

# Severe Crohn's disease: Medical options

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# Disclosure

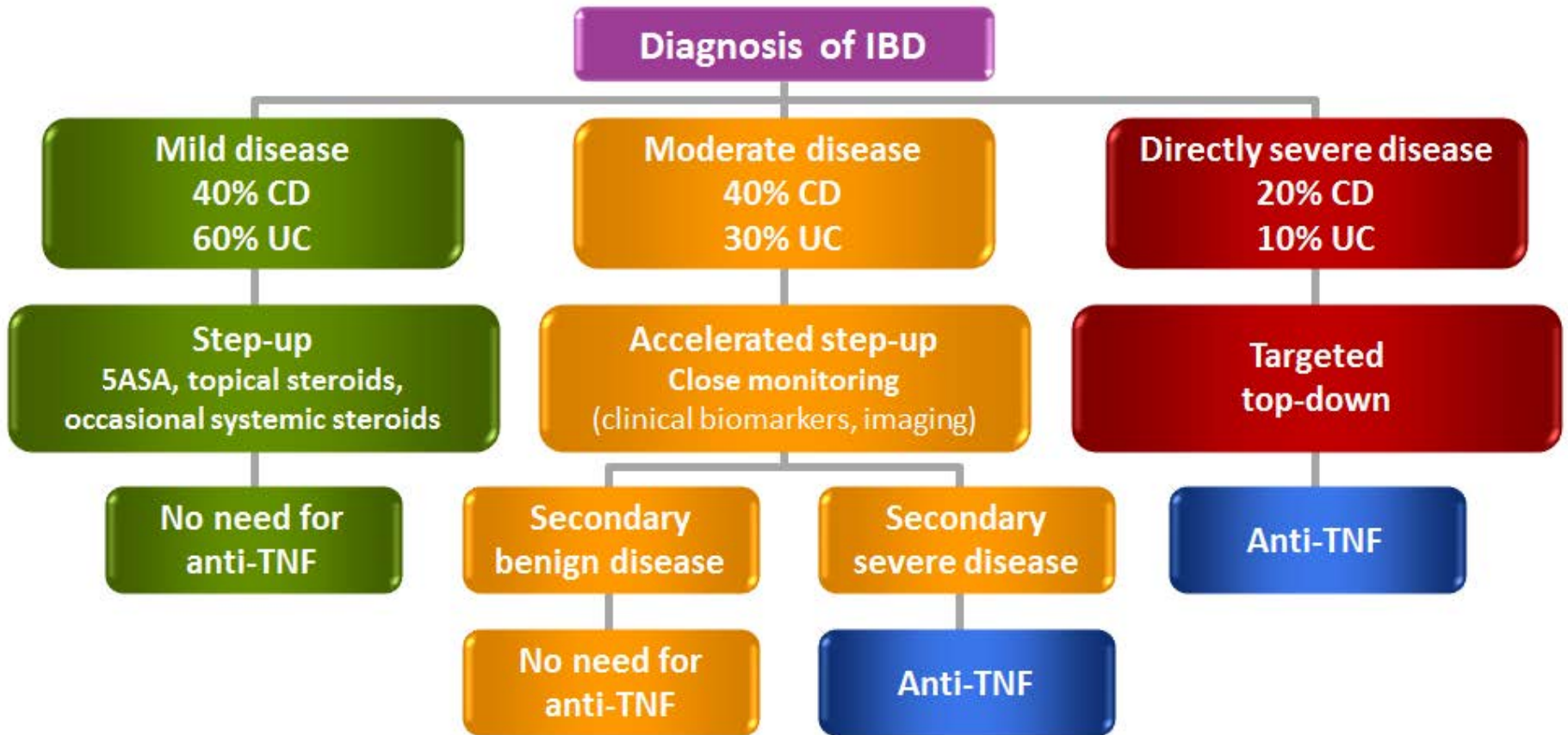
## Conflict of interests

Gerhard Rogler has consulted to Abbott, Abbvie, Boehringer, Calypso, Essex, FALK, Genentech, MSD, Novartis, Pfizer, Roche, UCB, Takeda, Tillots, Vifor and Zeller;

Gerhard Rogler has received speaker's honoraria from Astra Zeneca, Abbott, Abbvie, FALK, MSD, Phadia, Takeda, Tillots, UCB, and Vifor;

Gerhard Rogler has received educational grants and research grants from Abbot, Abbvie, Ardeypharm, Essex, FALK, Flamentera, Novartis, MSD, Roche, Tillots, UCB and Zeller.

# Timing of anti-TNF introduction in IBD: Proposed algorithm



Numbers given in this slide represent an approximate estimation from several cohorts and population-based data.

*Solberg et al. Scand J Gastroenterol 2009;44:431–40.*  
*Langholz E, et al. Scand J Gastroenterol 1996;31:260–6.*  
*Hoie O, et al. Gastroenterology 2007;132:507–15.*  
*Munkholm P, et al. Scand J Gastroenterol 1995;30 :699–706.*  
*Solberg IC, et al. Clin Gastroenterol Hepatol 2007;5:1430–8.*  
*Thia KT, et al. Gastroenterology 2010 Oct;139:1147–55.*

## **ECCO statement 5D**

Severely active localised ileocaecal Crohn's disease should initially be treated with systemic corticosteroids [EL1]. For those who have relapsed, an anti-TNF based strategy is appropriate [EL1]. Surgery is a reasonable alternative for patients with disease refractory to conventional medical treatment and should also be discussed [EL3]. For some patients who have infrequently relapsing disease restarting steroids with an immunomodulator may be appropriate [EL2]. In patients refractory to steroids and/or anti-TNF vedolizumab is an appropriate alternative [EL1]

## **ECCO statement 5F**

Extensive small bowel Crohn's disease should initially be treated with systemic corticosteroids, but early therapy with an anti-TNF based strategy should also be evaluated [EL5]. For patients with severe disease who have relapsed, an anti-TNF based strategy is appropriate [EL5]

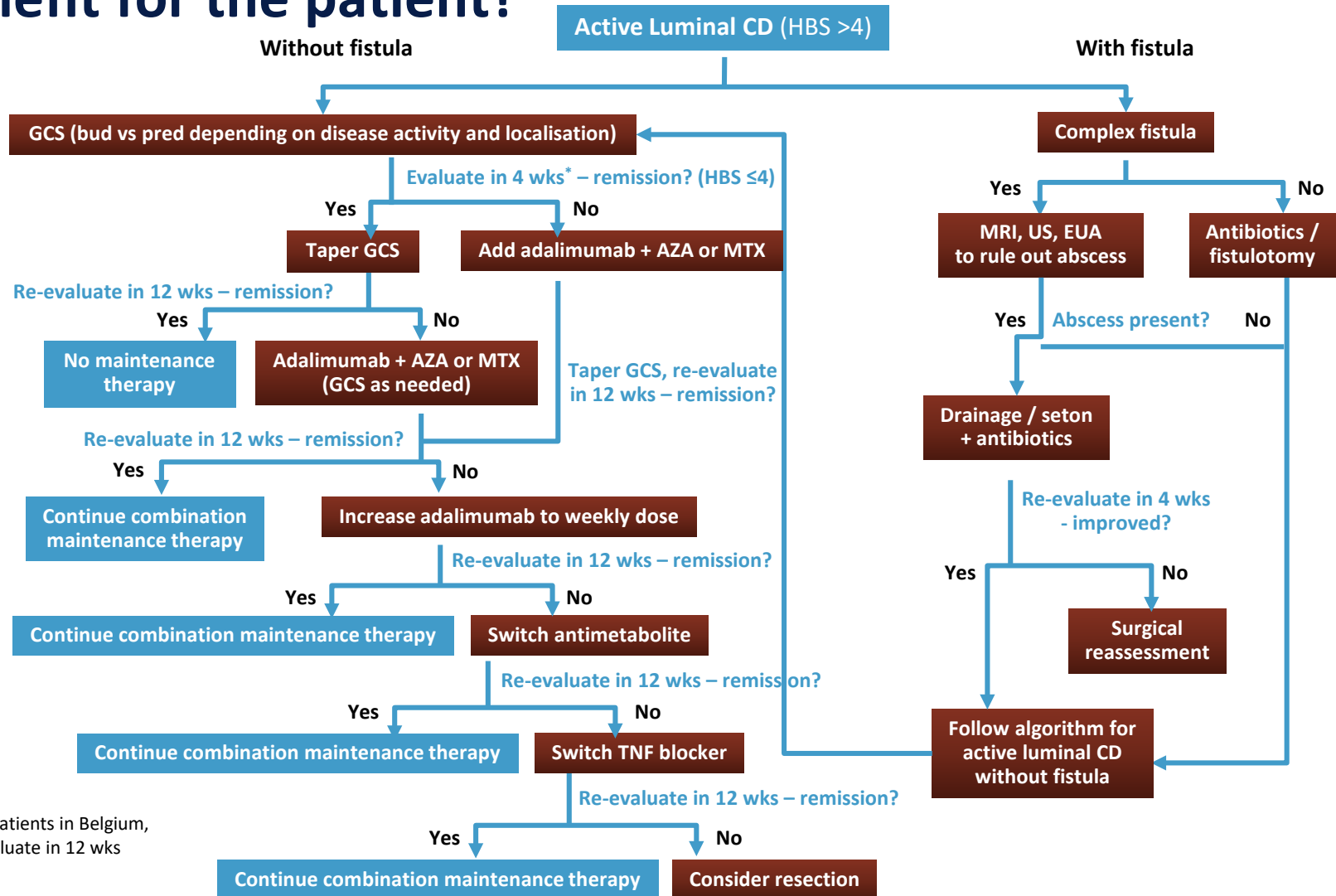
## **ECCO statement 5G**

Patients who have clinical features suggesting a poor prognosis appear the most suitable for early introduction of immunosuppressive therapy. Early anti-TNF therapy [EL2] should be initiated in patients with high disease activity and features indicating a poor prognosis [EL3]

## **ECCO statement 5I**

Patients with objective evidence of active disease refractory to corticosteroids should be treated with an anti-TNF based strategy [EL1], although surgical options should also be considered and discussed at an early stage [EL5]

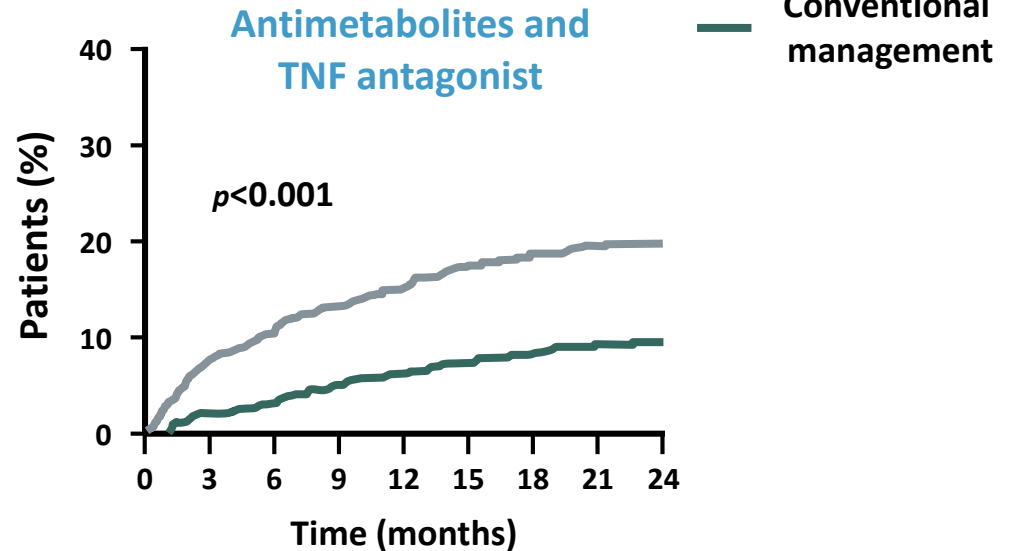
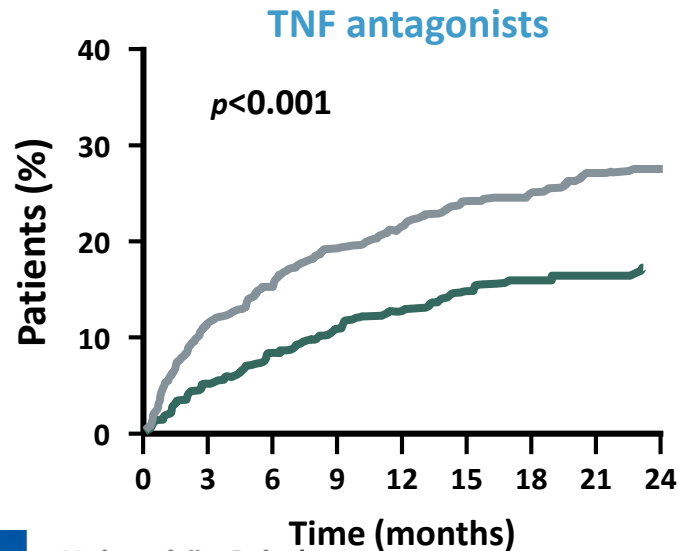
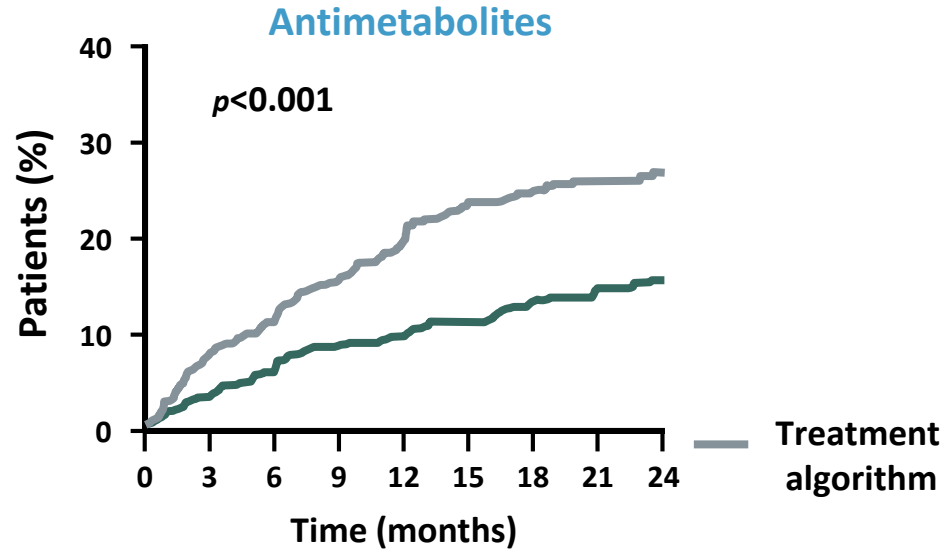
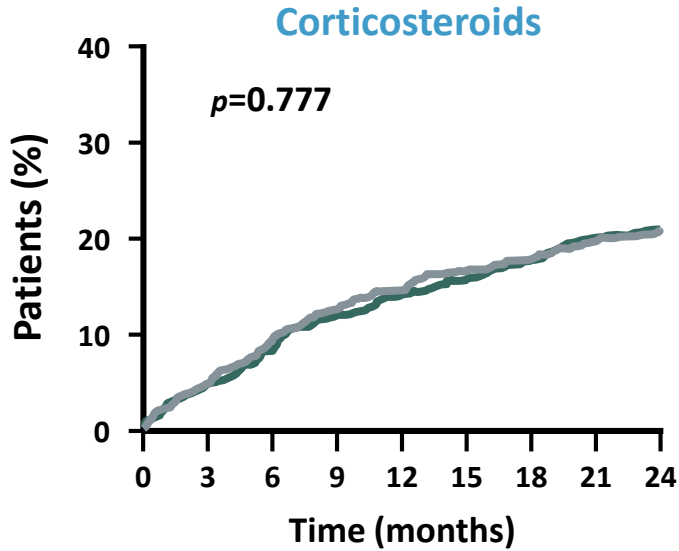
# REACT: therapeutic algorithms for Crohn's disease: Benefit for the patient?



\* For patients in Belgium, evaluate in 12 wks

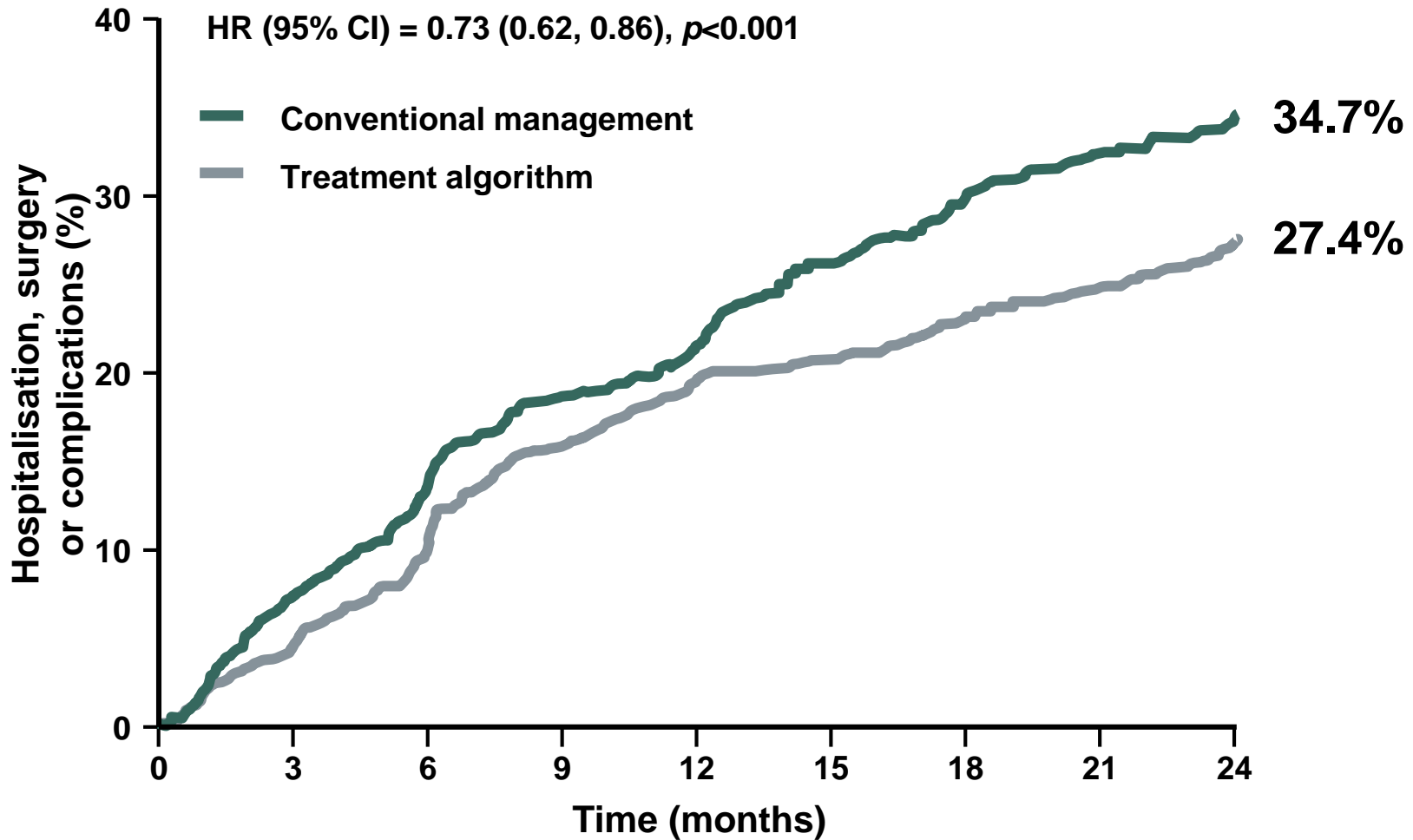


# REACT: time to initiation of treatment



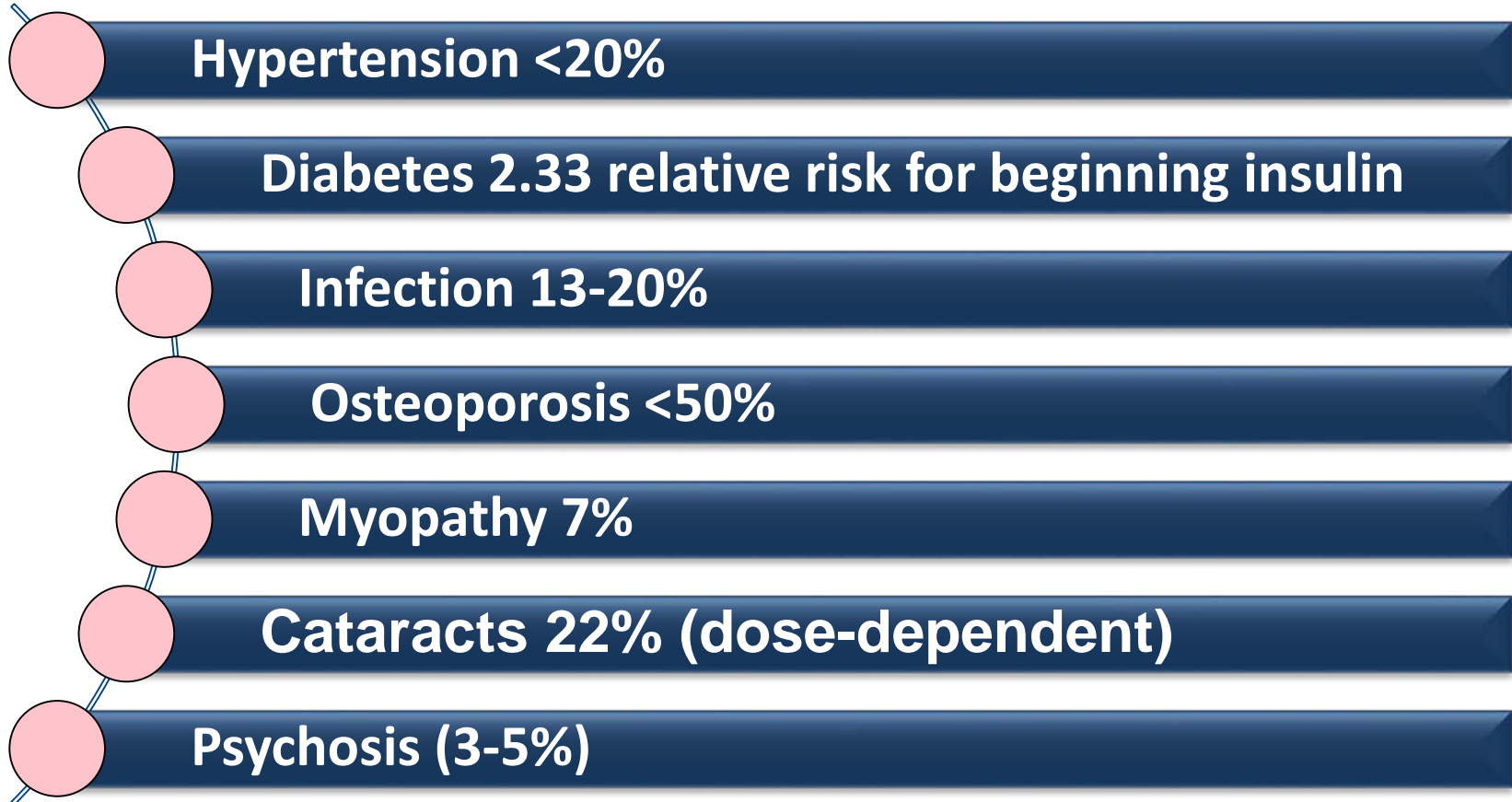


# REACT: time to first hospitalisation, surgery or complication





# Side effects of prolonged GCS therapy



\*Overall GCS therapy (not only therapy for CD).

Sandborn W. *Can J Gastroenterol.* 2000;14(suppl C):17C-22C.

# Anti-TNF drug safety

## Infection and malignancy

- Black-box warning for serious infection and malignancy for all anti-TNF therapies<sup>1-3</sup>

## Black-box warning for HSTCL (ADA and IFX)<sup>1,2</sup>

## Reactivation of hepatitis B<sup>4</sup>

## Skin cancer<sup>4</sup>

## Psoriasis<sup>4</sup>

## Autoimmunity (lupus-like syndrome <1%)<sup>4</sup>

## Immunogenicity—antibodies to anti-TNF<sup>4</sup>

## Demyelinating disorders, CHF, liver toxicity<sup>4</sup>

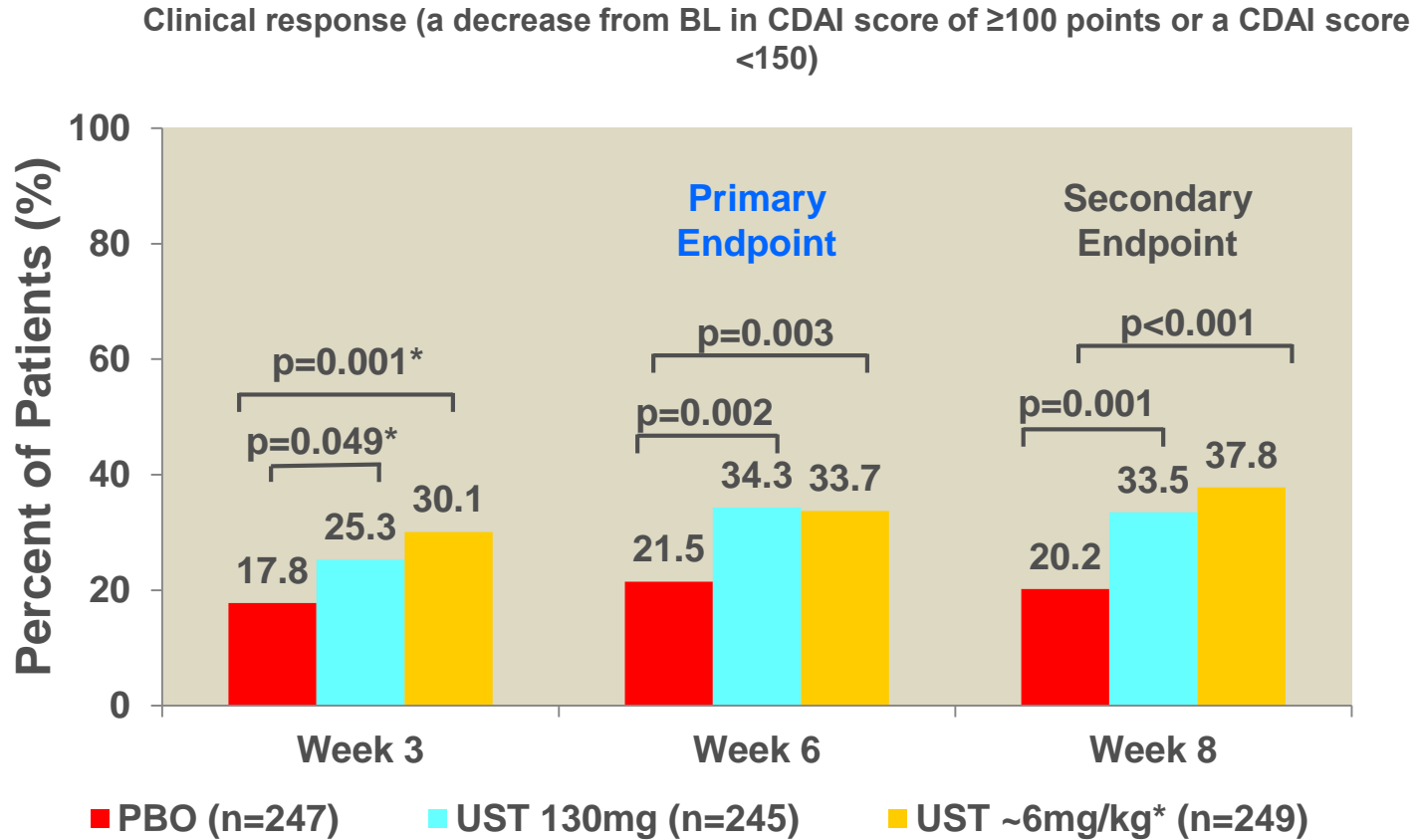
1. Remicade [package insert]. Horsham, PA: Janssen Biotech, Inc.; 2013.
2. Humira [package insert]. North Chicago, IL: AbbVie, Inc.; 2013.
3. Simponi [package insert]. Horsham, PA: Janssen Biotech, Inc; 2013.
4. Bongartz T, et al. *JAMA*. 2006;295(19):2275-2285.

# Anti-Integrin Drug Safety

**Increased risk for progressive multifocal leukoencephalopathy (PML) (Natalizumab)**

**Headache, fatigue, depression, rash, nausea, abdominal discomfort, UTI, arthralgia, respiratory infection**

# Clinical Response to Ustekinumab (UNITI I)



\*Weight-range-based doses of ustekinumab approximating 6 mg/kg; UST: Stelara



# TREATMENT ALGORITHM FOR CROHN'S DISEASE



**Swiss expert recommendation – Based on ECCO guidelines 2010<sup>1,2</sup>  
and other published literature**

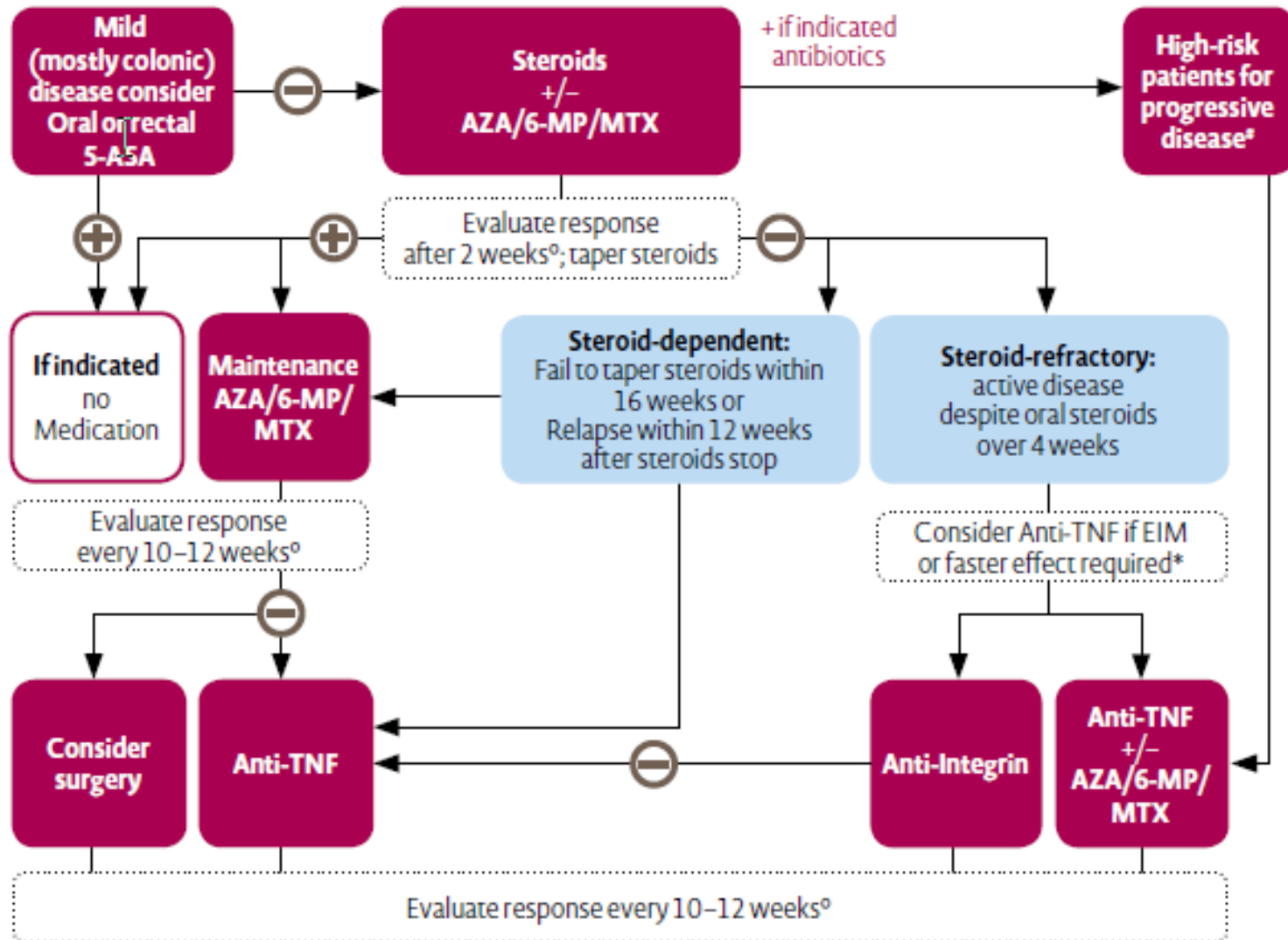
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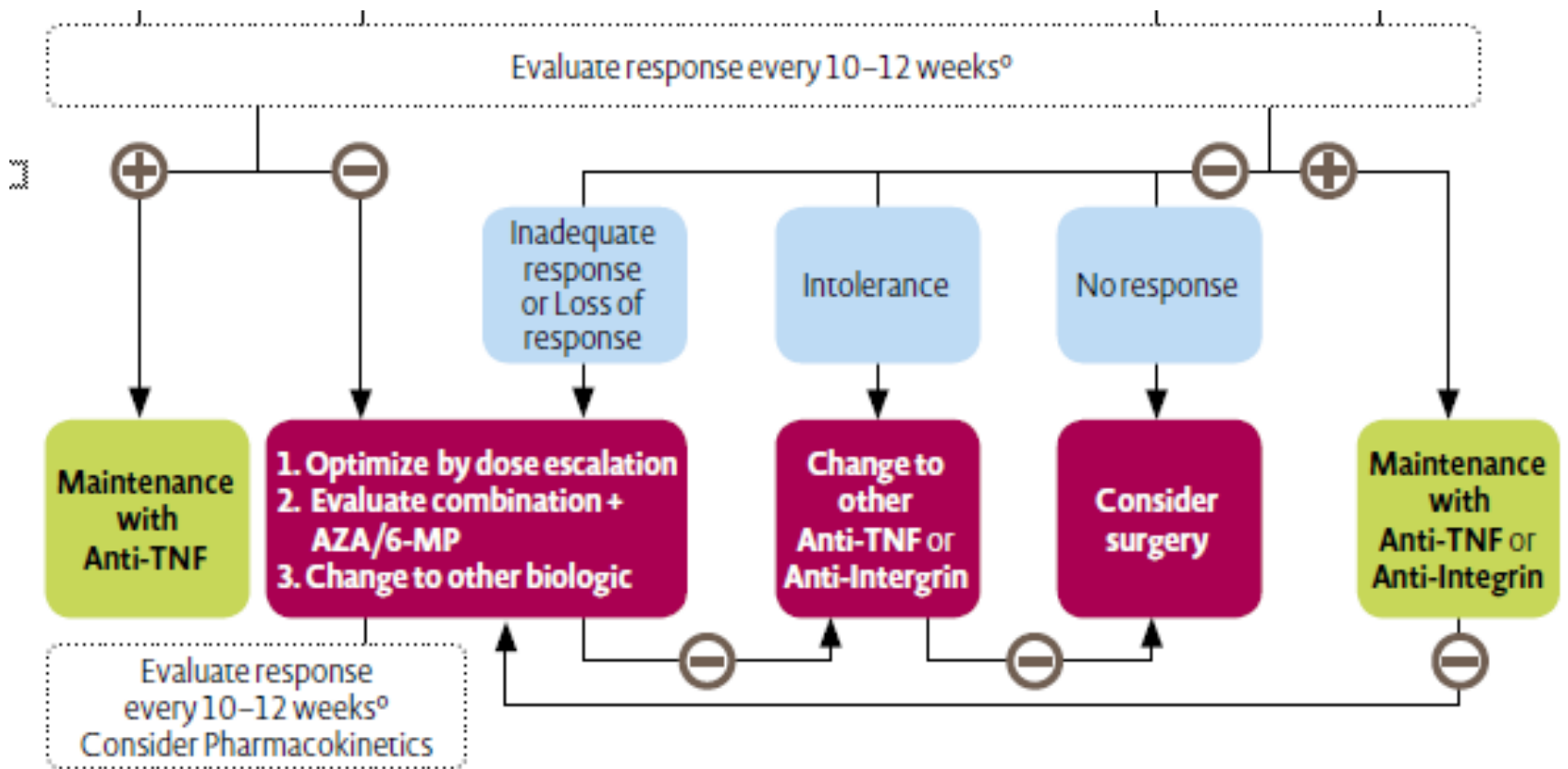
Luc Biedermann, Stephan Brand, Emanuel Burri, Petr Hruz,  
Pascal Juillerat, Michael Manz, Michel Maillard, Gerhard Rogler,  
Bernhard Sauter, Alain Schoepfer, Frank Seibold, Stephan Vavricka.



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# LUMINAL CROHN'S DISEASE (WITHOUT FISTULA)<sup>1-3,14,15</sup>





• Swiss expert recommendation

# See page "Risk for severe disease progression"

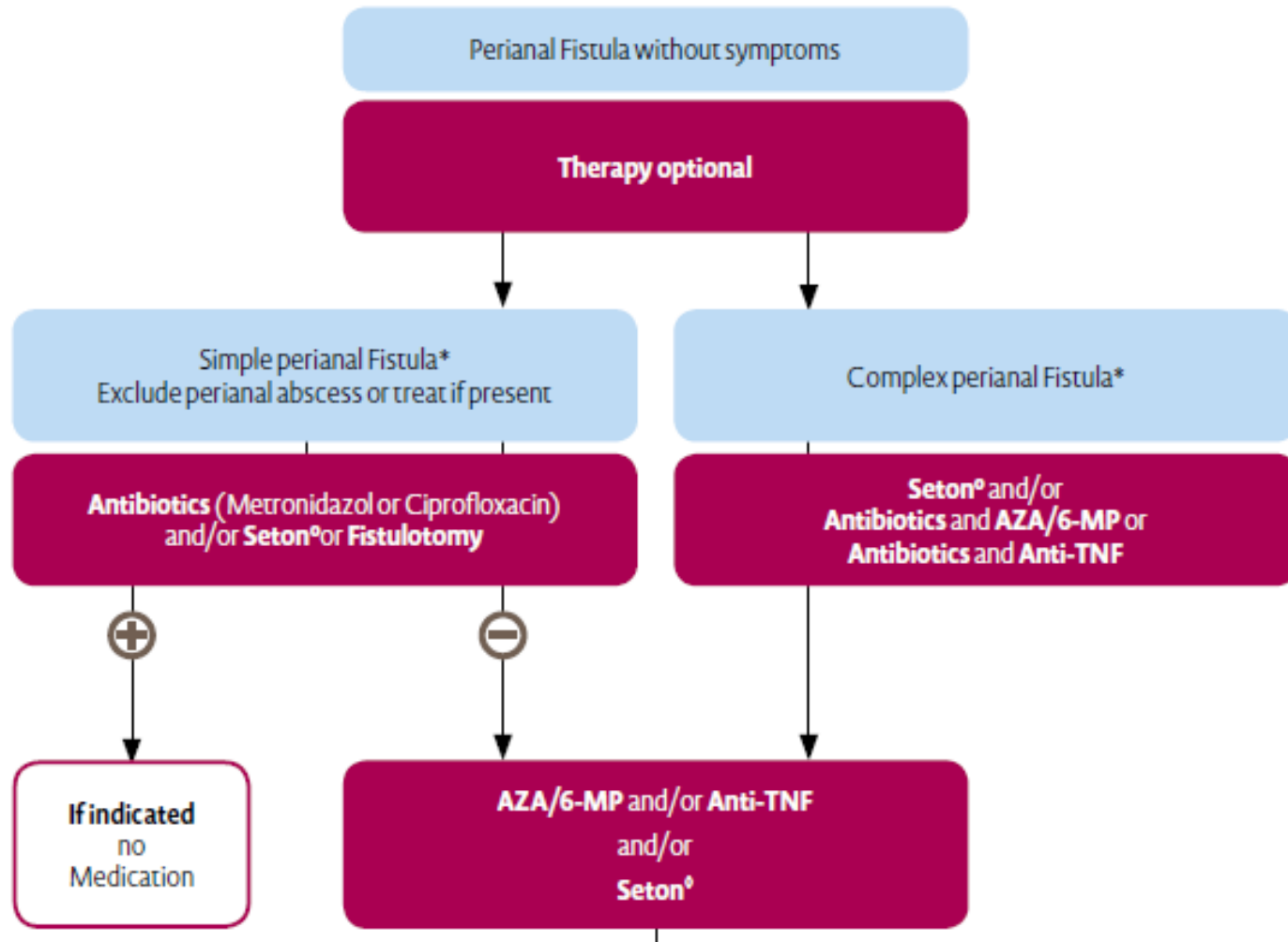
° See page "Target for CD treatment"


⊕ Response/remission

⊖ No response/no remission



# FISTULATING DISEASE<sup>1-3</sup>



A photograph of a group of young men sitting in an audience. The men are dressed in casual clothing like t-shirts and hoodies. Several of them have expressions of boredom or fatigue, with some resting their heads on their hands or looking away. The text "Thank you for your attention" is overlaid in white, sans-serif font across the middle of the image.

Thank you for your attention