

Help! What advanced therapy do I choose for ulcerative colitis?

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Presentation

IBD

Surgery

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Choosing advanced therapies for IBD requires balancing drug efficacy, safety profiles, treatment sequencing effects, patient factors, and healthcare system constraints, with no single drug clearly superior across all scenarios.

KEY POINTS

- The Varsity trial showed vedolizumab achieved significantly higher clinical remission rates than adalimumab at one year in moderate to severe UC, but there was no statistically significant difference for corticosteroid-free remission.
- Network meta-analyses suggest upadacitinib and infliximab perform well for UC induction, and JAK inhibitors as a class show strong results in maintenance therapy, though confidence intervals are wide and most drugs appear similar in efficacy.
- Anti-TNFs work equally well as first or second-line biologic therapy in UC, while vedolizumab shows lower response rates in anti-TNF exposed patients; ustekinumab and JAK inhibitors maintain efficacy in anti-TNF experienced patients.
- Vedolizumab and anti-interleukins have favorable safety profiles compared to steroids and anti-TNF/thiopurine combinations, though patient age, comorbidities, and treatment duration must be considered.
- Treatment choice should incorporate patient preference for route of administration, presence of extraintestinal manifestations, and cost-effectiveness, particularly in tax-funded healthcare systems.
- The speaker disclosed that in Denmark approximately 80% of patients must start on an anti-TNF due to local guidelines, and stated he would personally prefer a JAK inhibitor if he were a patient.

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