gutflix
GI learning, personalised

Summary

# IBD treatment beyond anti-TNF (Part 1: Present and future)

Ignacio Catalan-Serra

Podcast Episode

IBD

February 7, 2024

**An IBD specialist discusses the expanding landscape of inflammatory bowel disease therapies beyond anti-TNF agents, their mechanisms of action, and practical considerations for selecting treatments in clinical practice.**

KEY POINTS

- Despite approval of many new IBD drugs since 2014, therapeutic outcomes have plateaued, with only one in three patients achieving deep remission at one year, and classic combination therapy with infliximab and azathioprine still achieving the highest remission rates of nearly 60 percent.
- Anti-TNF therapies remain the first-line advanced treatment in most of Europe due to cost and expertise, though they carry risks of infection, certain cancers, and loss of response over time.
- The newer drug classes include vedolizumab (anti-integrin approved 2014 for both Crohn's and ulcerative colitis), ustekinumab (IL-12/23 inhibitor approved 2016 for both conditions), JAK inhibitors (tofacitinib approved 2018 for ulcerative colitis only), S1P receptor modulators (ozanimod), and selective IL-23 inhibitors (risankizumab for Crohn's, mirikizumab for ulcerative colitis).
- The guest argues that key prescribing considerations include contraindications for JAK inhibitors and S1P modulators in pregnancy, avoiding JAK inhibitors in patients with cardiovascular risk, and preferring systemic over gut-selective agents in patients with prominent extraintestinal manifestations.
- This discussion is aimed at general gastroenterologists, trainees, and IBD nurse specialists seeking a practical overview of the treatment landscape without detailed individual drug analysis.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/c0456104-2e20-11ef-96ed-0242ac140004

**AI-generated summary**

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.