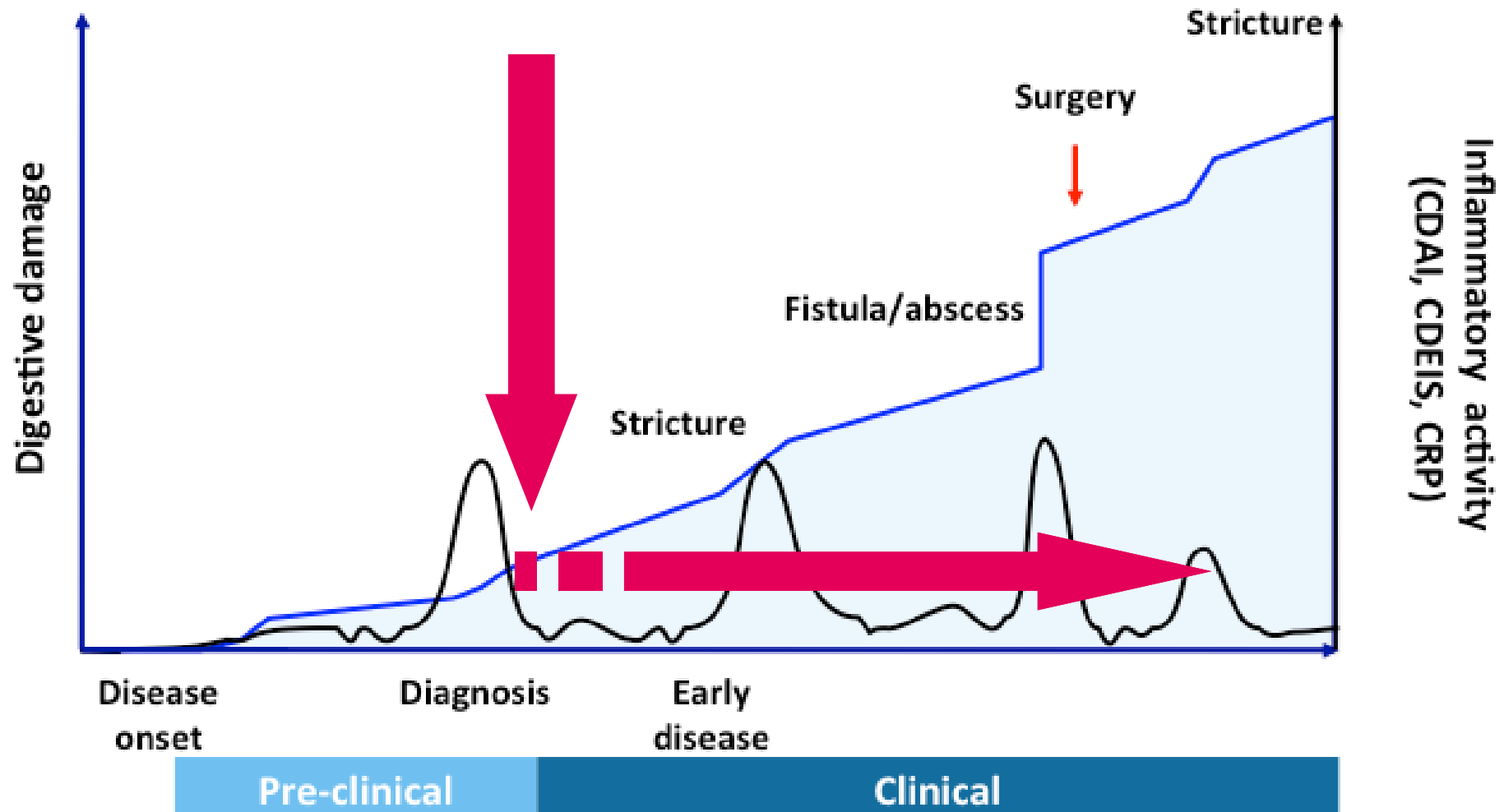
What will we cover: new concepts...

New concepts...

- ...in disease course and progression
- ...in the evolving therapeutic landscape
- ...in organization of medical care
- ...in using technology to enhance patient care

New concepts in disease course

Crohn's disease is a progressive disease



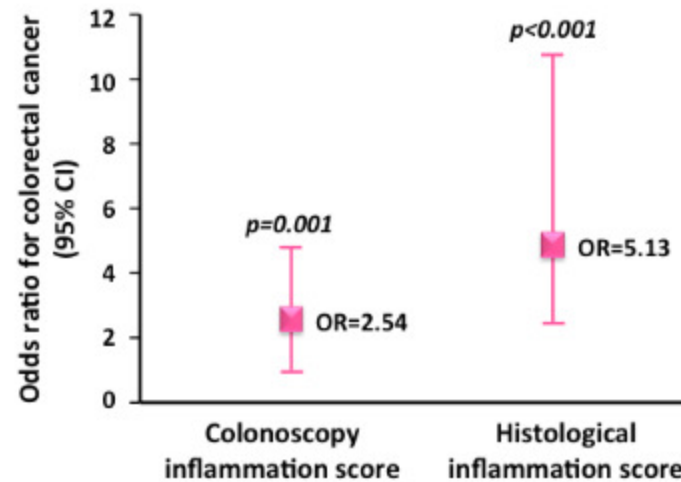
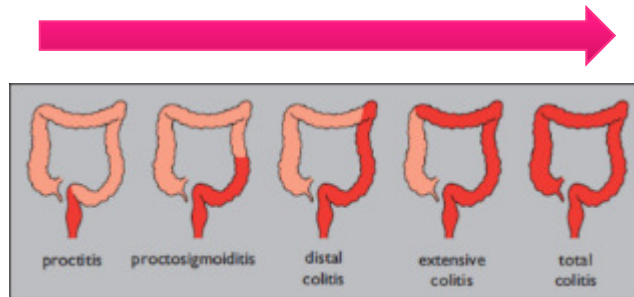
IBD, inflammatory bowel disease; CD, Crohn's disease; UC, ulcerative colitis.

Bernklev T, et al. *Inflamm Bowel Dis* 2005;11:909–18.

Pariente B, et al. *Inflammatory Bowel Disease* 2011;17:1415–22.

New concepts in disease course

UC is a progressive disease with an impact on QoL



ORs for colorectal cancer are for each 1-point increase in inflammation score



Images provided by the author, with patient consent.

Evolving therapeutic landscape

Treatment goals have changed and will continue to do so...

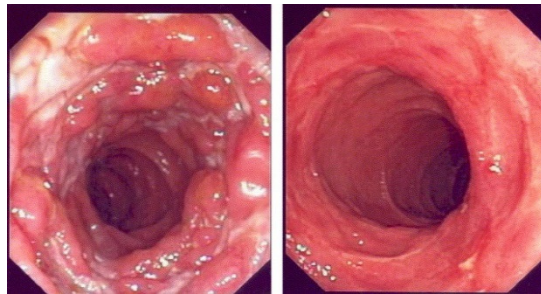
Need to achieve a pre-determined target within the appropriate timeframe

Symptomatic
benefit

Steroid-free
remission



Mucosal
healing



Histological
remission



Reduced
hospitalisation
and surgery

Evolving therapeutic landscape

Treatment needs to extend beyond gut inflammation...



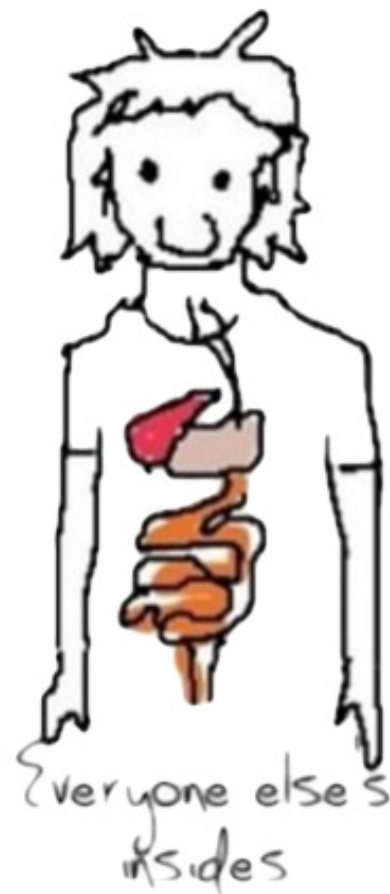
- Impact of disease on all aspects of life
 - Work / family / social life
 - Psychological impact of chronic disease
 - Nutrition and food related QoL
- Inflammatory vs non inflammatory symptoms
 - Immunosuppressants do not treat IBS
 - Inappropriately targeted treatments risk side effects with no benefit
 - Research into treatments for the 'non inflammatory' symptoms
 - FINS
 - FODMAP
 - Fatigue

FINS, faecal incontinence intervention study; FODMAP, fermentable, oligosaccharides, disaccharides, monosaccharides and polyols; IBS, irritable bowel syndrome; QoL, quality of life

Evolving therapeutic landscape

Treatment needs to extend beyond gut inflammation...

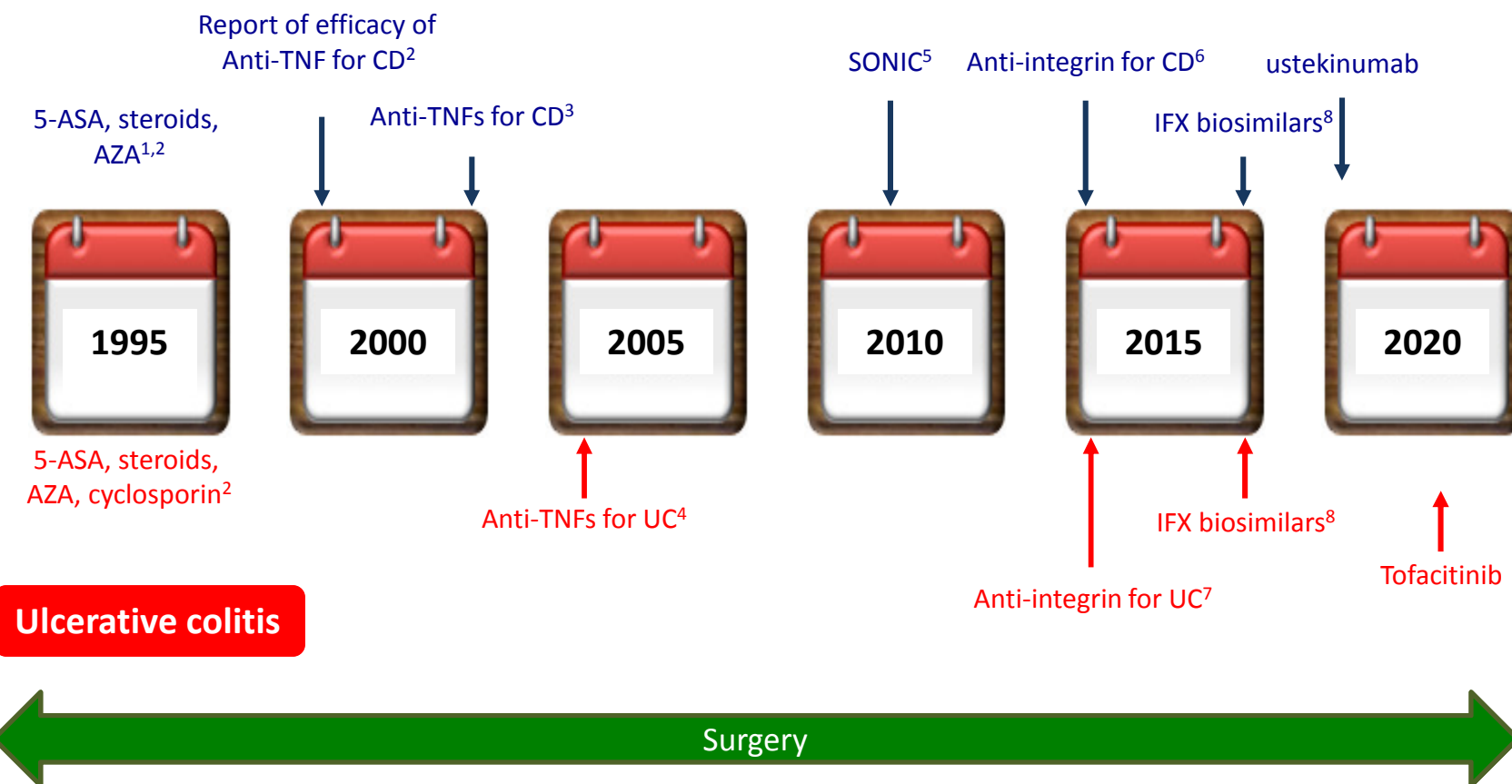
Patient perspective is crucial



Evolving therapeutic landscape

Drug choices are increasing and this will continue...

Crohn's disease

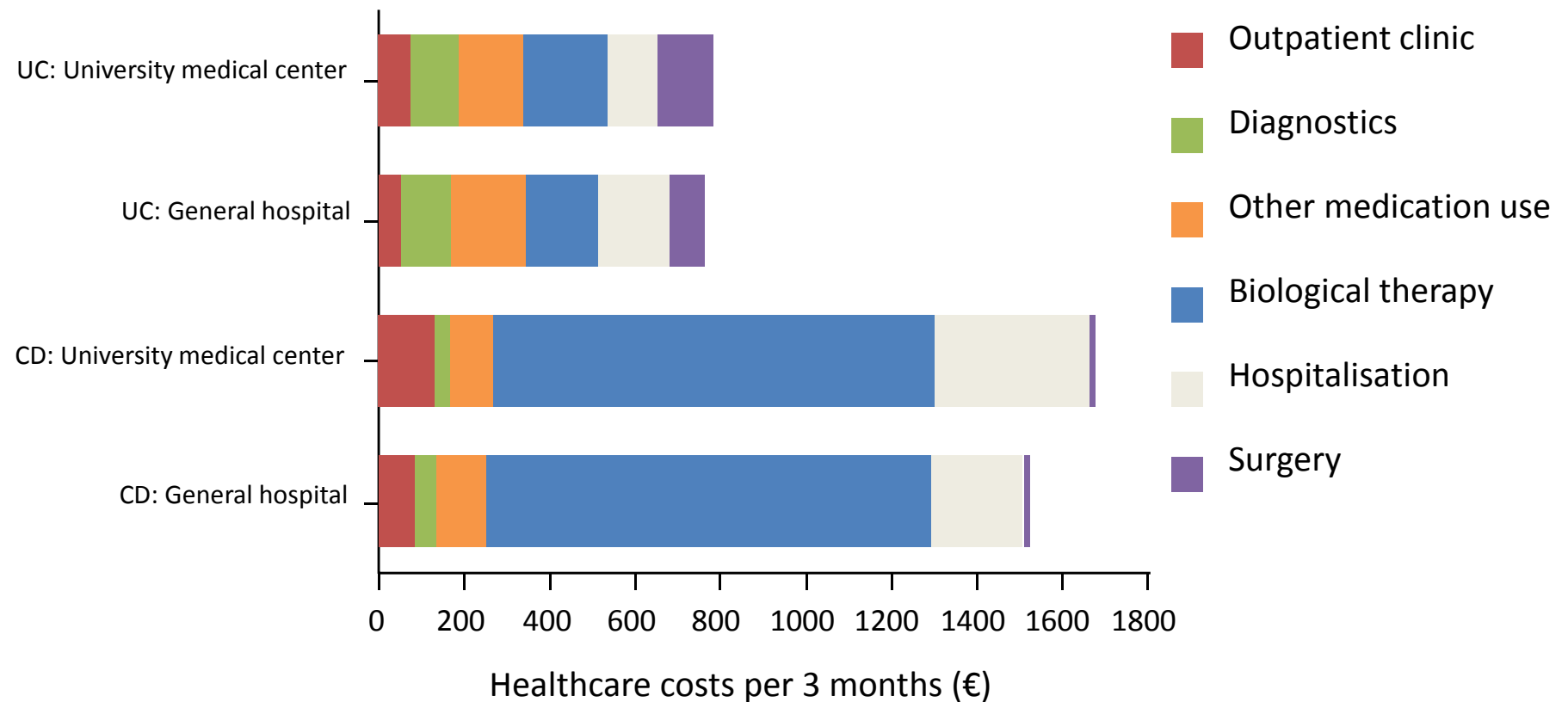


1. Mulder DJ, et al. *J Crohns Colitis*. 2014;8:341–8; 2. Botoman VA, et al. *Am Fam Physician*. 1998;57:57–68; 3. NICE TA40. 2002. Available at: <https://www.nice.org.uk/guidance/ta40>. Accessed: 23 May 2016; 4. FDA. Approval of biologics license application for infliximab in moderately to severely active UC. Available at: http://www.accessdata.fda.gov/drugsatfda_docs/appletter/2005/103772_5113ltr.pdf. Accessed: 23 May 2016; 5. Colombel JF, et al. *N Engl J Med*. 2010;362:1383–95; 6. NICE TA352. 2015. Available at: <https://www.nice.org.uk/guidance/ta352>. Accessed: 23 May 2016; 7. NICE TA342. 2015. Available at: <http://www.nice.org.uk/guidance/ta342>. Accessed: 23 May 2016; 8. NICE technology appraisal adoption support for introducing biosimilar versions of infliximab. 2015. Available at: <https://www.nice.org.uk/guidance/ta329/resources/nice-technology-appraisal-adoption-support-for-introducing-biosimilar-versions-of-infliximab-infliximab-infliximab-639989081845>. Accessed: 23 May 2016.

Evolving therapeutic landscape

Drug costs are increasing and this will continue...

Healthcare costs of IBD: Results from the COIN study (1315 CD patients and 937 UC patients)



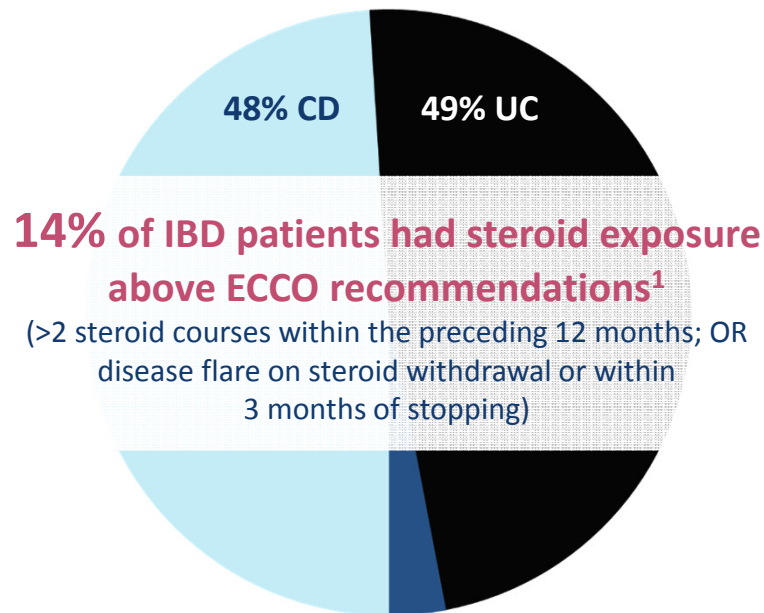
Evolving therapeutic landscape

Don't be afraid to move with the times...

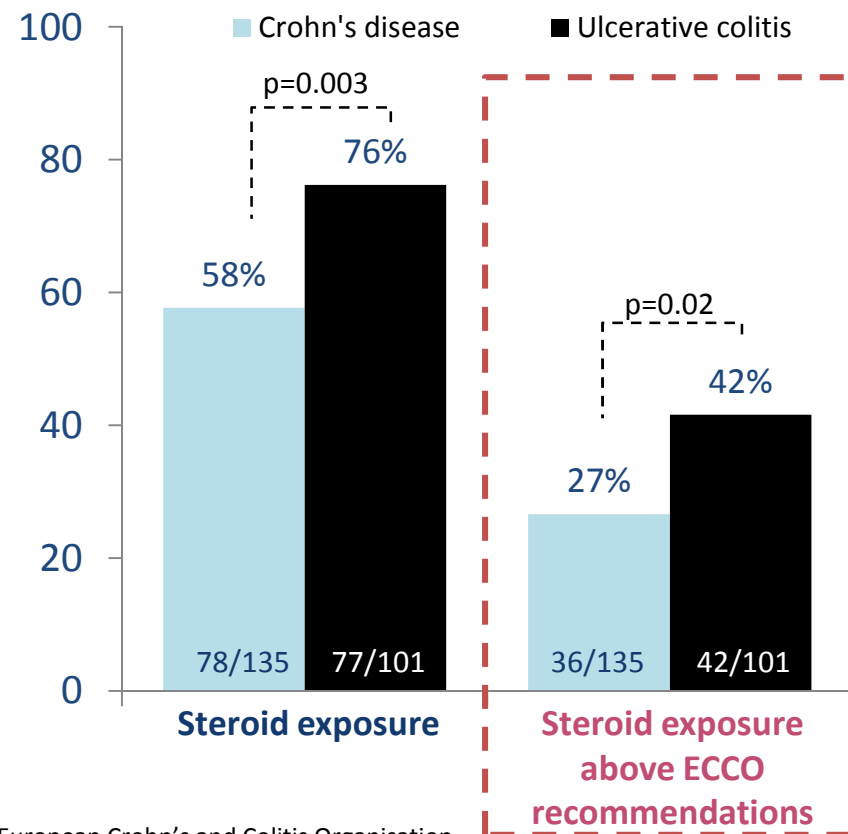
STERIOD OVERUSE: Audit of steroid use in 1,177 IBD patients in 11 UK national centres¹

Audit population¹

- 79% in remission or had mild disease
- 18.5% had moderate disease
- 2.5% had severe disease



Moderate-to-severe patients^{1,2}

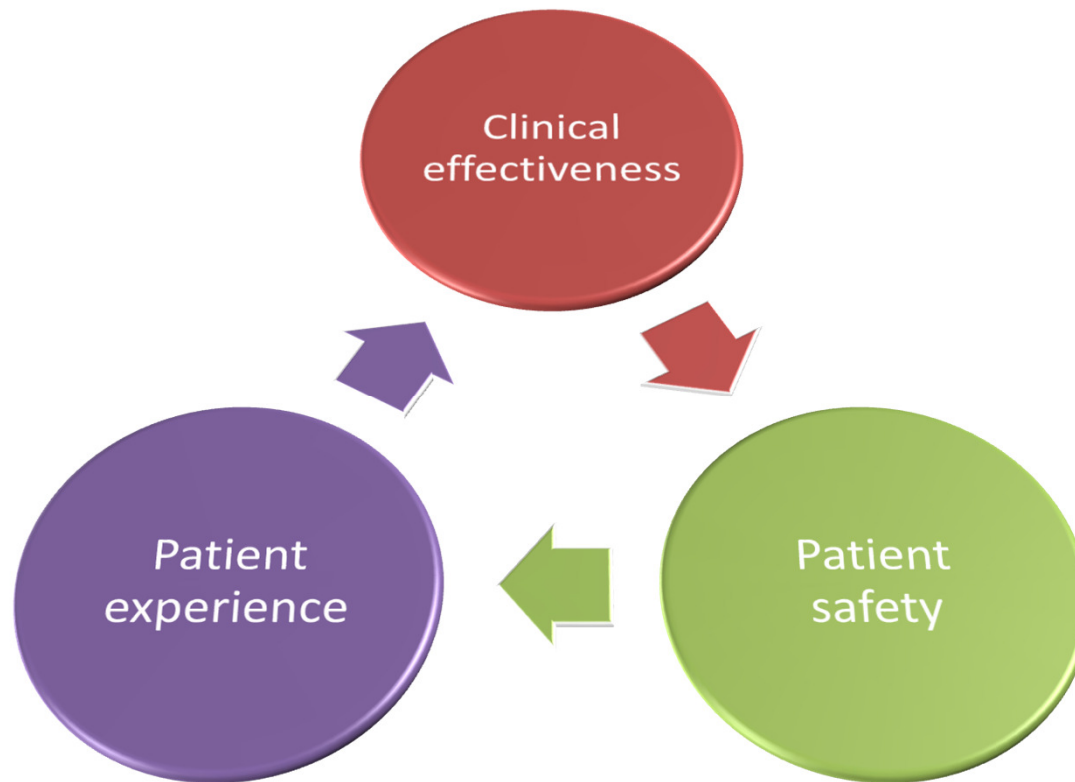


Figures adapted from 1. Raine T, et al. Presented at the 11th Congress of the European Crohn's and Colitis Organisation, 16–19 March 2016, Amsterdam, the Netherlands: DOP037; 2. Personal communication from Dr Raine. ECCO, European Crohn's and Colitis Organisation.

New concepts in organization of medical care

important steps to improve 'quality of care'

What is quality of care?

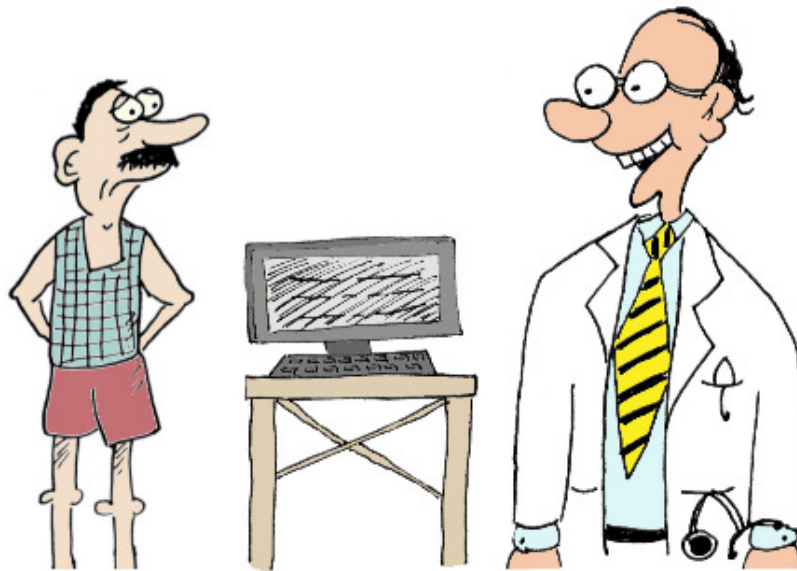


New developments in IBD therapy

Steps to improve 'quality of care'

**Know when you have achieved your target....
and when you haven't....**

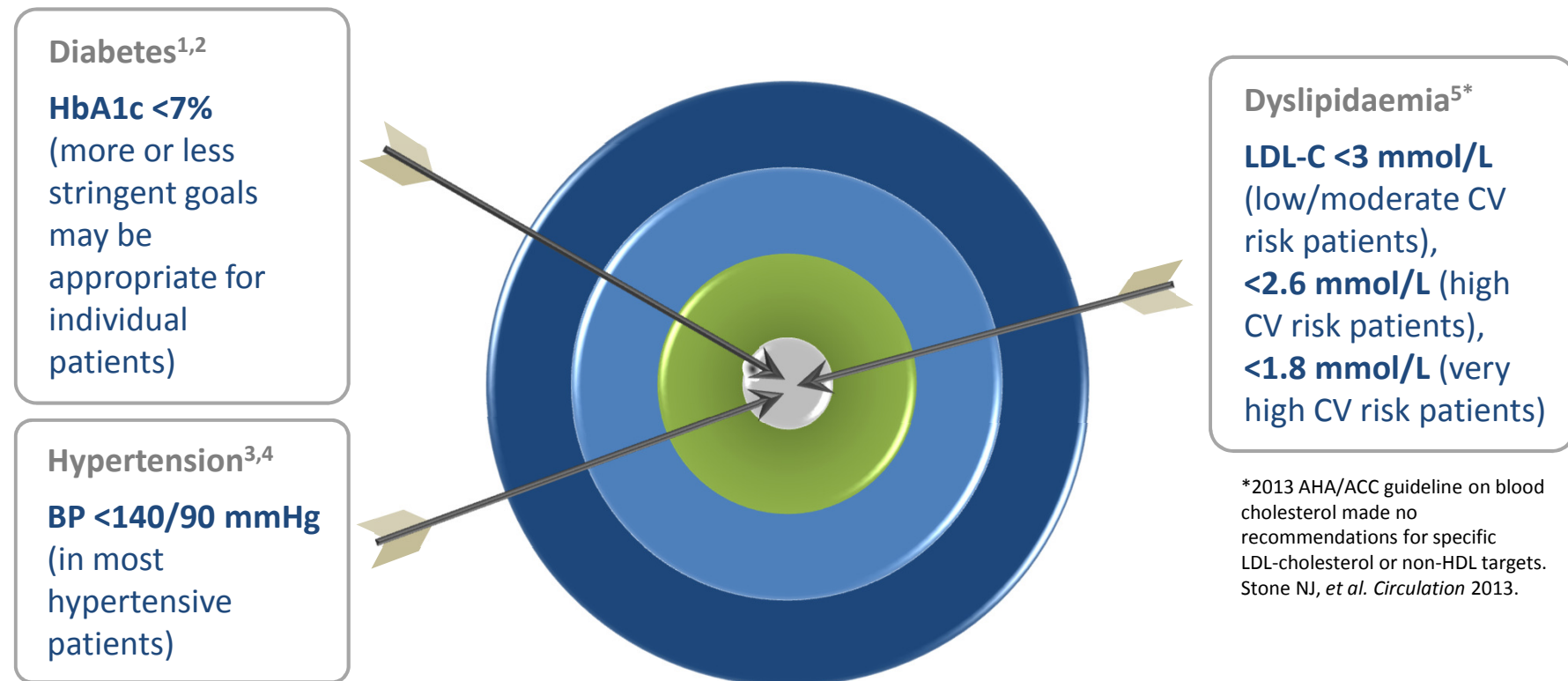
DIARRHOEA FIVE TIMES A DAY, CRP IS -
NOT BAD FOR YOU - KEEP GOING WITH
THE WONDERIXIMAB - SEE YOU IN A YEAR



Tight monitoring and disease control for better outcomes

Evidence for a treat to target approach in other conditions

T2T is well established in clinical practice



BP, blood pressure; HbA1c, glycated haemoglobin; LDL-C, Low-density lipoprotein cholesterol

1. ADA. *Diabetes Care* 2017;40(Suppl 1);S1-S132; 2. ESC. *Eur Heart J* 2013;34:3035-87; 3. Mancia G et al. *J Hypertens*. 2013;31:1281-1357; 4. James PA et al. *JAMA*. 2014;311:507-520; 5. Catapano AL, et al. *European Heart Journal* 2016;37:2999-3058.

New developments in IBD therapy

Steps to improve 'quality of care'

Know when you have achieved your target....

And monitor to ensure you continue to achieve it

GOOD NEWS, YOUR CROHN'S DISEASE IS NOW
BAD ENOUGH TO HAVE OUR BEST AND
MOST EXPENSIVE TREATMENT. I WON'T
NEED TO SEE YOU AGAIN FOR A YEAR



Blood tests

Faecal calprotectin

Imaging

Endoscopy

New developments in IBD therapy

Steps to improve 'quality of care'

Know when you have not achieved your target....

Why do we miss our therapeutic target?

- Waiting too long before commencing effective therapy
- Continuing a therapy that isn't working
- Missing the opportunity to optimize therapy
- Treating the wrong problem
- Settling for second best: accepting 'I feel fine'

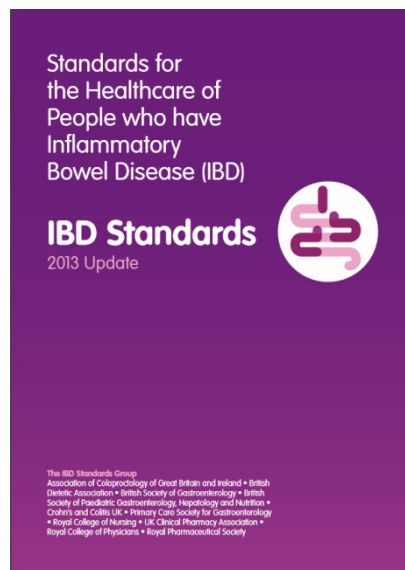


Christensen B, et al. Gastroenterology 2014; 146(5)Suppl:S1-S1099; Abs 997. Presented at DDW; Chicago, Illinois, May 6, 2014.

New developments in IBD therapy

Steps to improve 'quality of care'

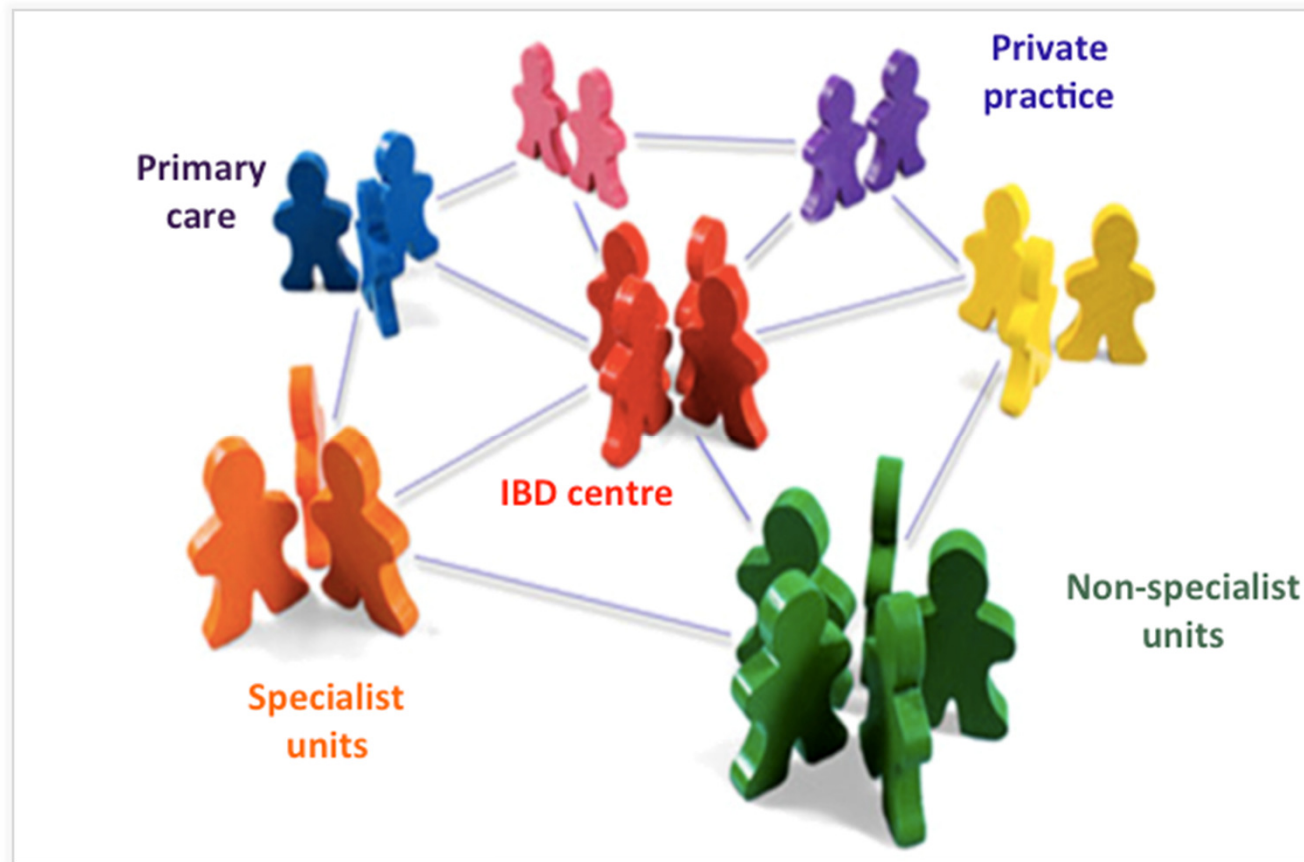
Ensure appropriate governance and audit to recognised standards



New developments in IBD therapy

Steps to improve 'quality of care'

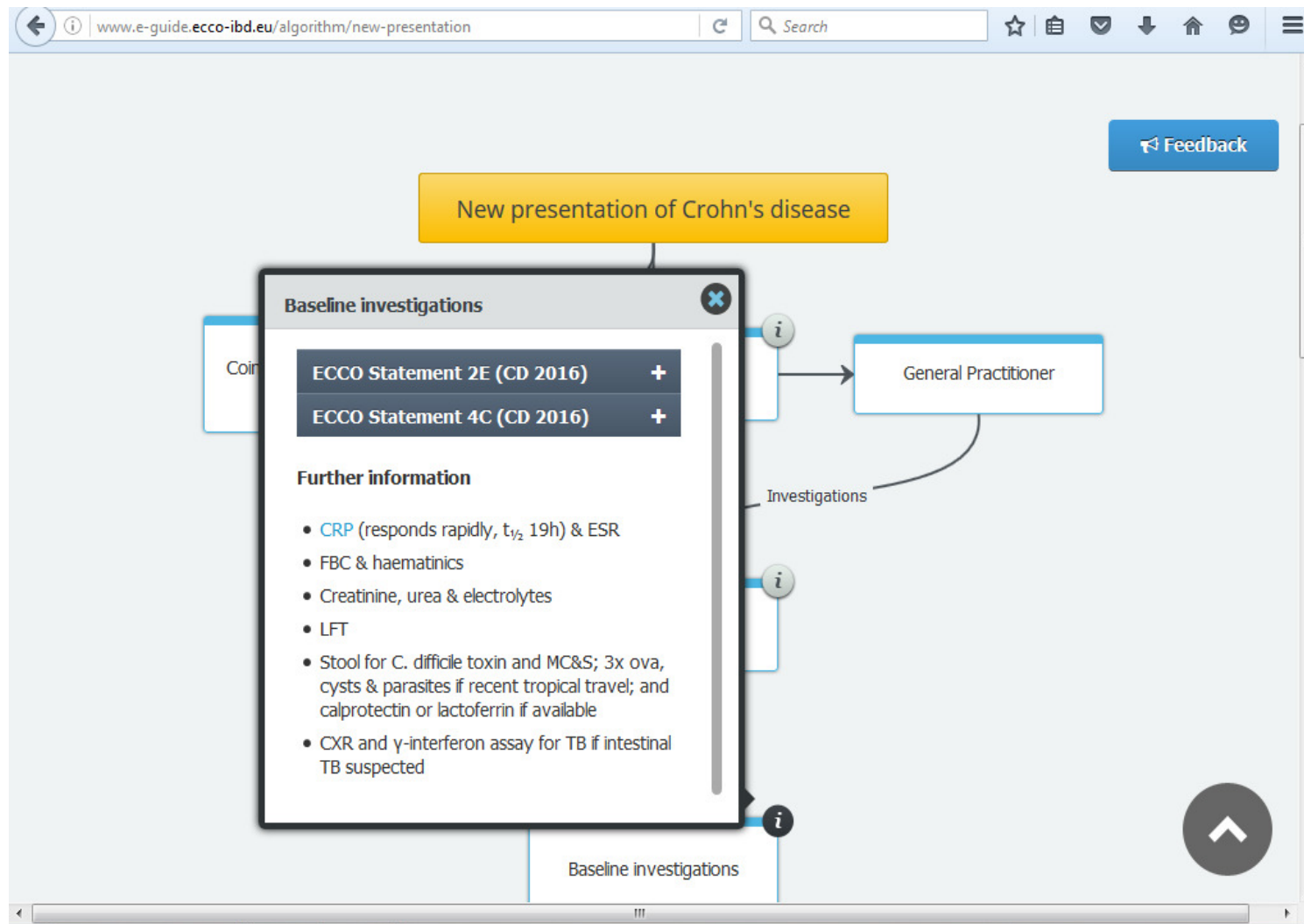
Organise functional networks to deliver care over a region:



New developments in IBD therapy

Steps to improve 'quality of care'

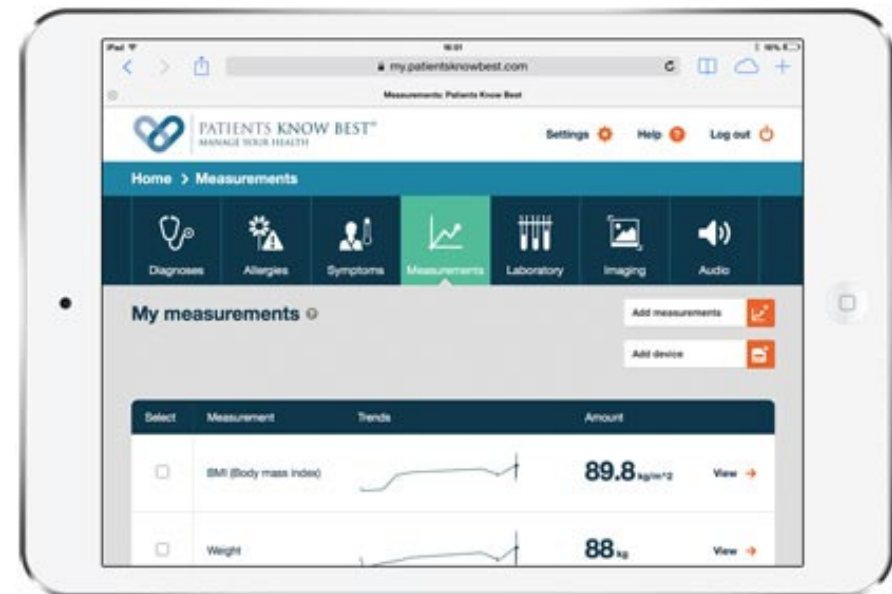
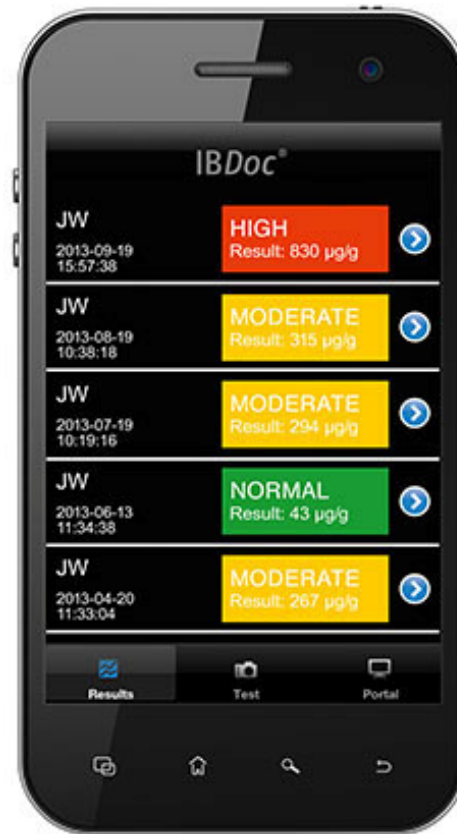
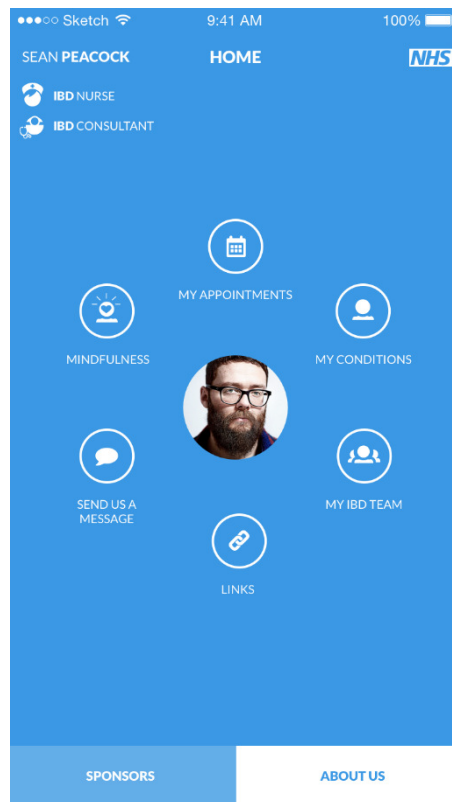
Make the most of technology



New developments in IBD therapy

Steps to improve 'quality of care'

Make the most of technology



IBD care in the 21st century

The new concepts...

- ...in disease course and progression
- ...in the evolving therapeutic landscape
- ...in organization of medical care
- ...in using technology to enhance patient care