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Summary

Measuring what matters: Pros and cons of therapeutic drug monitoring in IBD

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This presentation examined evidence for therapeutic drug monitoring (TDM) in inflammatory bowel disease, concluding that while proactive TDM may benefit anti-TNF maintenance therapy, current data do not support routine TDM for vedolizumab or ustekinumab.

KEY POINTS

- The speakers stated that exposure-response relationships exist for biologicals in IBD, but emphasized that these associations from quartile analyses do not necessarily demonstrate causality and may simply reflect drug clearance differences.
- The TAXIT study showed positive results for proactive TDM in Crohn's disease but not ulcerative colitis, and after one year the speakers reported no difference between intervention and clinical management groups.
- Multiple intervention trials including the Tailoring study, ultra-proactive study, TITRATE study in acute severe colitis, INTERPRET trial for vedolizumab, and POWER and RESCUE studies for ustekinumab all had negative primary endpoints according to the speakers.
- The NOR-DRUM B maintenance study in immune-mediated diseases (over 450 patients) and the PRECISION trial using dashboard-driven dosing both showed significant benefits favoring proactive TDM as stated by the speakers.
- The speakers recommended TDM for anti-TNF therapy at induction (weeks 2 and 6) and twice yearly during maintenance, targeting trough levels around 5-7 micrograms per milliliter for infliximab and higher levels (above 10) for perianal fistulizing disease.
- The speakers explicitly advised against routine TDM for vedolizumab and ustekinumab, stating there is no evidence to support this practice and that switching out of class may be preferable when patients fail these agents.

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