

IBD Debate: De-
escalation is
Appropriate in the
Right Patient

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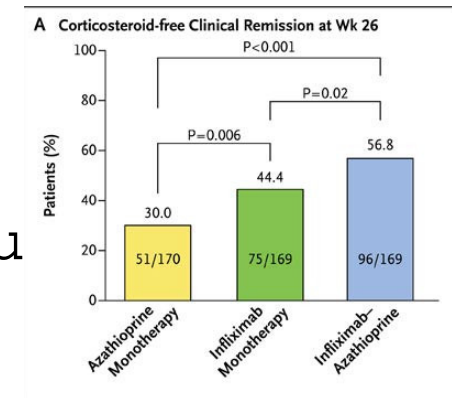
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Disclosures

- Abbvie (Speaker Bureau)
- BMS (Speaker Bureau)

Starting IMM with anti-TNF is best

- Anti-TNF + Immunomodulator (IMM) >> anti-TNF alone in efficacy
- Also significantly reduced anti-dru
 - 1% on combo vs 15% at week 30



Why De-escalate?

- Minimize adverse events
 - Infections
 - HR of combo vs. anti-TNF mono: serious infection 1.23 (95%CI: 1.05-1.45)
 - Cancer risks
 - HR of combo vs anti-TNF mono: lymphoma 2.53 (95% CI: 1.35-4.77)
- Reduce costs
- Convenience
- Patient preference
 - ~50% of patients would consider stopping IMM in combo
 - BUT 25% would not risk if chance of flare

Kirchgesner Gastro 2018

Lemaitre JAMA 2017

Siegel JCC 2018

STORI

- Prospective observation of Crohn's patients on anti-TNF and IMM who stop anti-TNF
 - 115 patients on dual therapy for > 1 year
 - Steroid free remission for 6 months
 - Relapse rate (CDAI) of 44% at 1yr and 52% at 2yr
- 7 year follow up: 20% did not start biologic

STOP-IT

- RCT of discontinuation of infliximab (IFX) vs continuation in patients with Crohn's
 - Patients were in clinical, lab and endoscopic remission >1 year
 - 115 patients randomized
 - 50% were on immunosuppressants (and stay on them)
 - Median duration of IFX treatment was ~22 months
 - Clinical relapse rate of 49% vs 0% in 48 weeks
 - Clinical and Endoscopic/MRI remission was 25% vs. 69%

SPARE: Stopping IFX leads to > relapse

- RCT comparing relapse rates over 2 years in patients in steroid-free remission for >6 months on combo therapy -> 3 arms
 - Remain on combo
 - IFX stop
 - IMM stop
- Not blinded
- Relapse rate: 12% combo, 35% IFX stop, 9% IMM stop
- Among relapse in IFX stop group, 22/23 were able to restart IFX

Predictors of Relapse

- Biochemically active disease (CRP and calpro>300 in SPARE)
 - Confirm patients are in clinical and endoscopic remission
- Other known predictors of severe disease:
 - Young age at diagnosis
 - Perianal disease
- Drug levels
 - Undetectable levels -> can stop anti-TNF
 - High drug levels -> can stop IMM

Drobne et al. CGH 2015
Ben-Horin et al. APT 2015

Restarting Infliximab?

- Successful often, 70% response rate at 1yr
- Increase chance by using IMM
- Give premedications including steroids
- Measure level 1 week after first dose
 - If antibodies present, would STOP
 - If good levels, can continue

Summary

- Patients in durable remission on anti-TNF and IMM can stop IMM without increased risk of relapse
- Confirm remission with CRP/Calpro + Colonoscopy +/- Imaging prior to stopping
- Measure trough anti-TNF level
- Patients who stop IFX can restart IFX safely
 - Increase success with having an IMM at restart