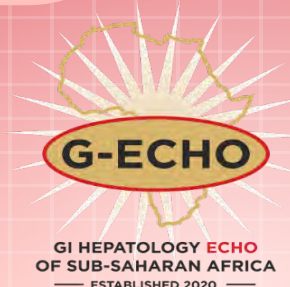


Advanced Therapies in IBD

Pascal Kuka
MMed, MRCP(UK)
Gastroenterology Fellow
University of the Witwatersrand



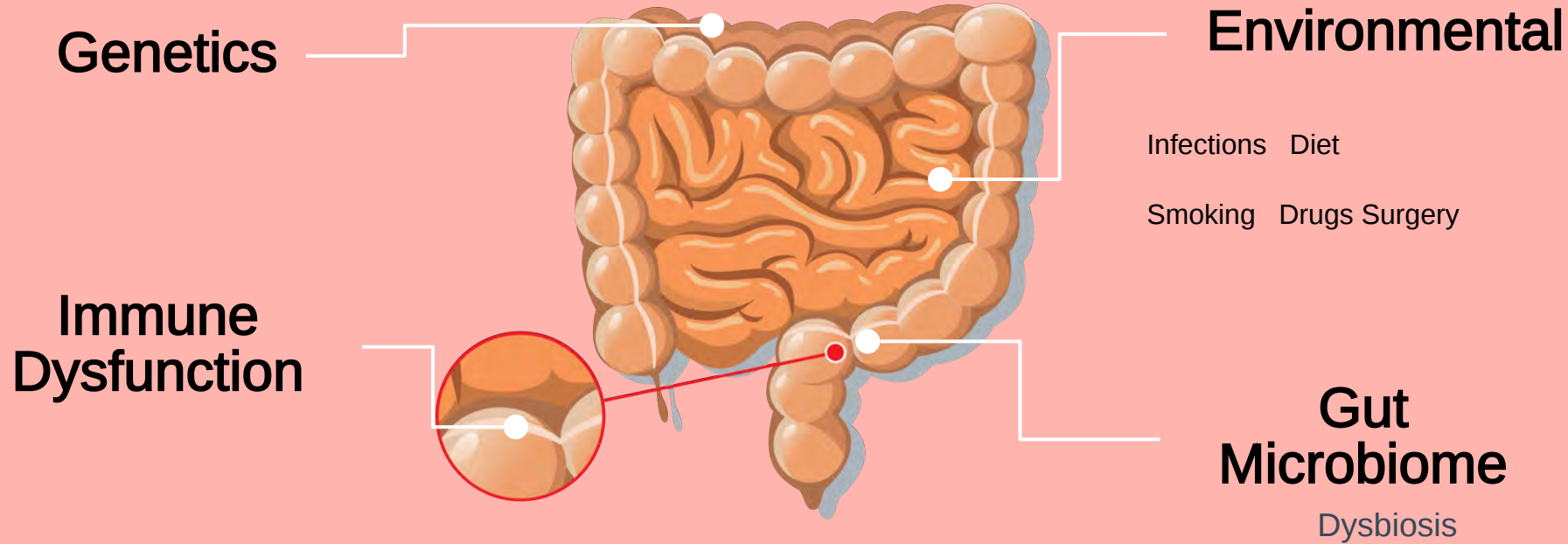
Gastroenterology Foundation



Introduction

- Advanced therapies are considered in
 - Failure or intolerance to conventional treatment
 - High disease burden
 - High risk of complications
- Goal : avoid disease related disability and maintain good quality of life

Pathophysiology of IBD



Advanced Therapies

Biologics

Large

Immunogenic

Parenteral

Long half life

Target: cytokines, receptors

Targeted small molecules

Small, simple

Non immunogenic

Oral

Short half life

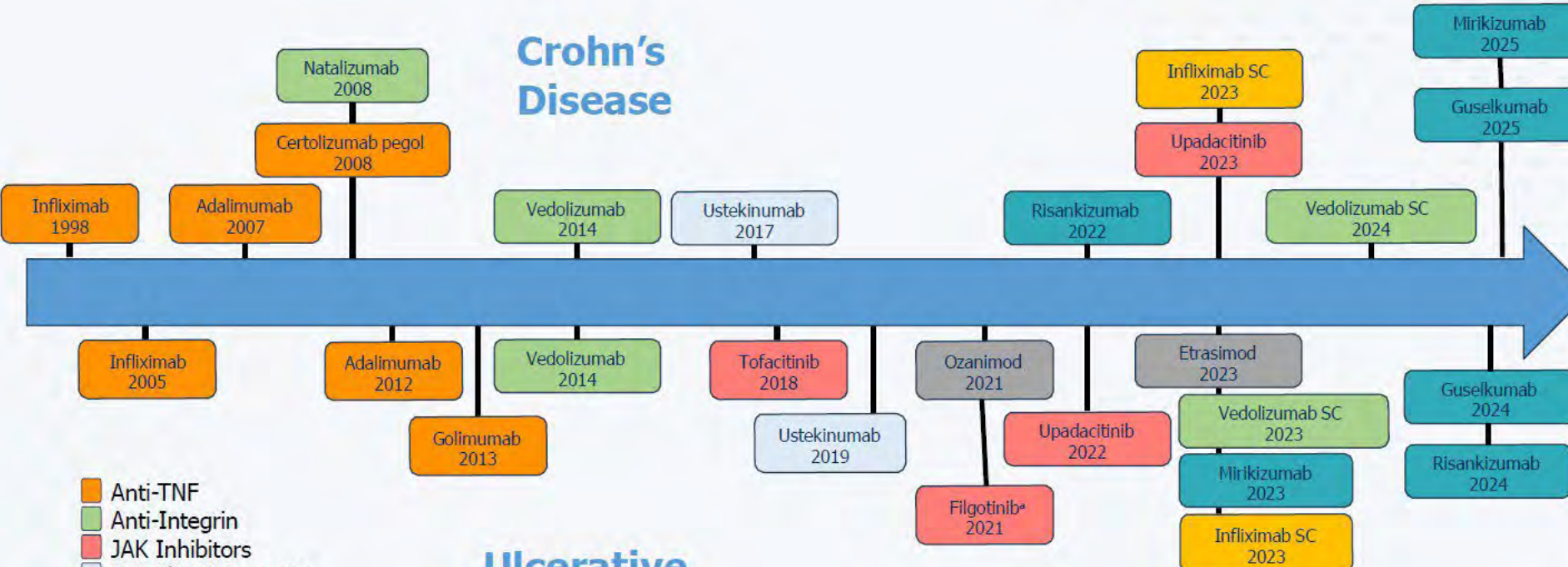
Target : intracellular signalling

Crohn's Disease

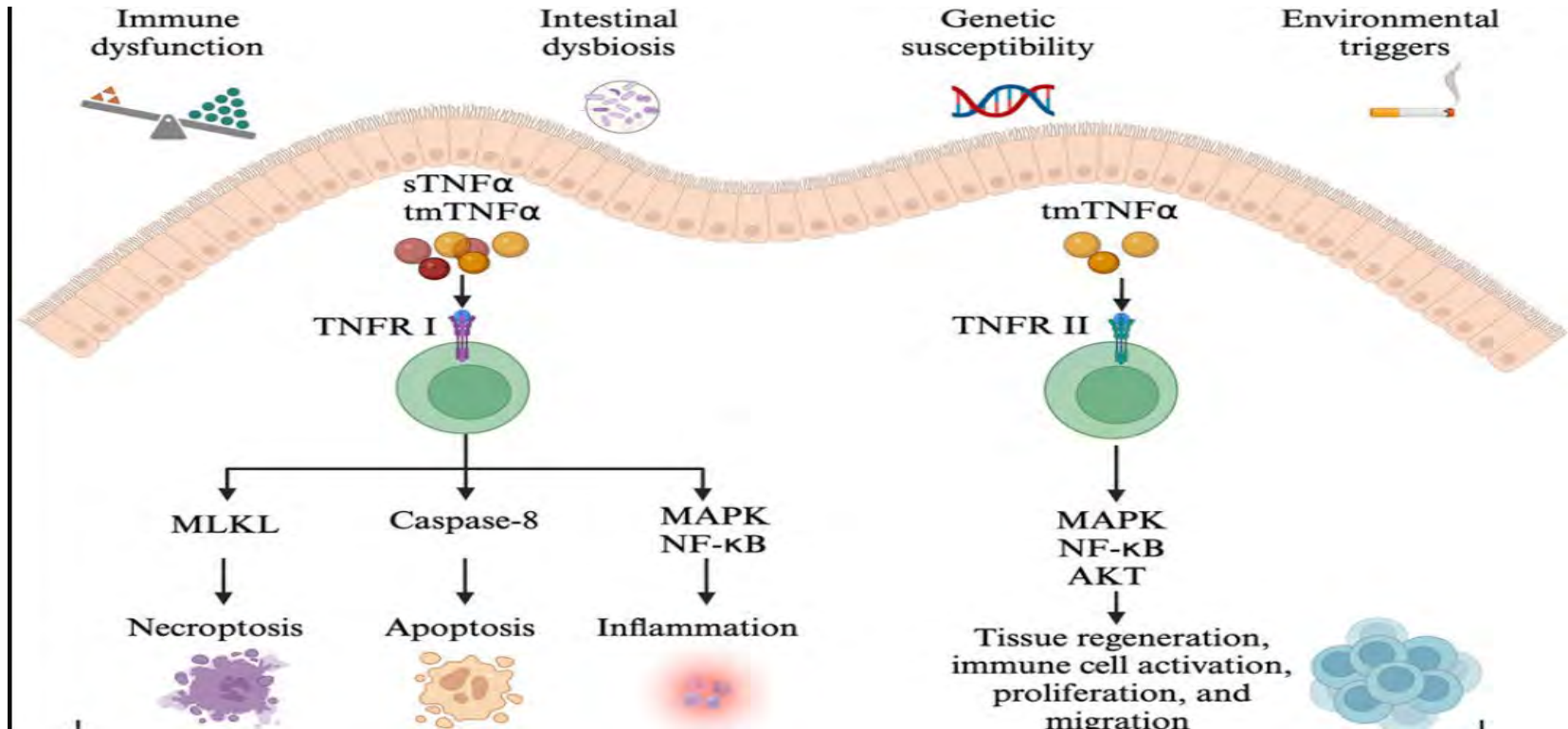
Ulcerative Colitis

- Anti-TNF
- Anti-Integrin
- JAK Inhibitors
- IL-12/23 Antagonist
- S1P Modulators
- IL-23 Antagonists

*Biosimilars for adalimumab, infliximab, ustekinumab now available



AntiTNFs in IBD



AntiTNFs in IBD

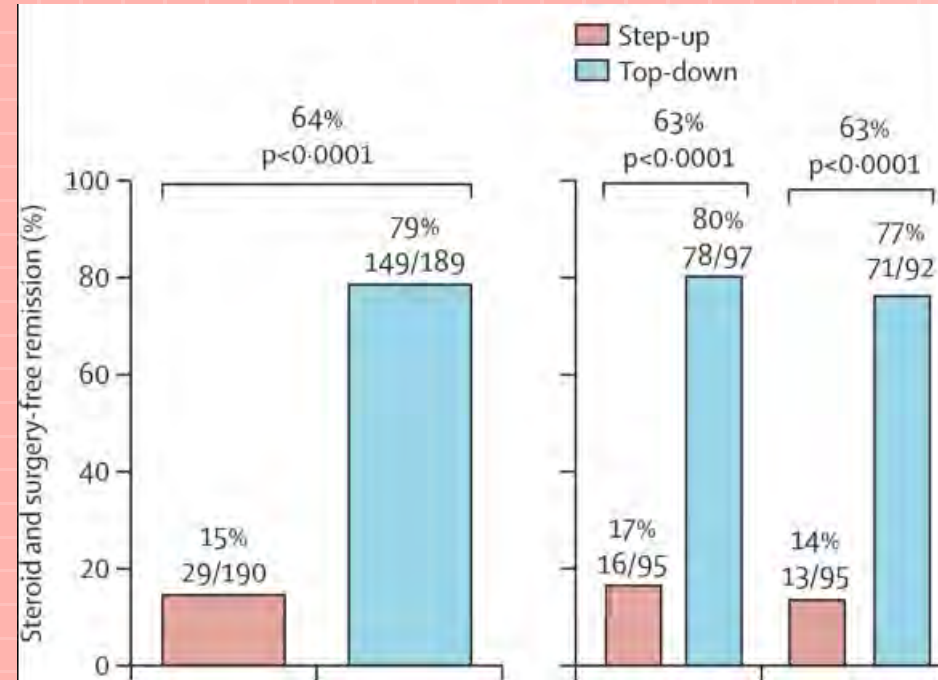
			Induction	Maintenance	Landmark Trials
Infliximab	IV , SC	CD, UC	5mg/kg 0, 2, 6 weeks	Q 8 weekly	ACCENT 1,2 (2002, 2004) ACT 1,2 (2005)
Adalimumab	SC	CD, UC	160 mg Day 0 80 mg Day 15	40 mg Q 2 weeks	CHARM (2007) ULTRA (2012)
Golimumab	SC	UC	200 mg Day 1 100mg q4 weeks	100mg Q 4 weeks	PURSUIT (2014)
Certolizumab	SC	CD	400 mg Day 1, 15, 26	400 Q 4 weeks	PRECISE (2007)

AntiTNFs in IBD

- ASUC : Infliximab
- Perianal /Penetrating CD : Infliximab, Adalimumab
- Extra intestinal manifestations :
 - (Non) / Axial spondyloarthritis
 - Pyoderma gangrenosum
 - Refractory uveitis, scleritis
- Avoid : lymphoma, melanoma, Multiple sclerosis, heart failure

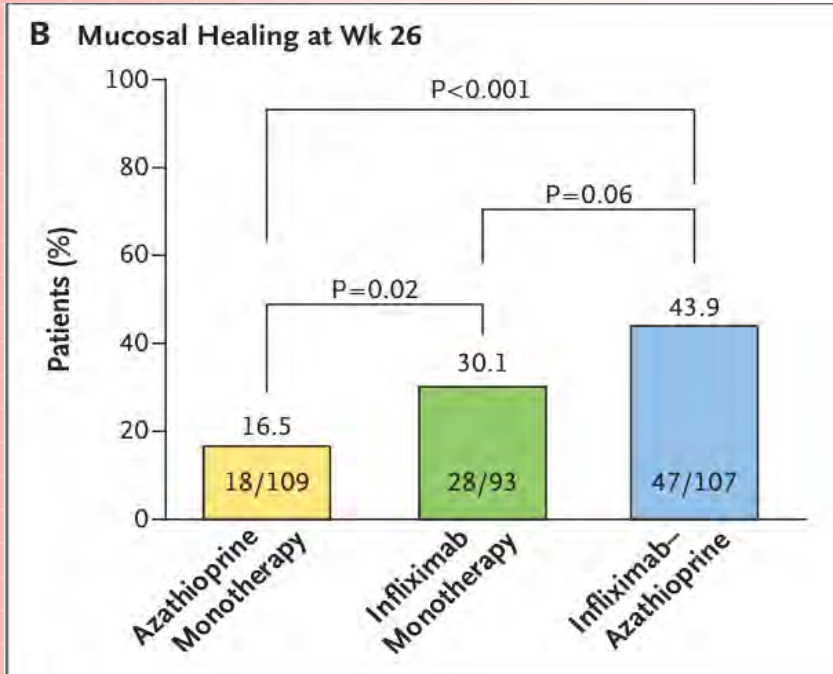
Early Treatment with antiTNF in Crohn's Disease

- Failed conventional therapy
- High risk : young, ileal location, extensive disease, fistulizing
- Refractory EIM :



Immunogenicity of antiTNFs

- SONIC (CD), SUCCESS (UC) Combination with azathioprine
- Risk of lymphoma : elderly, long duration, young males
- PANTS : low drug levels week 14 , antibodies, HLA-DQA1*05 – risk of failure at 2,3 years
- Proactive vs Reactive monitoring



Colombel. *N Engl J Med* 2010

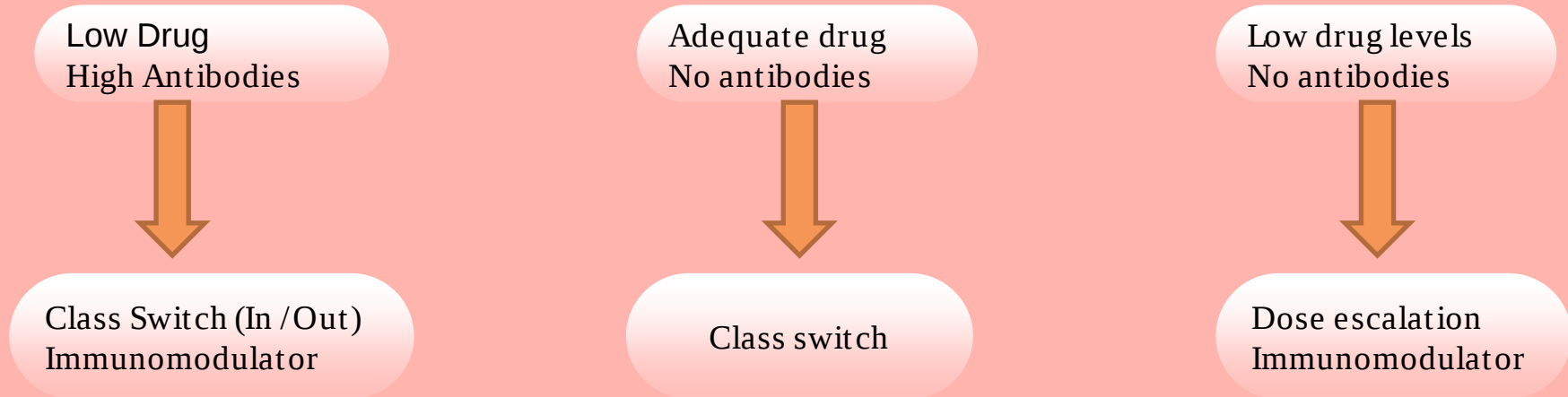
Chanchlani. *Lancet Gastroenterol Hepatol* 2024

Nguyen. *Gastroenterology* 2022

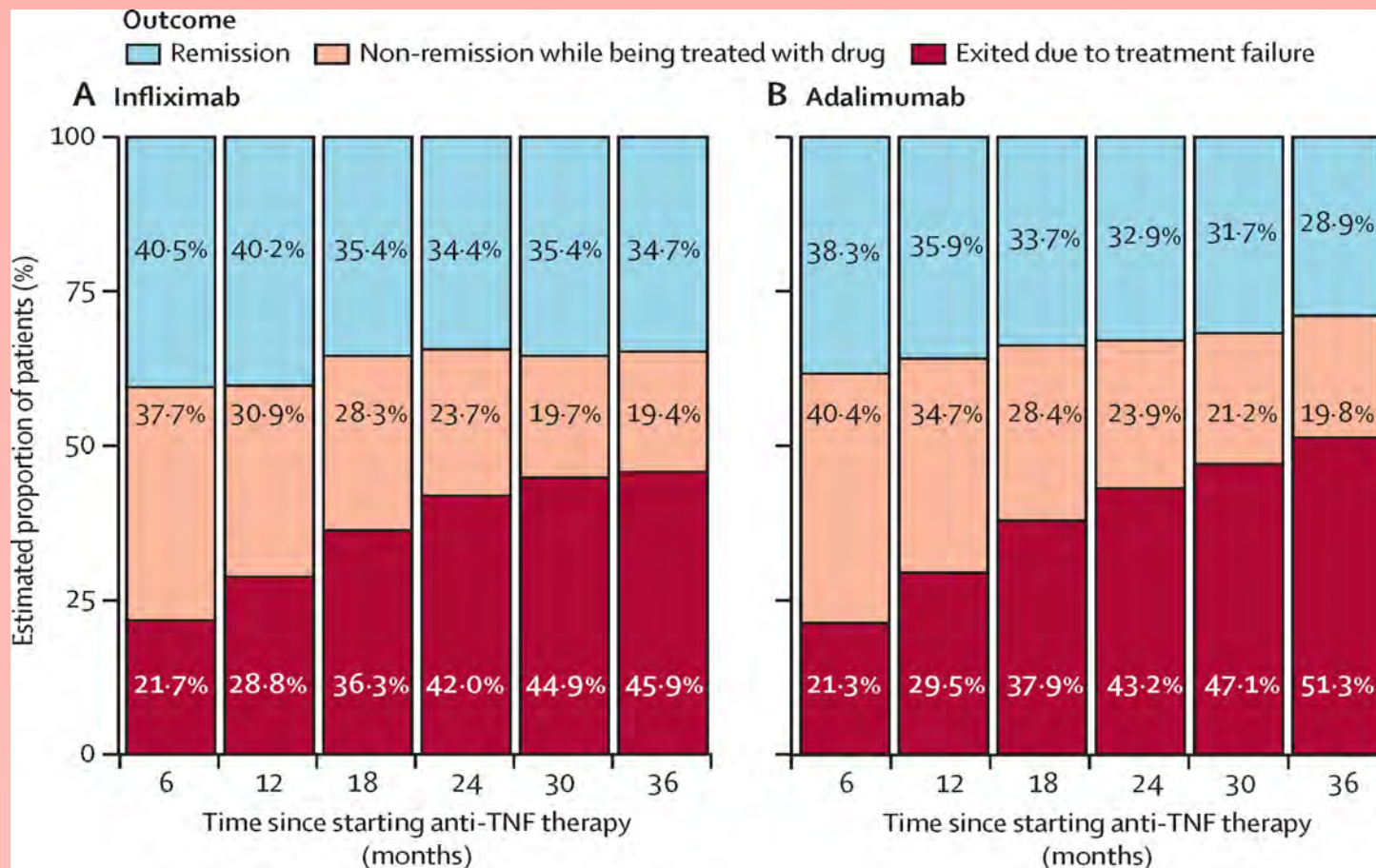
Loss of response to AntiTNFs

Primary Non Response : Pharmaco: kinetics vs dynamics

Secondary Non Response : Mechanistic or Immunologic



PANTS COHORT STUDY



Safety of antiTNFS

Opportunistic reactions and reactivation

Malignancies :lymphoma, NMSC

Congestive heart failure

Drug-induced lupus

Demyelinating disorders

Skin rashes (psoriasislike)

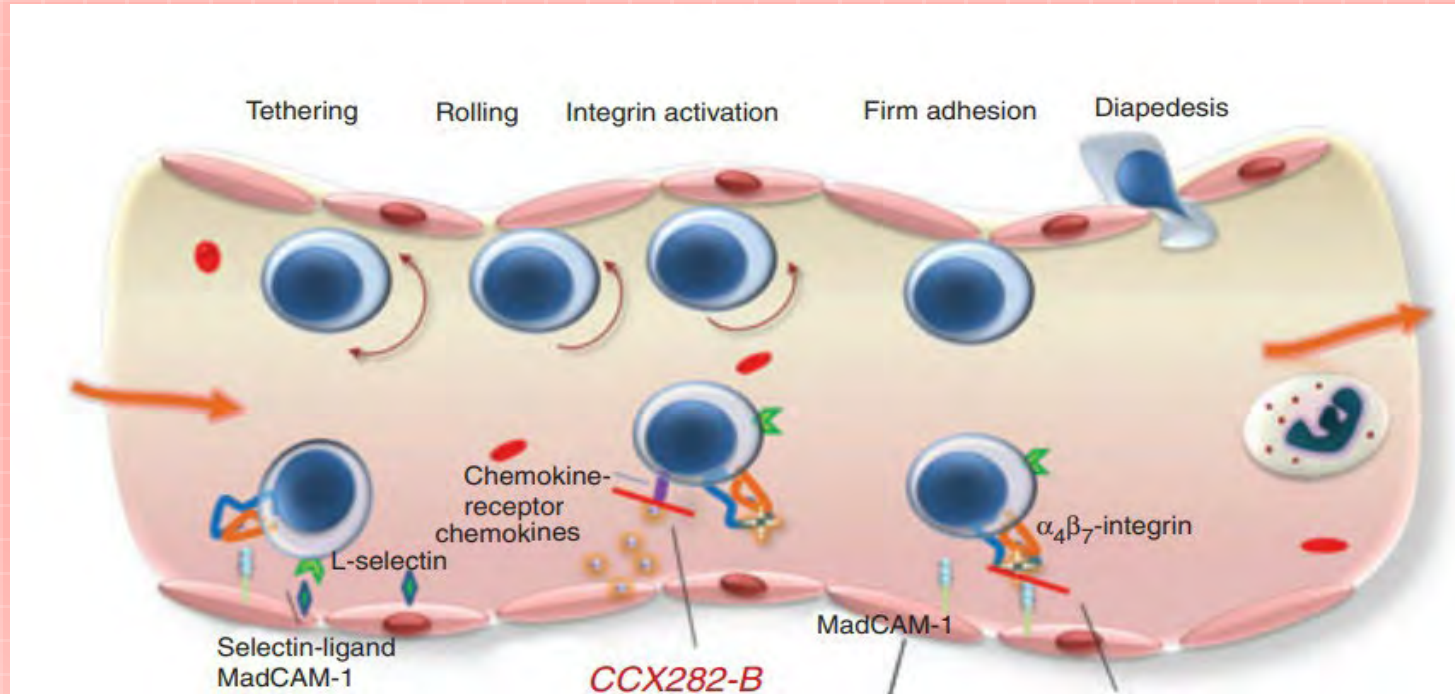
Allergic reactions

Liver toxicity

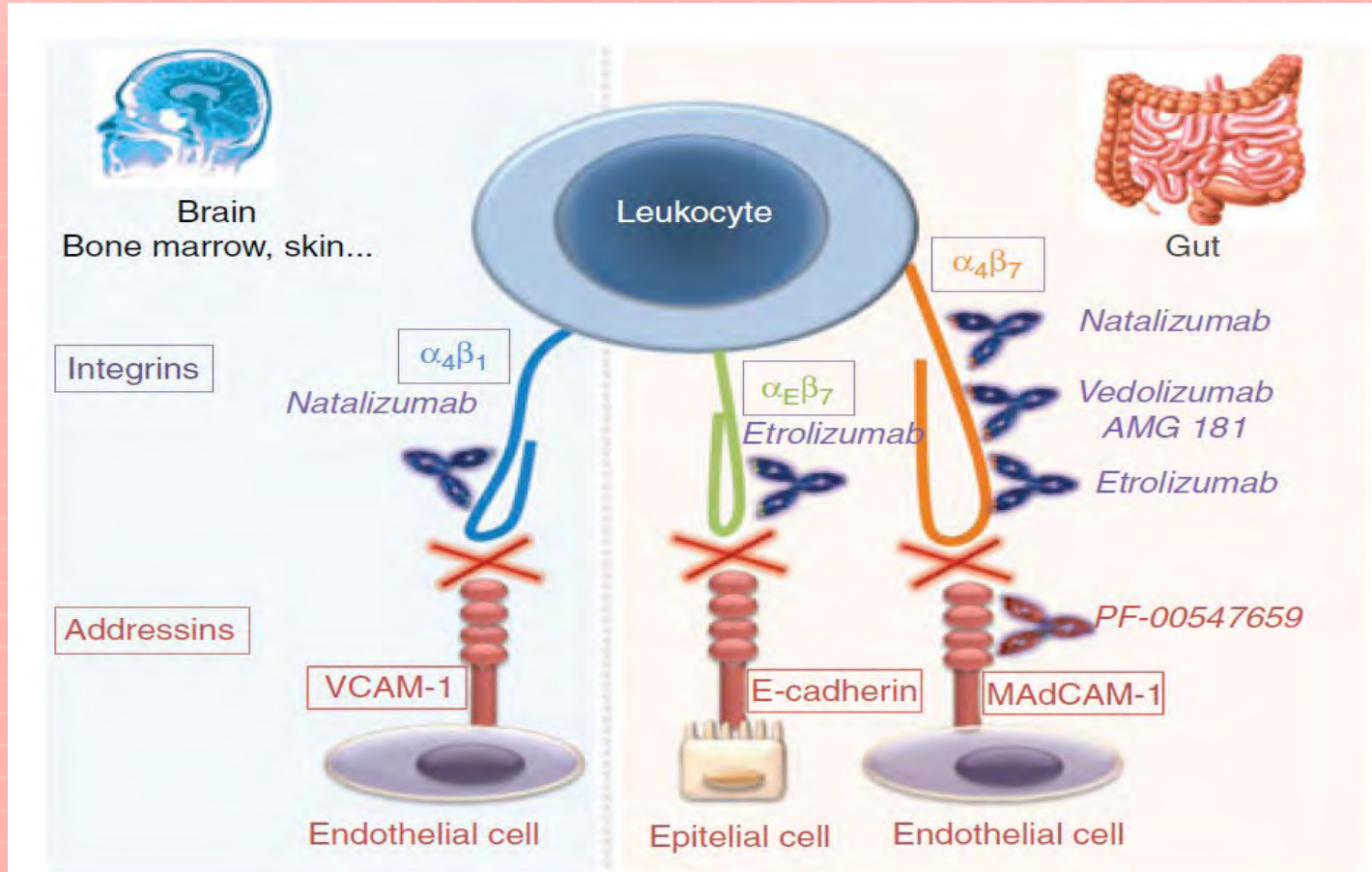
Headache

Dizziness

Anti Integrin inhibitors



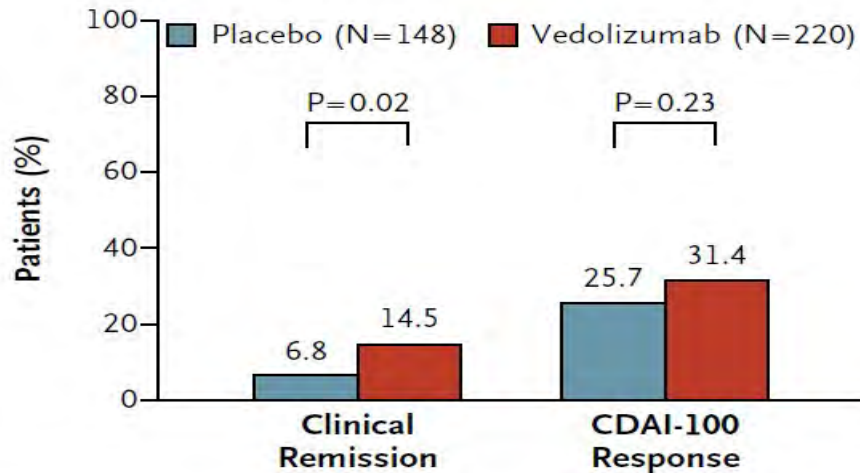
Anti Integrins MOA



Vedolizumab in Crohns Disease

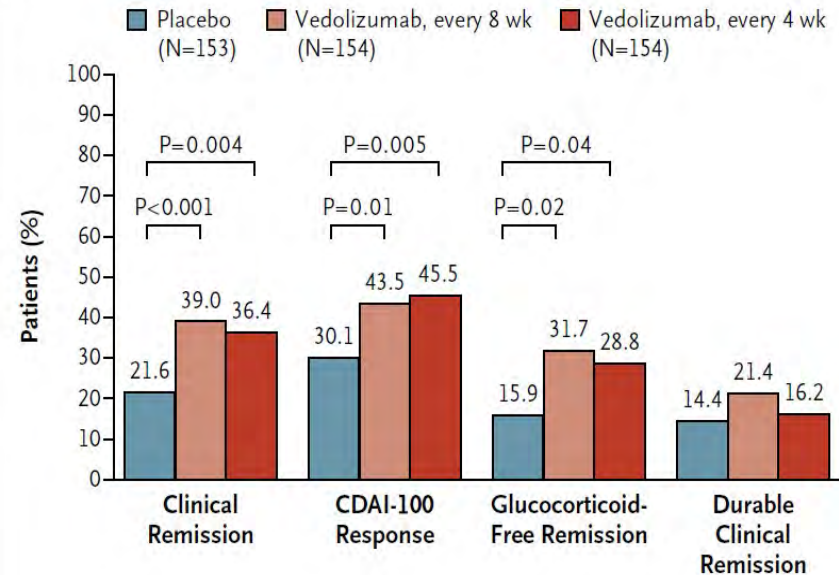
GEMINI 2 (2013) : phase 3, randomized, double-blind, placebo controlled study

A



- Failure on or intolerance to steroids, methotrexate and antiTNF (63%)

A



Vedolizumab in Ulcerative colitis

GEMINI (2013) : phase 3, randomized, double-blind, placebo controlled study

Table 2. Outcome Measures at Week 6 in the Trial of Induction Therapy.

Outcome	Placebo (N=149)	Vedolizumab (N=225)	Percentage-Point Difference (95% CI)*	P Value
	<i>no. (%)</i>			
Clinical response†	38 (25.5)	106 (47.1)	21.7 (11.6–31.7)	<0.001
Clinical remission‡	8 (5.4)	38 (16.9)	11.5 (4.7–18.3)	0.001
Mucosal healing§	37 (24.8)	92 (40.9)	16.1 (6.4–25.9)	0.001

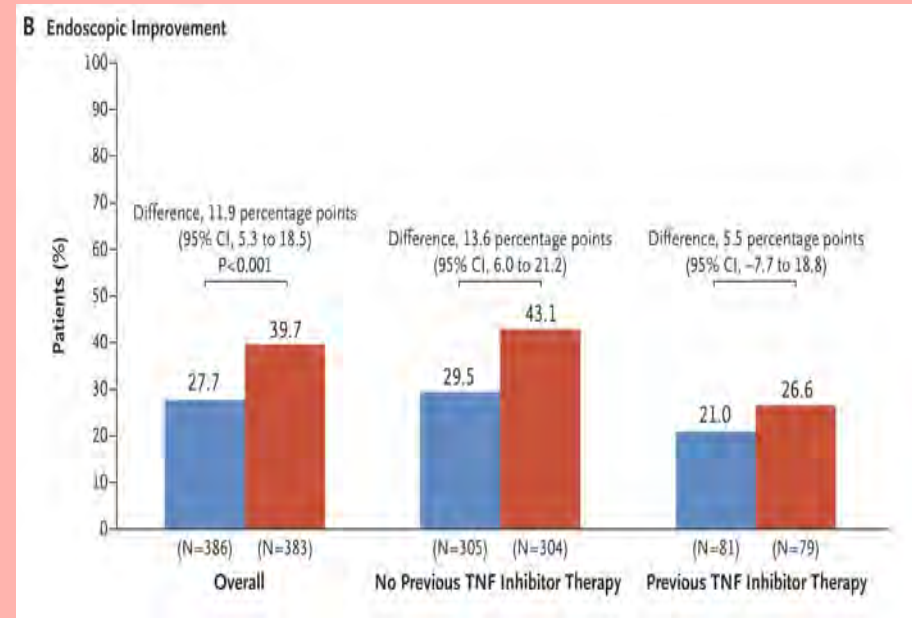
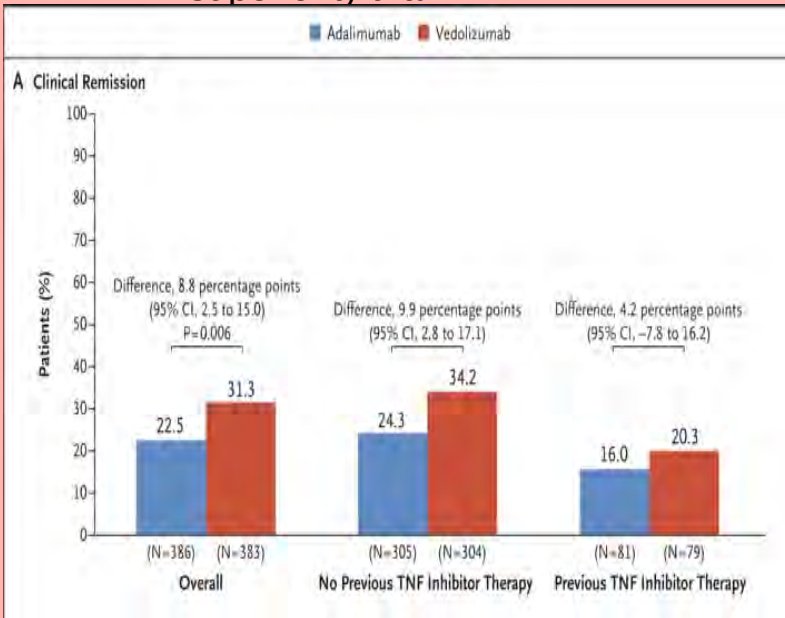
40% : antiTNF exposure

Table 3. Outcome Measures in the Trial of Maintenance Therapy.

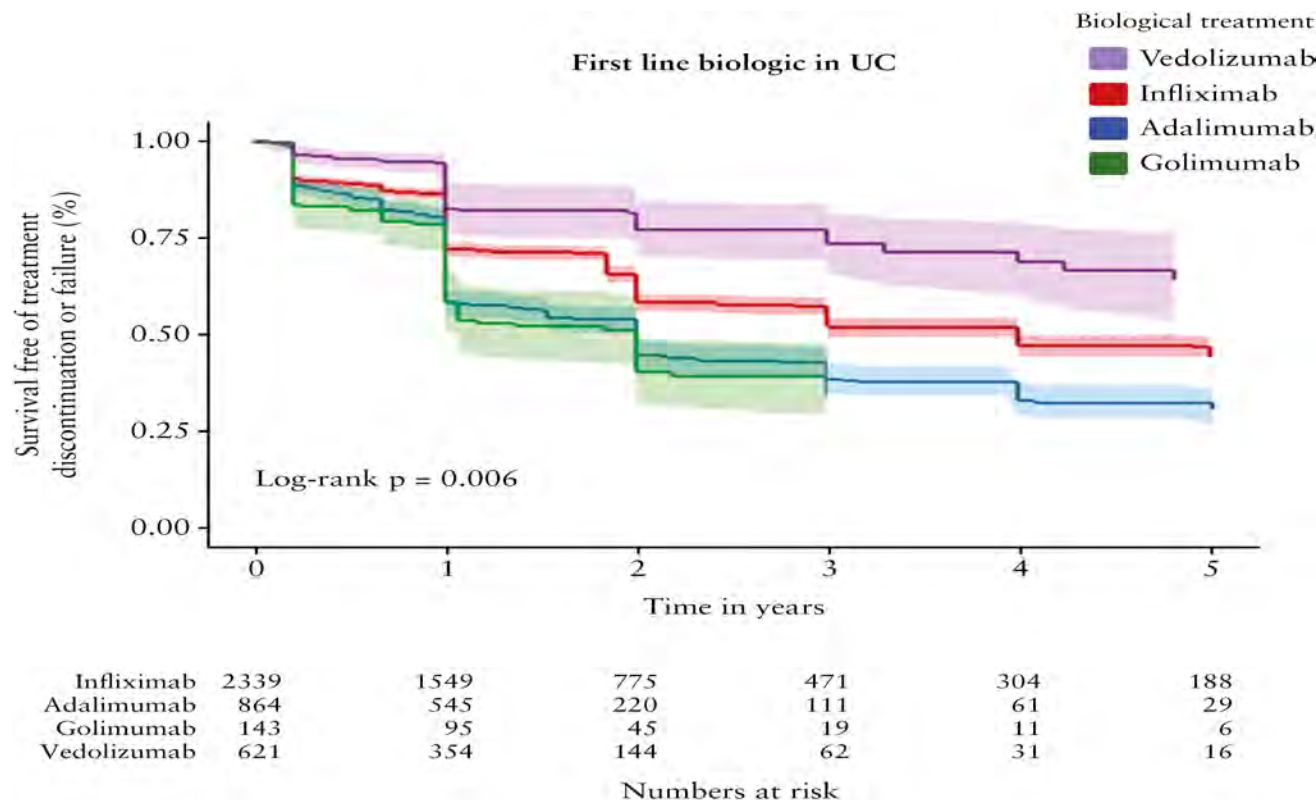
Outcome	Placebo (N=126)	Vedolizumab Every 8 Wk (N=122)	Vedolizumab Every 4 Wk (N=125)
	<i>number/total number (percent)</i>		
Clinical remission at wk 52	20/126 (15.9)	51/122 (41.8)	56/125 (44.8)
Durable clinical response†	30/126 (23.8)	69/122 (56.6)	65/125 (52.0)
Durable clinical remission‡	11/126 (8.7)	25/122 (20.5)	30/125 (24.0)
Mucosal healing at wk 52	25/126 (19.8)	63/122 (51.6)	70/125 (56.0)
Glucocorticoid-free remission at wk 52§	10/72 (13.9)	22/70 (31.4)	33/73 (45.2)

Vedolizumab vs Adalimumab in Ulcerative colitis

VARITY (2019) : phase 3b, randomized, double-blind, double-dummy, active-controlled superiority trial



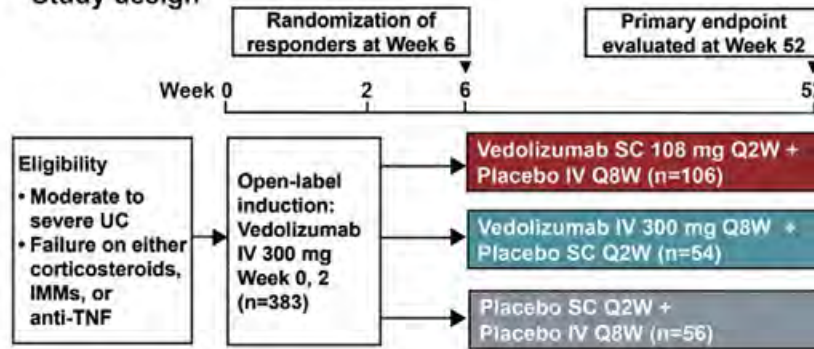
Effectiveness of first-line biologics in patients with ulcerative colitis



Subcutaneous Vedolizumab

VISIBLE 1 Trial of Vedolizumab Subcutaneous (SC) in Ulcerative Colitis

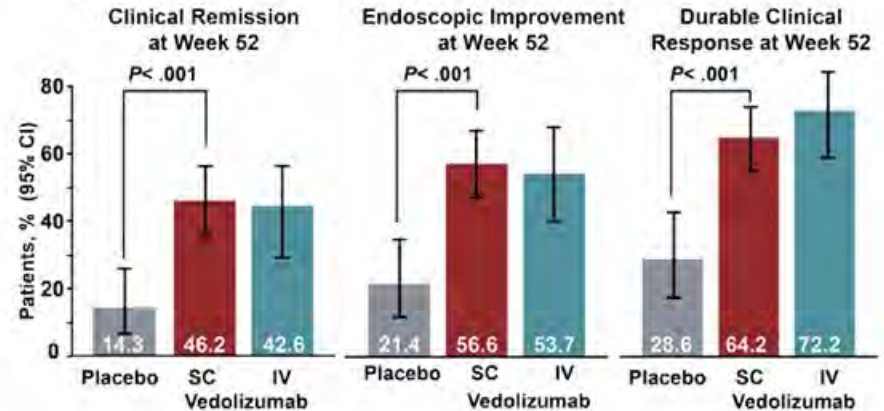
Study design



Safety / tolerability

n (%)	Placebo (N=56)	Vedolizumab SC (N=106)	Vedolizumab IV (N=54)
Adverse events	43 (76.8)	69 (65.1)	41 (75.9)
Serious adverse events	3 (5.4)	6 (5.7)	1 (1.9)
Abdominal and GI infections	5 (4.7)	2 (3.7)	1 (1.8)
Injection site adverse events	0	11 (10.4)	1 (1.9)

Efficacy



Vedolizumab SC **effective** as maintenance therapy in patients with moderate to severe UC after clinical response to IV induction

Vedolizumab SC **safety / tolerability** profile consistent with the well-established profile of vedolizumab IV

Safety of Vedolizumab

GEMINI LTS : Phase 3, single-arm, open-label, multinational study

Period : 2009 – 2017

22423 Patients

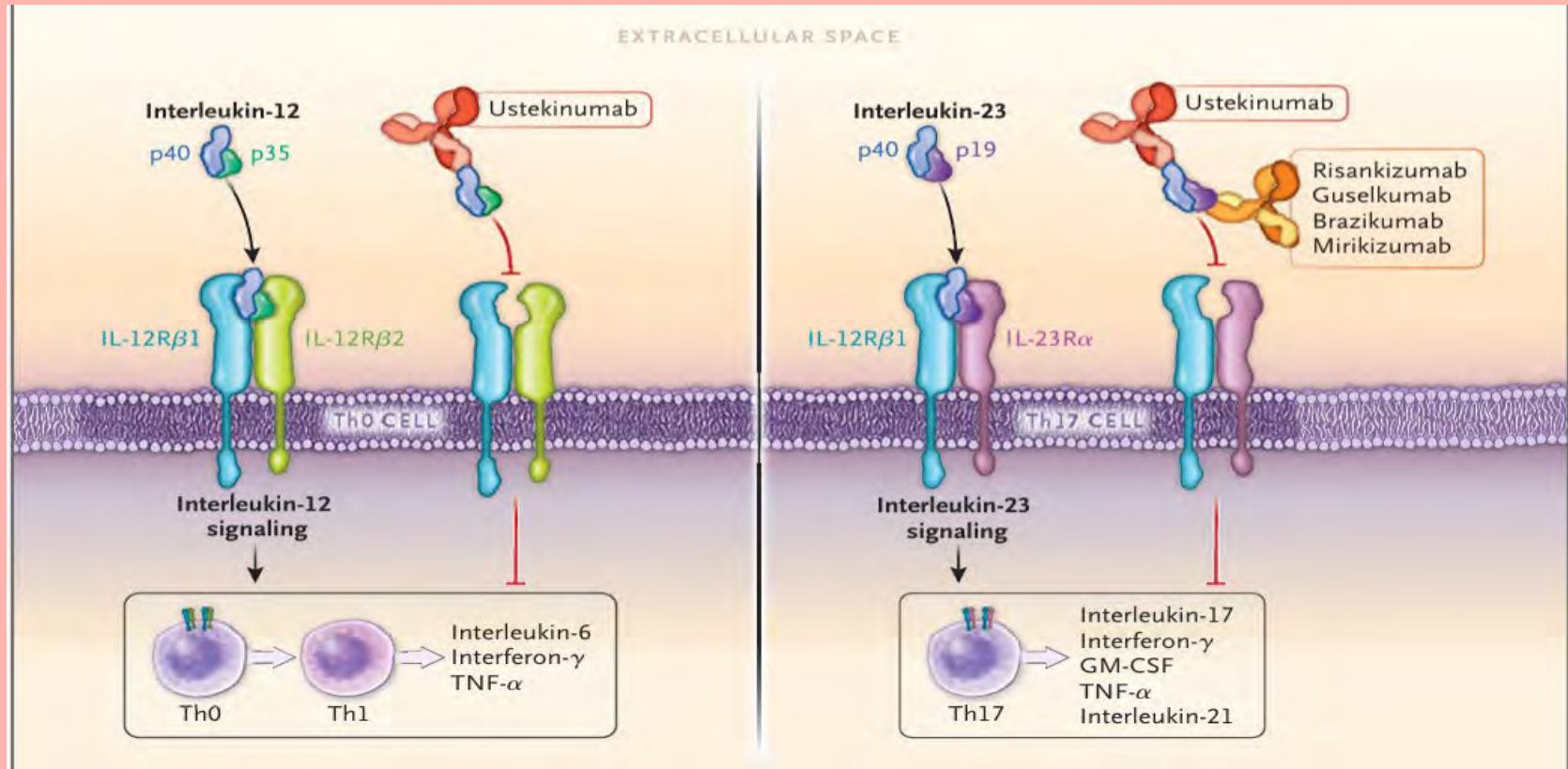
6 – 10% Serious infections

0 case of PML

6 % Malignancies

New EIM: Arthralgia 13 – 19%

Anti IL12 / 23 Inhibitors

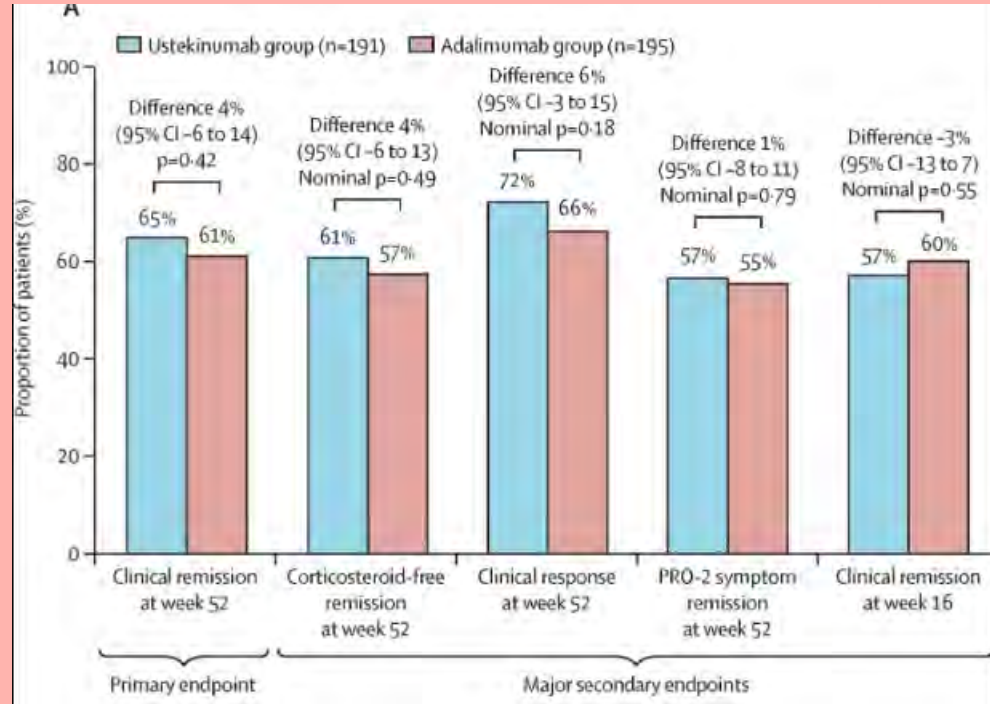


Anti IL12 / 23 Inhibitors

	Key Trials	Mode	Other Approved Indications
Ustekinumab P49 IL12 ,p19 IL23	CD (UNITI1 , UNITI 2, IM UNITI) UC (UNIFI)	IV : induction SC: maintenance	Psoriasis Psoriatic arthritis
Risankizumab (p19 IL23)	CD (ADVANCE, MOTIVATE, FORTIFY) UC (INSPIRE, COMMAND	IV Induction SC Maintenance	Psoriasis Psoriatic arthritis
Mirikizumab (p19 IL23)	UC (LUCENT 1, 2)	IV Induction SC	
Guselkumab (p19 IL23)	CD (GALAXI 1, 2,3) GRAVITY UC (QUASAR)	IV : SC:	Psoriasis Psoriatic arthritis

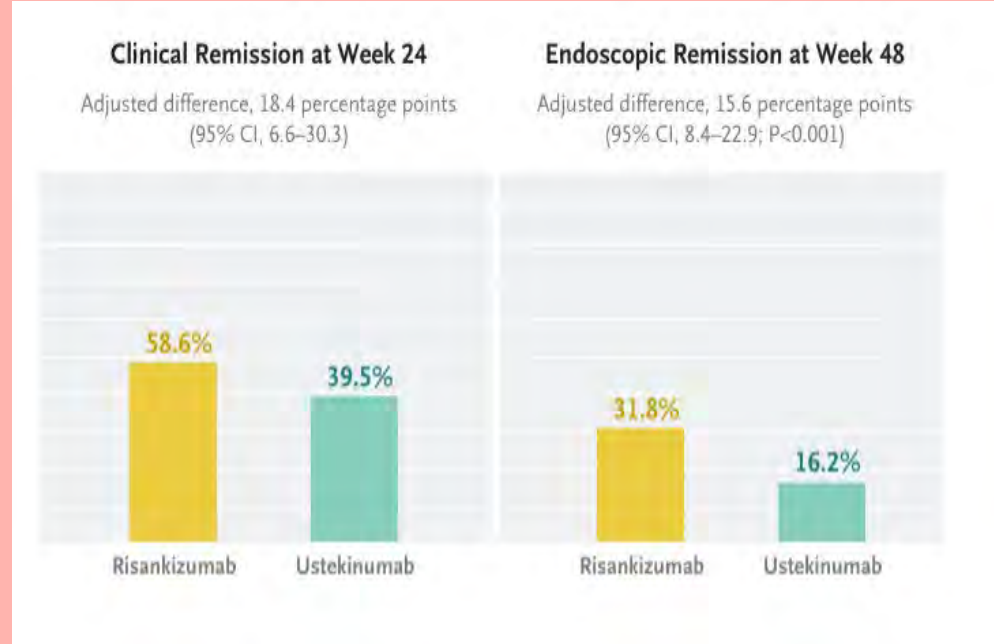
SEAVUE :Ustekinumab vs Adalimumab

- Phase 3b trial randomized, double-blind, parallel-group, active-comparator
- Ustekinumab vs Adalimumab: efficacy and safety
- CD patients : biologic naïve

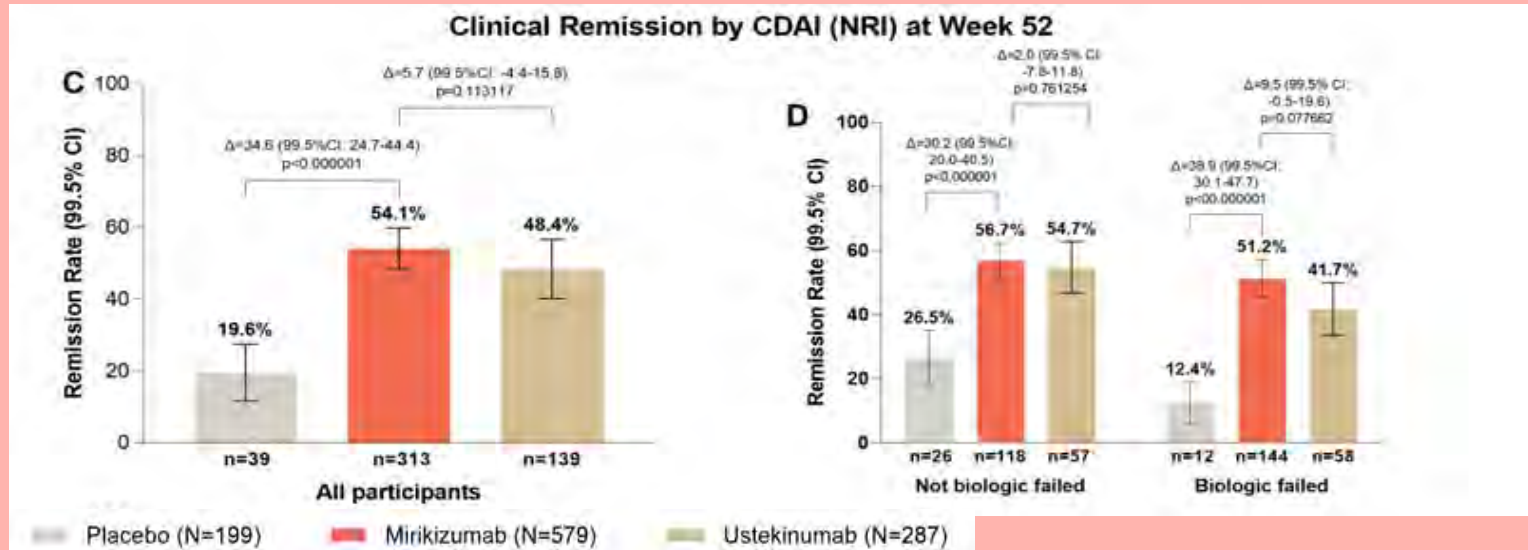


SEQUENCE Risankizumab vs Ustekinumab

- Phase 3b, multicenter, open-label, randomized, controlled
- CD patients
- Failed / intolerant to antiTNF

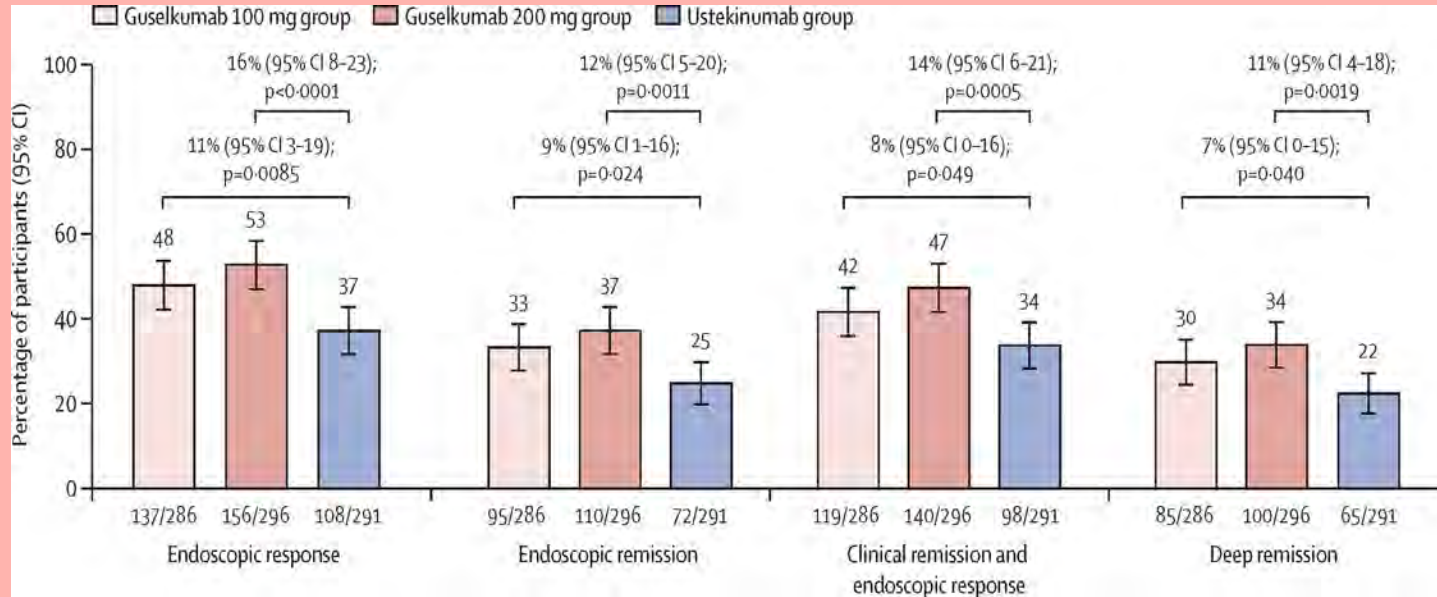


VIVID – 1 :Mirikizumab vs Ustekinumab



- Phase3, randomized, double-blind, double-dummy
- CD patients

GALAXY 2, 3: Guselkumab vs Ustekinumab

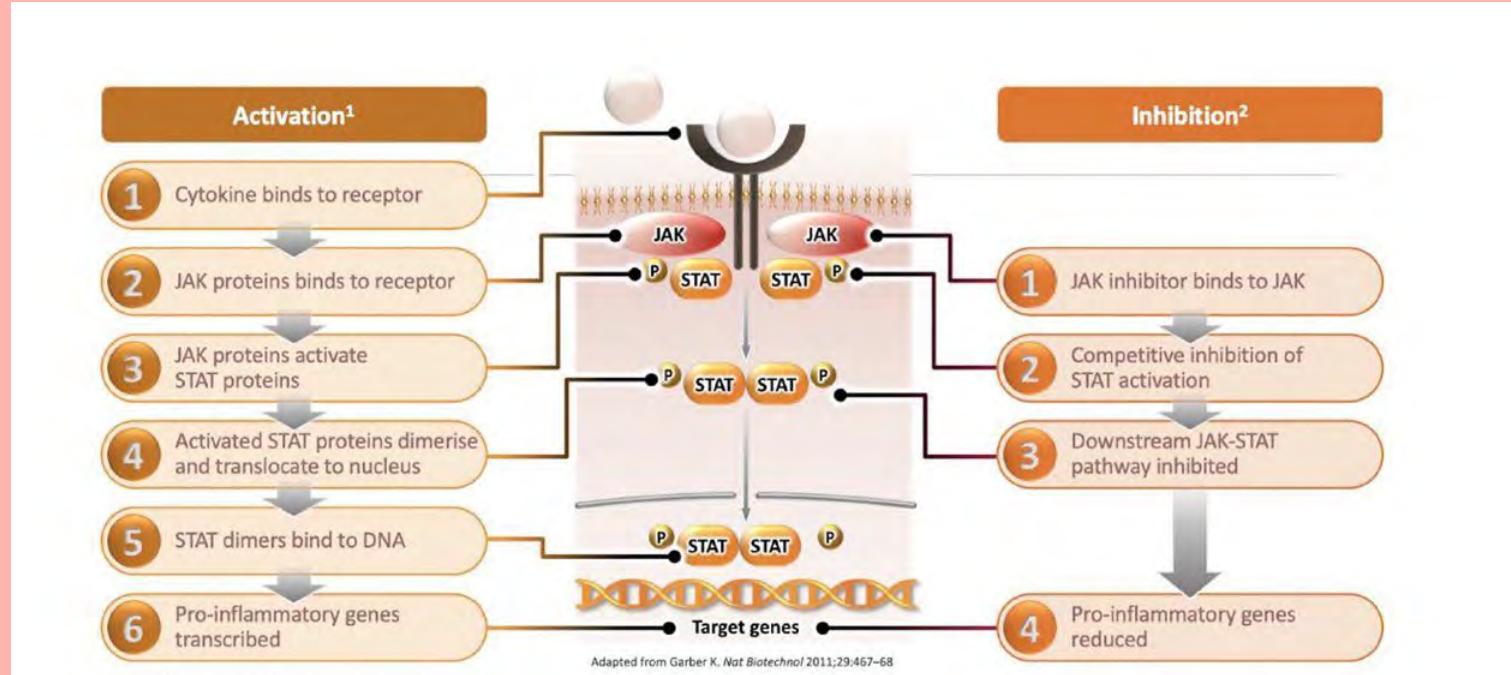


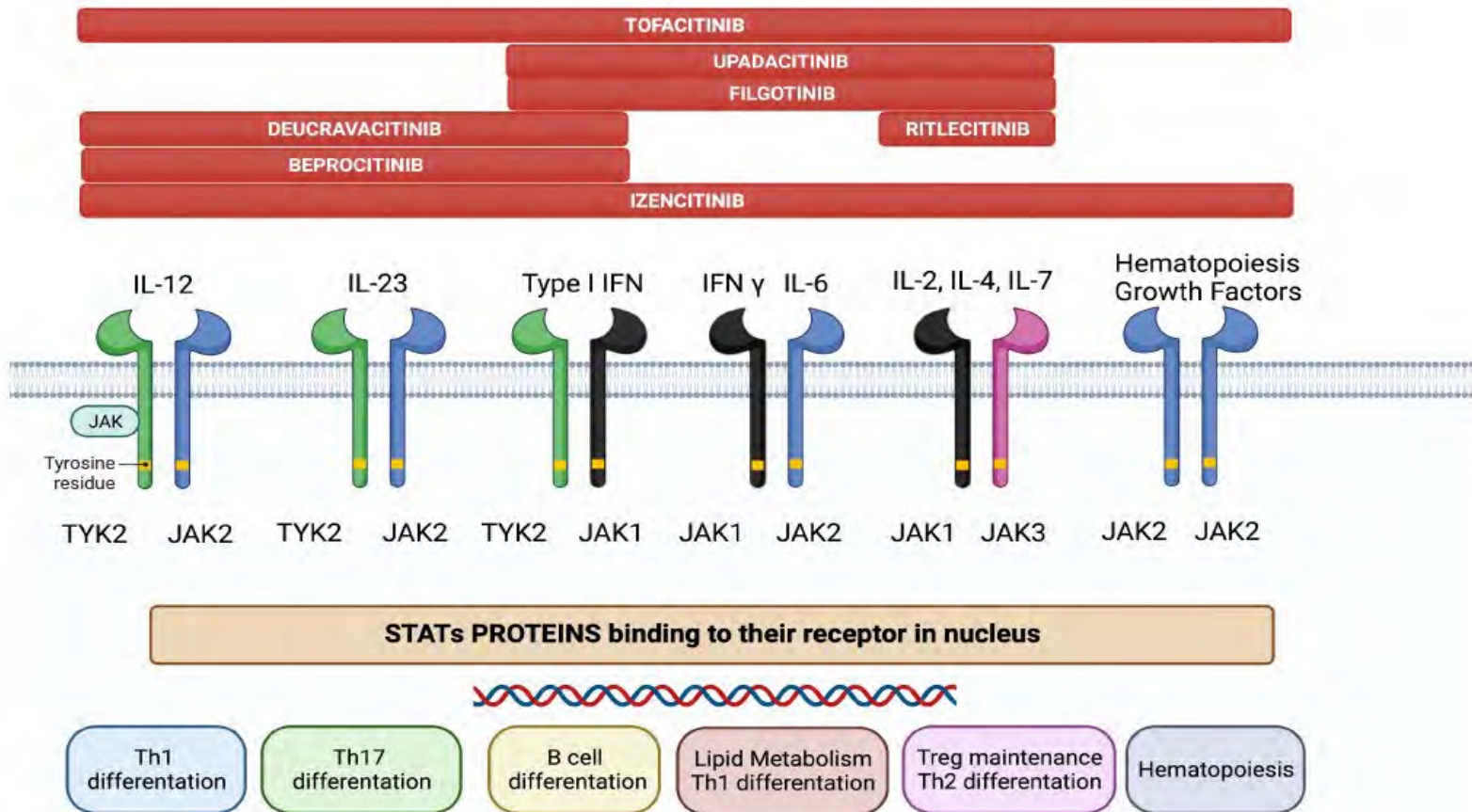
Safety of IL12/23 Inhibitors

- Infections,
- Injection site reactions,
- Abdominal pain,
- Nausea,
- Arthralgia
- Headache

“no increased risk of adverse and serious adverse events with ustekinumab when compared with placebo”

JAK- STAT SIGNALLING PATHWAY





Upadacitinib in Crohn's Disease

U- EXCEL

Induction : 45 mg or placebo OD for 12 weeks

45% : >1 biologic/conventional failed / intolerant

CR : 49.5 % (45mg) , 29.1 % (placebo) (p<0.001)



U- EXCEED

Induction : 45 mg or placebo OD for 12 weeks

>1 biologic/ conventional failed / intolerant

CR : 38.9% (45mg) , 21.1% (placebo)) (p<0.001)



U-ENDURE

Maintenance : 15 mg, 30 mg or placebo

CR : 37.2% (15mg) , 47.6% (30mg), 7.3% (placebo)) (p<0.001)

Upadacitinib in Ulcerative Colitis

U- ACHIEVE

Induction : 45 mg or placebo OD for 12weeks

CR : 26 % (45mg) , 5% (placebo)) (p<0.001)

U- ACCOMPLISH

Induction : 45 mg or placebo OD for 8 weeks

CR : 34 % (45mg) 4 % (placebo) (p<0.001)

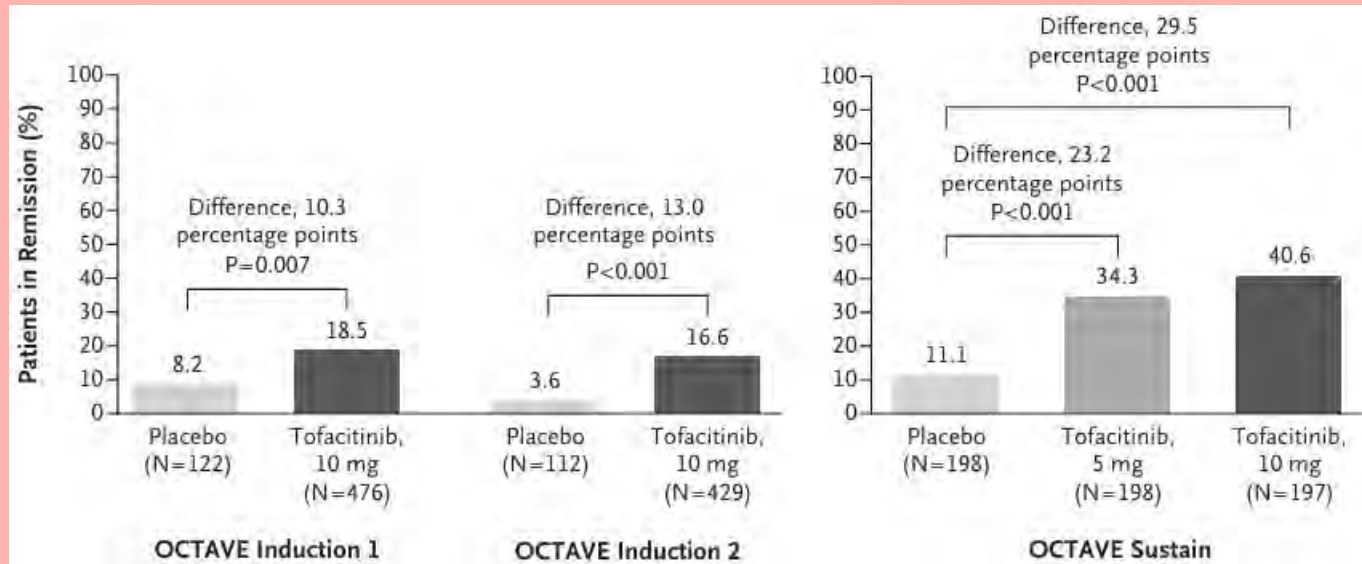


U- ACHIEVE

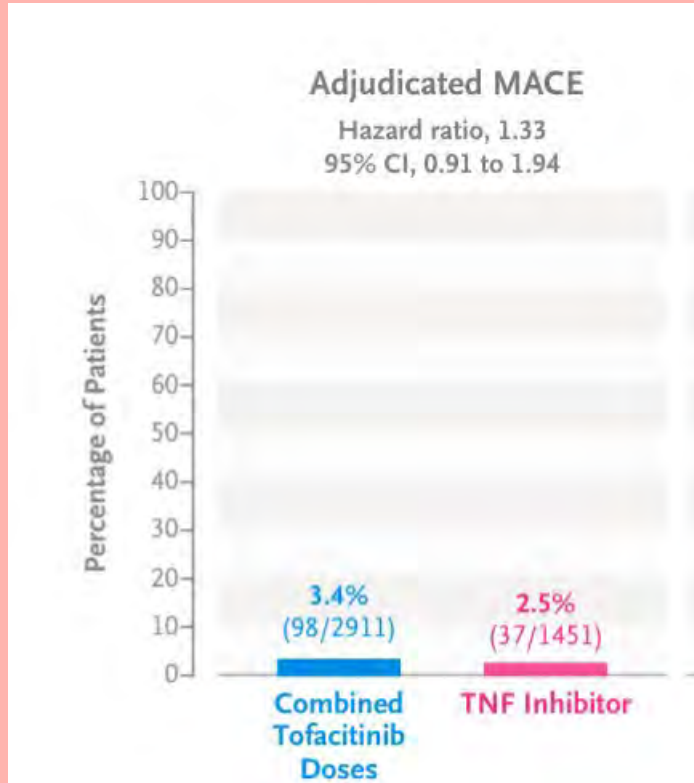
Maintenance : 15 mg, 30 mg or placebo

CR : 40.4% (15mg) , 53.6% (30mg), 10.8% (placebo)) (p<0.001)

Tofacitinib in Ulcerative colitis



Safety of JAK inhibitors



High Risk :

- > 65 years
- Smokers

Review + Meta-analysis in CD³

No increase MACE

Safety of JAK Inhibitors

Venous thromboembolism

Teratogenicity

Herpes Zoster infection

Cytopenia

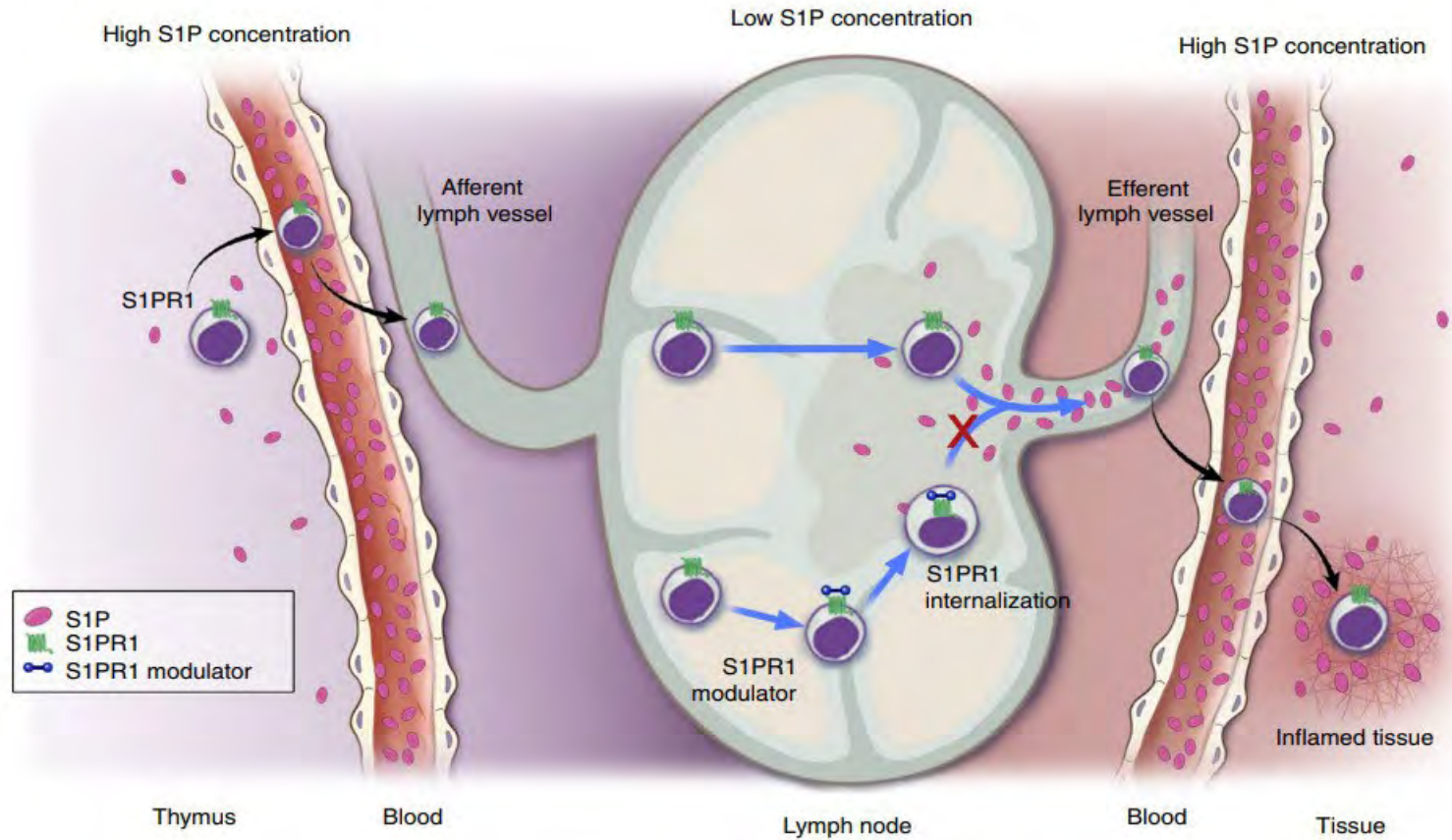
Elevated cholesterol

CPK elevation

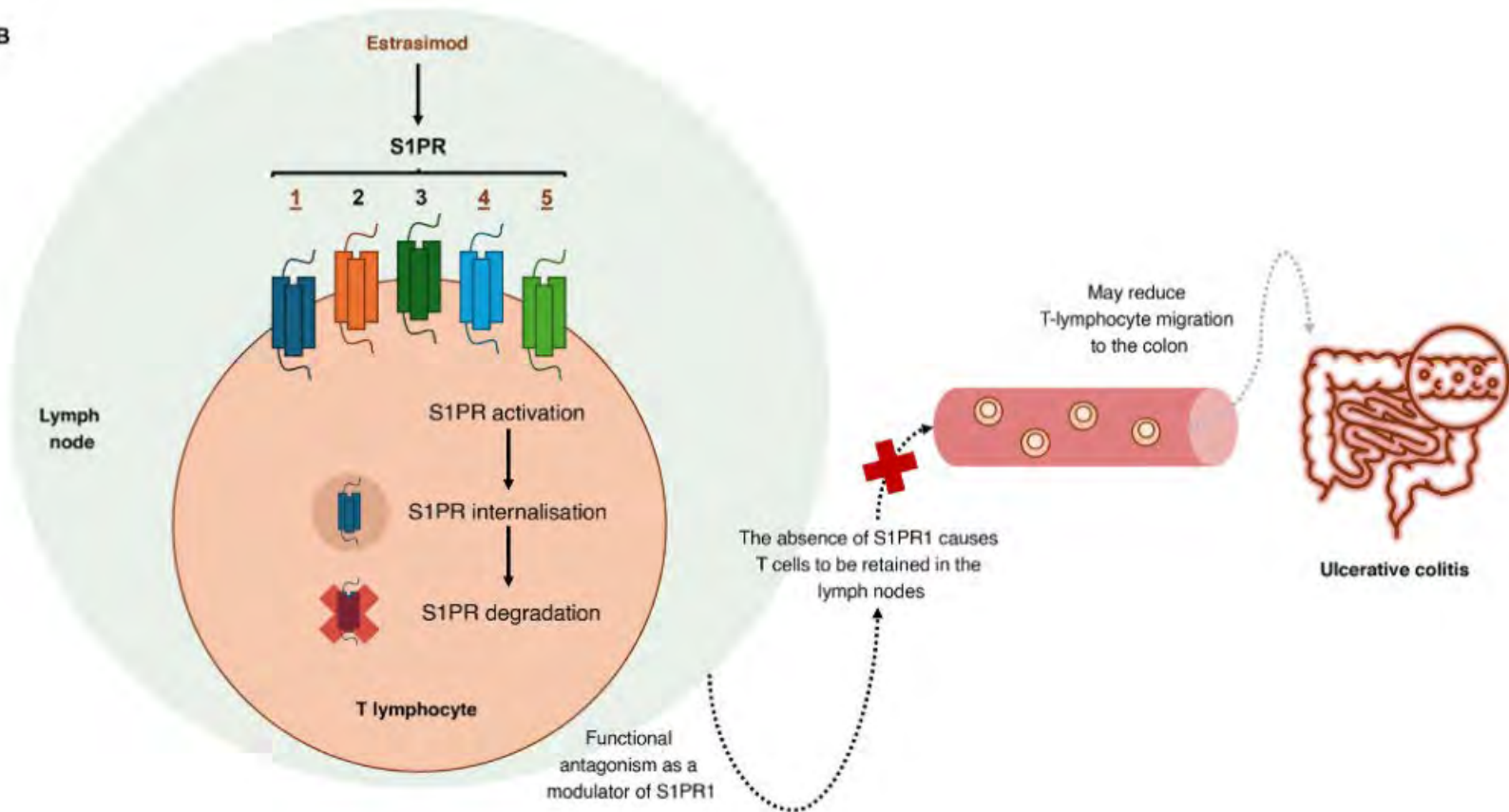
Infections : URTI

NM skin cancer

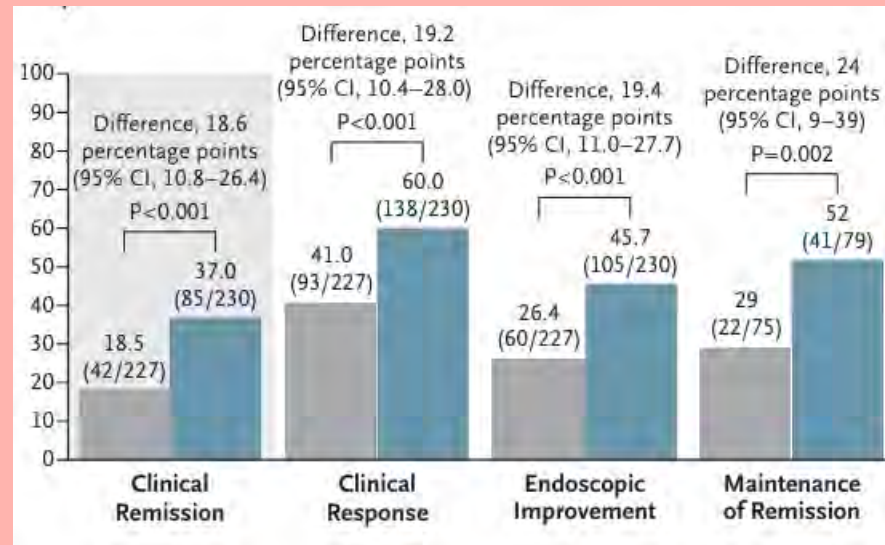
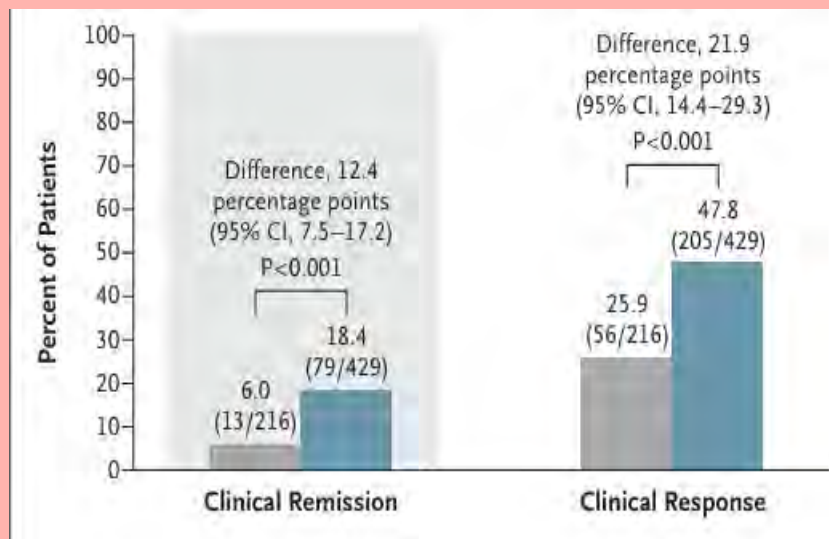
Sphingosine 1 Receptor Inhibitors



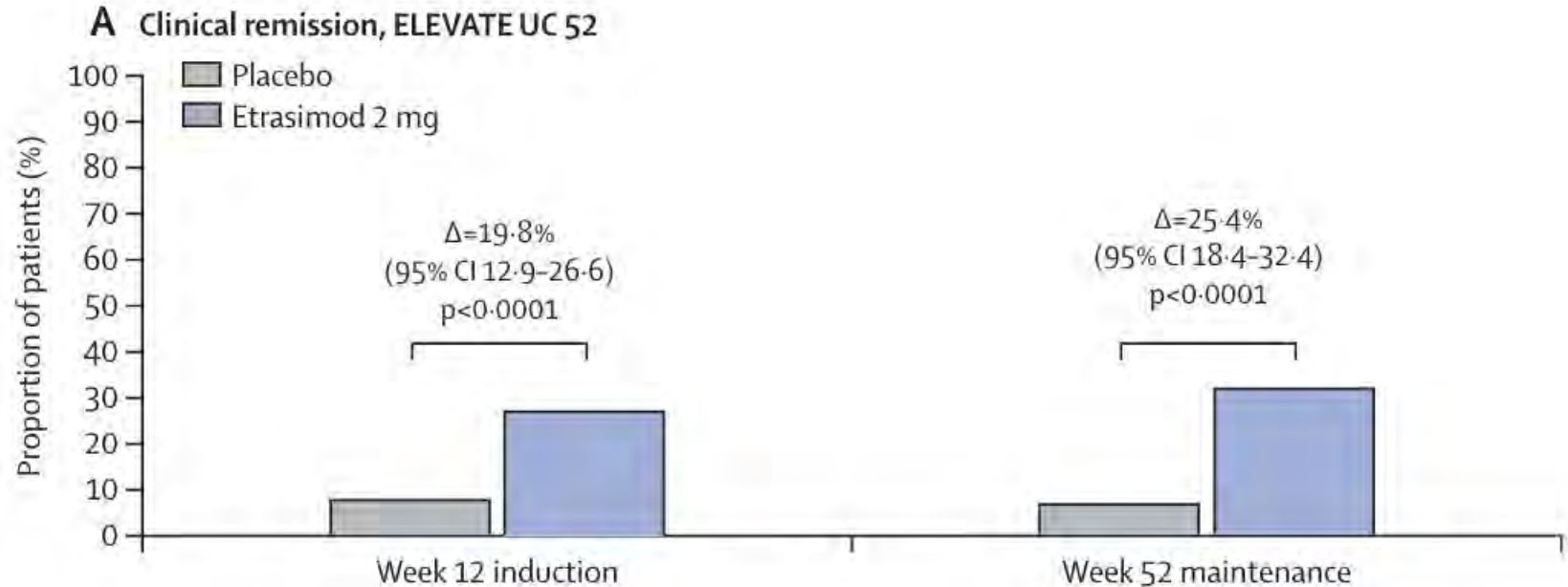
B



TRUE NORTH : Ozanimod in Ulcerative colitis



ELEVATE UC : Etrasimod in Ulcerative colitis



Safety of S1 P receptors

Lymphopenia

Infections : nasopharyngitis

Herpes zoster

Elevated liver enzymes

Malignancies : no increased risk

Bradycardia : not significantly elevated. Exclude pre treatment

Macular edema : pretreatment ophthalmic in high risk

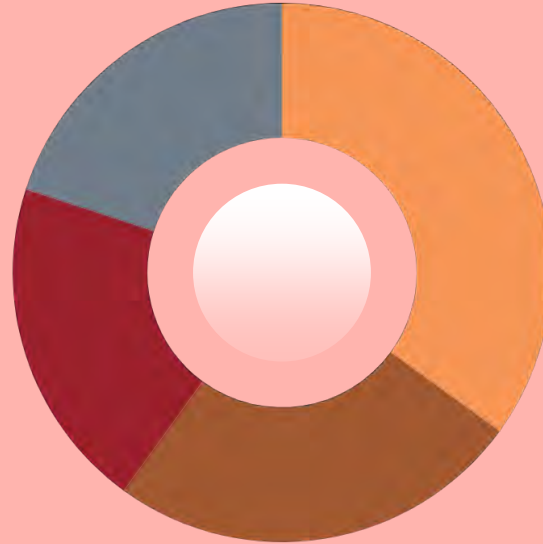
POSITIONING THERAPY

PATIENT

Age, Pregnancy,
Comorbidities, Preferences

Disease

CD vs UC
Disease length, severity
EIM
Prior treatment



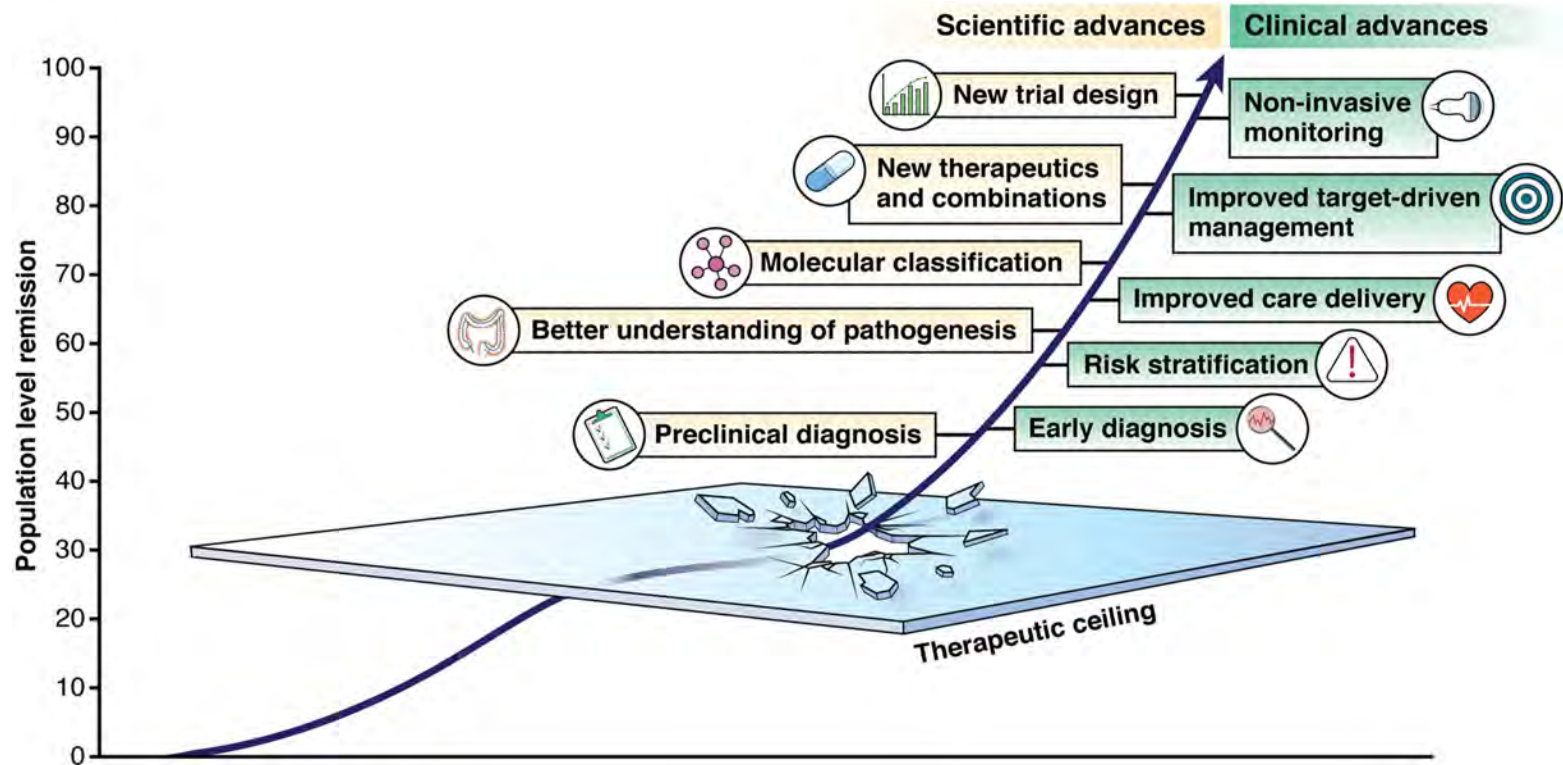
Drug

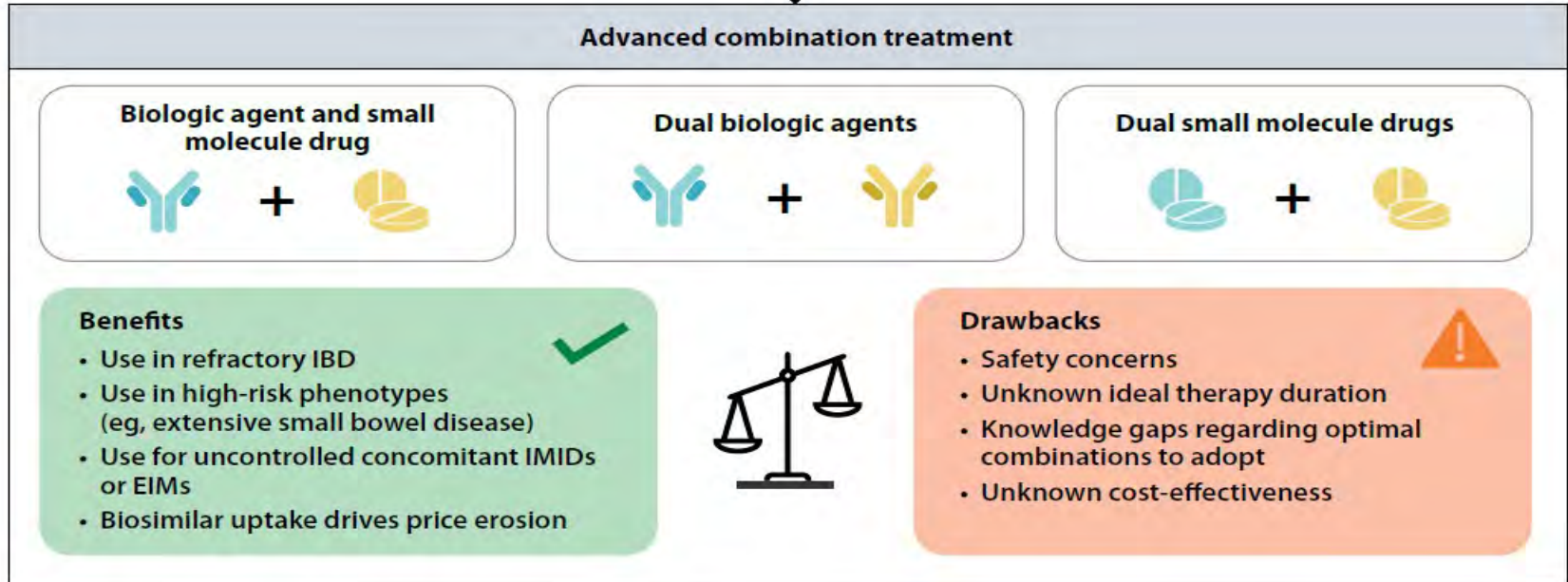
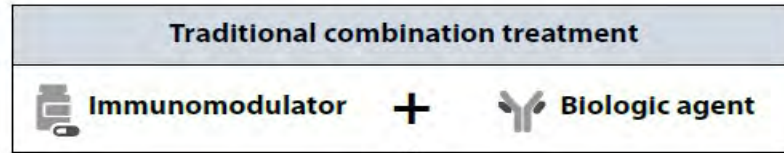
Indication
Rapidity, Durability
Combination
Sequencing

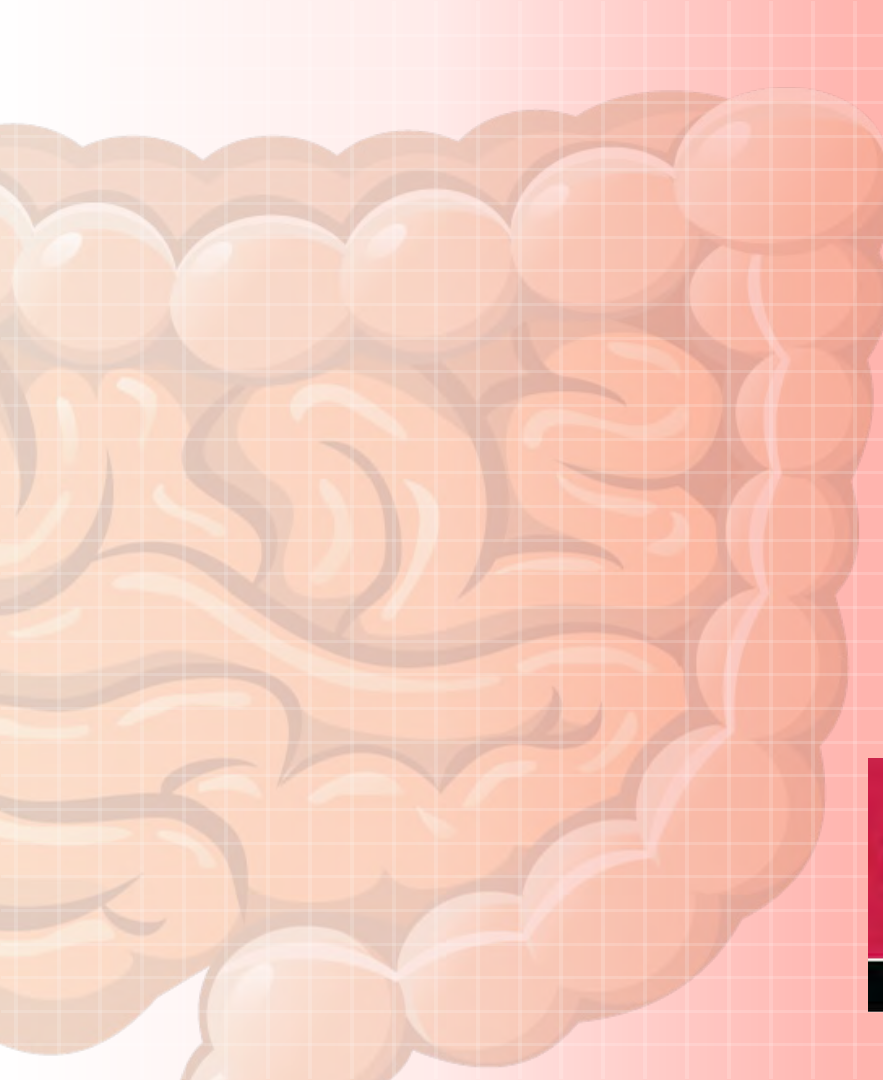
Safety

Infection
Cancer
Class specific
Drug interactions

Therapeutic Ceiling







QUESTIONS and COMMENTS

