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Summary

Advanced therapies: How should we sequence? How many is too many? A case-based perspective and state-of-the-art overview

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This presentation examines sequencing of advanced therapies in ulcerative colitis and timing of colectomy referral, using UK real-world data and a complex pediatric case to illustrate challenges when conventional treatments fail.

KEY POINTS

- The speakers stated that UK IBD Bioresource data suggested vedolizumab and infliximab performed better than other anti-TNFs as first-line therapy, though the data had selection bias and used drug persistence rather than hard endpoints as the outcome measure.
- After anti-TNF failure, the speakers reported that network meta-analyses and real-world data indicated anti-trafficking agents like vedolizumab appeared less effective as second-line therapy, while IL-23 inhibitors and JAK inhibitors potentially performed better.
- The case described a 16-year-old who cycled through five drug mechanisms over three years before colectomy, experiencing complicated post-operative course with ileus, collection, adhesional obstruction, and ultimately requiring defunctioning ileostomy during pouch formation.
- The speakers identified risk factors for colectomy including prior acute severe colitis admission (40% lifetime colectomy risk versus 3% without admission in Oxford data), disease extension, and HLA-DRB1*03 positivity.
- The speakers recommended referring patients to surgeons and stoma therapists when starting a third or fourth advanced therapy as outpatients, emphasizing that delayed surgery in steroid-dependent patients is associated with worse surgical outcomes.
- The speakers stated that treatment sequencing must be individualized based on patient factors, disease severity, and drug characteristics, applying STRIDE principles with early monitoring of clinical, biomarker, and endoscopic response.

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