

Therapeutic sequencing in IBD: Determining the optimal position of vedolizumab in Crohn's Disease

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A modeling study using real-world evidence suggests vedolizumab performs best as first-line biologic therapy in Crohn's disease, with efficacy decreasing markedly after prior anti-TNF exposure compared to other biologics.

KEY POINTS

- The authors built a model simulating different treatment sequences for vedolizumab in Crohn's disease using real-world evidence rather than randomized trial data, arguing that real-world data better reflects clinical practice variability.
- The model suggests vedolizumab shows major benefit as first-line biologic therapy but decreases spectacularly in efficacy when used second- or third-line, with this drop being more pronounced than for other biologics.
- The speakers argue that sequences starting with vedolizumab followed by anti-TNF agents may provide better long-term outcomes than the reverse sequence, based on differences in persistence and the asymmetric effect of prior exposure.
- A clinical decision support tool is discussed that uses five baseline factors including prior TNF exposure, albumin, CRP, surgery history, and a scoring system to predict vedolizumab response, with scores of 20 or more indicating likely response.
- The guest emphasizes that early treatment appears to outweigh biomarker-guided approaches and expresses skepticism about precision medicine biomarkers becoming available in IBD within the current decade.

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