Recent Treatment of IBD

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Extended abstract

Inflammatory bowel disease (IBD) is a chronic relapsing disorder involving a dysregulated host–microbiota interaction. IBD patients have been shown to possess an increased risk for the development of colorectal cancer. Recently, focus has been placed on probiotic and prebiotic therapies, which aim to restore balance to the gastrointestinal microbiota, and reduce intestinal inflammation. Probiotics have been assessed extensively in animal models, with a number of clinical trials also demonstrating potential therapeutic benefits. However, it is widely accepted that more double-blind randomised placebo-controlled trials are required. Future research also needs to focus on determining which probiotics are the most efficacious in the IBD setting, and how the genetic and bacterial profiles of the patient will influence treatment responsiveness.

In the last few years, new molecules have been incorporated into the therapeutic armamentarium of IBD patients. Adalimumab, Golimumab are anti-tumour necrosis factor monoclonal antibody with demonstrated effectiveness in the treatment of ulcerative colitis. The use of CT-P13 (biosimilar infliximab) has been approved in Europe for the same indications as the original infliximab. More recently, vedolizumab, an anti-integrin monoclonal antibody, has been approved for the treatment of Crohn’s disease and ulcerative colitis. A large number of molecules are currently under development, some of which will, in the future, broaden the therapeutic options available in the treatment of IBD patients. Finally, in the next few years, studies should aim to identify factors predictive of response to the distinct biological agents for IBD in order to allow personalised selection of the best therapeutic alternative for each patient. Adalimumab is also reported was superior to placebo for induction of remission in patients with moderate to severe Crohn's disease naive to anti-TNF therapy.

Biological agents for inflammatory bowel diseases (IBD) targeting tumor necrosis factor (TNF) have changed the way to treat IBD refractory to standard medications and allowed us to reach new therapeutic goals such as mucosal healing and deep remission. A better understanding
of the components of the pathological processes that are a hallmark of IBD has led to the development of a new family of biological agents in Crohn’s disease and ulcerative colitis. Biosimilars, which are copy versions of currently licensed biological agents, will be soon available. The biosimilar of infliximab is as effective and as safe as its originator in rheumatologic conditions, while a new anti-TNF agent, namely golimumab, has been recently approved for refractory ulcerative colitis. Beyond TNF blockers, anti-adhesion molecules appear to be a potent drug class for IBD. Vedolizumab was recently approved for both Crohn’s disease and ulcerative colitis. Numerous other compounds are in the pipeline. Ustekinumab looks very promising for Crohn’s disease. Smad7 antisense oligonucleotide might enrich our armamentarium if preliminary data are confirmed in upcoming clinical trials.

Biologics have revolutionized the therapeutic approach in inflammatory bowel disease (IBD). Anti-tumor necrosis factor (anti-TNF) agents infliximab and adalimumab currently constitute the major biological therapy in IBD. Additional anti-TNFs such as golimumab and other new biologics are currently being developed for both anti-TNF-naïve and -resistant patients. These include anti-integrins (vedolizumab and etrolizumab), a JAK inhibitor (tofacitinib) and an anti-anti-interleukin (IL)-23 and IL-12 antibody (ustekinumab), among additional drugs in development.