

## Mini Lecture Crohn's: When to refer for biologics



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## Faculty Disclosure

- **Faculty:** Karen Kroeker
- **Relationships with commercial interests:**
  - **Grants/Research Support:** None
  - **Speakers Bureau/Honoraria:** Abbvie, Warner Chilcott, Shire
  - **Consulting Fees:** Baxter, Janssen Canada, Ferring, Shire
  - **Other:** None



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## Objectives

1. To understand when to patients with Crohn's disease should be on biologics
  - Understand the place of biologics in the treatment pyramid
2. To know which biologics work for the treatment of Crohn's disease
  - Review the data for biologics



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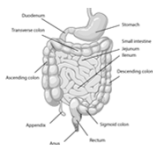
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### Crohn's Disease

- Chronic inflammatory bowel disease – can affect any part of the GI tract
  - 1/3 ileocolonic; 1/3 ileitis; 1/3 colitis; upper GI – rare
  - 10-20% perianal disease
- Disease behaviour:
  - Inflammatory
  - Stricturing
  - Penetrating (fistula or abscess)



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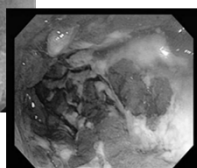
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### Crohn's Disease - Endoscopy



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### Harvey Bradshaw Index (HBI)

- 1. General well being (0-4) • **SCORE: Sum of all 4**
- 2. Abdo pain (0-3)
- 3. # Liquid/soft stools yesterday
  - **Remission <5**
  - **Mild Disease 5-7**
- 4. Other Manifestations (arthralgia, uveitis, EN, PG, aphthous ulcer, perianal fissure, new fistula, abscess) – 1 point each
  - **Moderate Disease 8-16**
  - **Severe Disease > 16**



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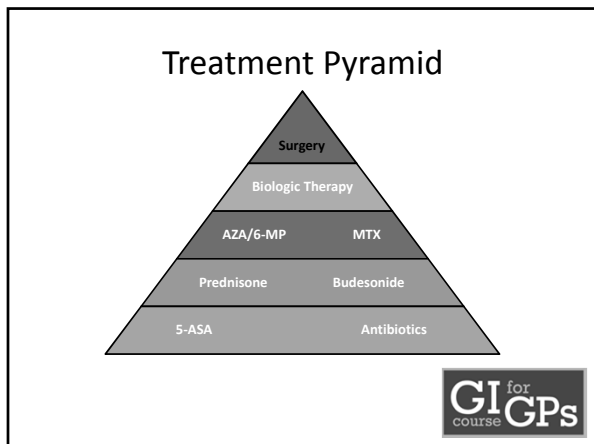
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### Indications for Biologic Therapy in Crohn's Disease

- Moderate – severe disease
  - Failing immunosuppression
- High risk disease
  - Fistulizing disease (especially perianal)
  - Proximal disease (upper GI tract)
  - EIM – eg: Pyoderma gangrenosum

**GI** for  
course **GPs**

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### Current Biologic Therapy for Crohn's Disease

- Anti-TNF  $\alpha$ 
  - **Infliximab**
  - **Adalimumab**
  - Certolizumab - not readily available
- Anti-Integrin Blockers
  - Natalizumab – only available in Canada for MS
  - Vedolizumab - ??soon to be available
- Cytokine blockers
  - Ustekinumab (IL12/23) – in clinical trials

**GI** for  
course **GPs**

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## MODERATE TO SEVERE CROHN'S DISEASE




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## Infliximab – Crohn's Disease

- ACCENT 1 (Lancet 2002; 359:1541)
  - MAINTENANCE TRIAL
- 573 CD pts were given 1 dose of INFX 5mg/kg
- At wk 2, pts were randomized to 3 groups, stratified by response ( $\downarrow$  70 CDAI)
  - GROUP I: placebo wk 2, 6, q8wk
  - GROUP II: 5mg/kg wk 2, 6, q8wk
  - GROUP III: 10 mg/kg wk 2, 6, q8wk




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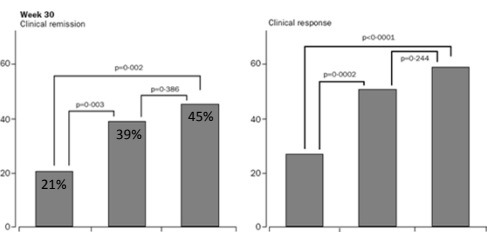
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## Accent I – Wk 30



Also shown to be effective at Wk 54

Lancet. 2002;359:1541-9.




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**HIGH RISK CROHN'S DISEASE**



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**What is High Risk Crohn's Disease?**

- Proximal GI Disease
  - (more common in young patients)
- Fistulizing Crohn's Disease
- Severe Pyoderma Gangrenosum



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**Fistulizing Crohn's Disease**

- Cumulative incidence of perianal disease increases over time (33% - 10 yrs; 50% - 20 years)
- Patients can present with perianal fistulas
  - *Risk factor for more disabling disease course*
- Risk of developing abscess
- Require multi-disciplinary approach (medical, surgical, & radiology)



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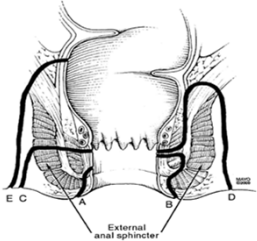

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### Perianal Crohn's Disease



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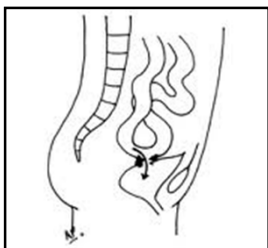
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### Other Types of Fistulas

- Enterocutaneous
- Enterovaginal
- Entero-enteral/colonic
- Enterovesical
  - Anatomy →






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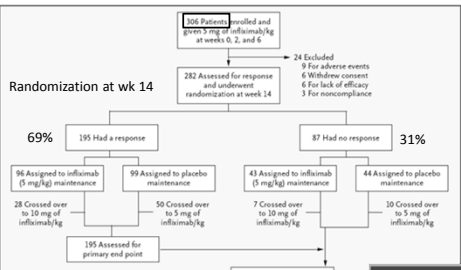
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### Accent II – Fistulizing Crohn's Disease



NEJM 2004;350:876



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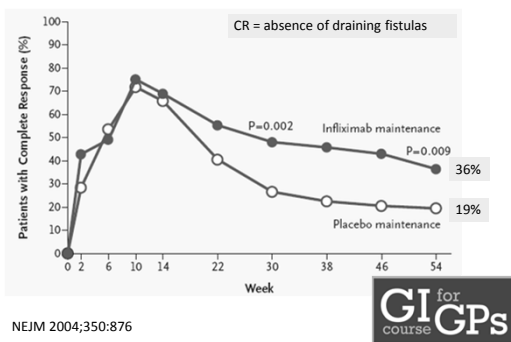
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### Complete Response - Fistulas




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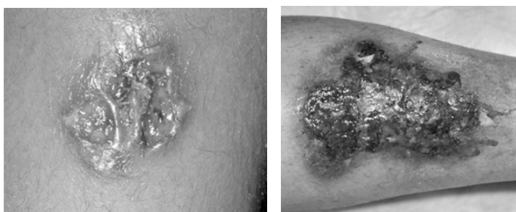
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### Pyoderma Gangrenosum




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### Summary

- Biologic therapy is near the top of the IBD treatment pyramid
- Currently anti-TNF therapy is the only type of biologic therapy that is readily available
- Anti-TNF therapy is very efficacious for the treatment of moderate-severe Crohn's disease
- Other biologic therapies are in the pipeline for treatment of CD (Vedolizumab, Ustekinumab)




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### Summary (2)

- High risk features, like fistulizing Crohn's are difficult to treat and often require biologic therapy
- Only anti-TNF therapy has evidence for use in high risk features of Crohn's disease
- It is important to be on the lookout for these high risk features of Crohn's disease



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QUESTIONS?



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