

State of the Art – Treat to Target 2026

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Rheumatologie (einschl.
Arbeitsbereich
Ernährungsmedizin)

Disclosures

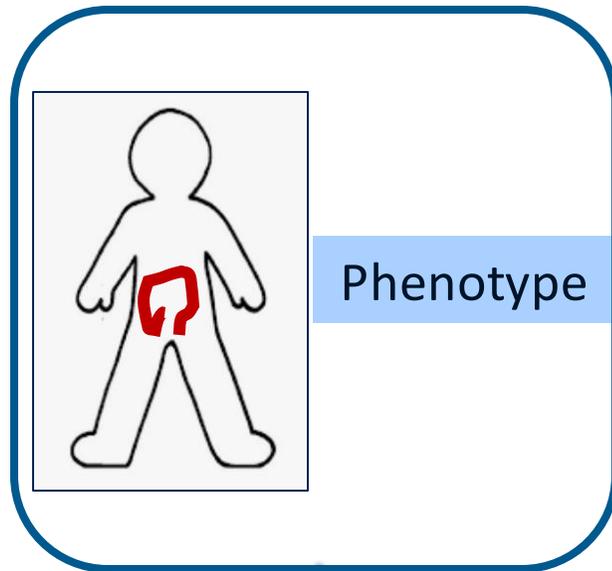
Consultant: Abbvie, Boehringer, Endpoint Health, Dr. Falk Pharma GmbH, Galapagos, Gilead, Landos, Janssen, MSD Sharp & Dome GmbH, Lilly, Pfizer, Prometheus, PredictImmune, Takeda Pharma GmbH;

Speaker's Fee: Abbvie, AlphaSigma, CED Service GmbH, Dr. Falk Pharma GmbH, Ferring Arzneimittel GmbH, Janssen, Lilly, MSD Sharp & Dome GmbH, Pfizer, Takeda Pharma GmbH;

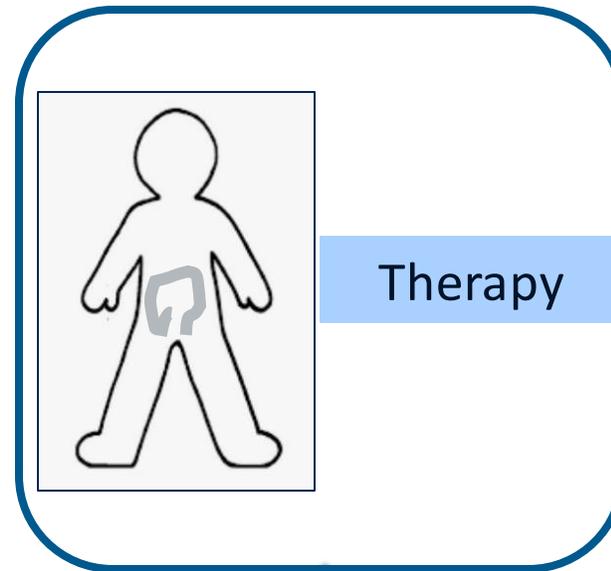
Grants: Pfizer

Treat to Target 2026

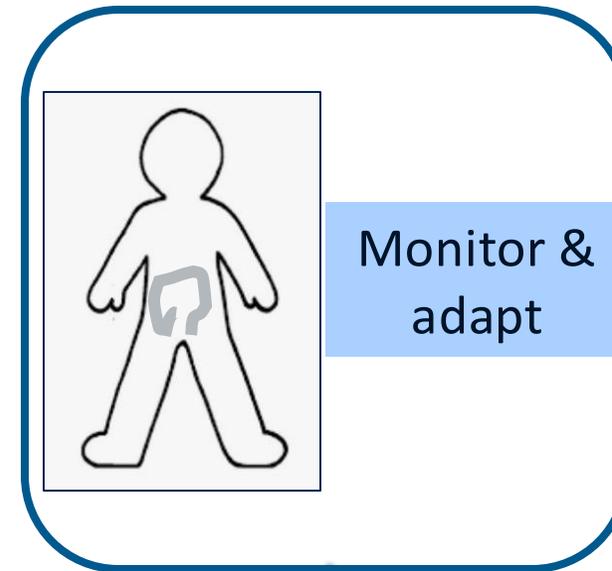
Assess



Treat

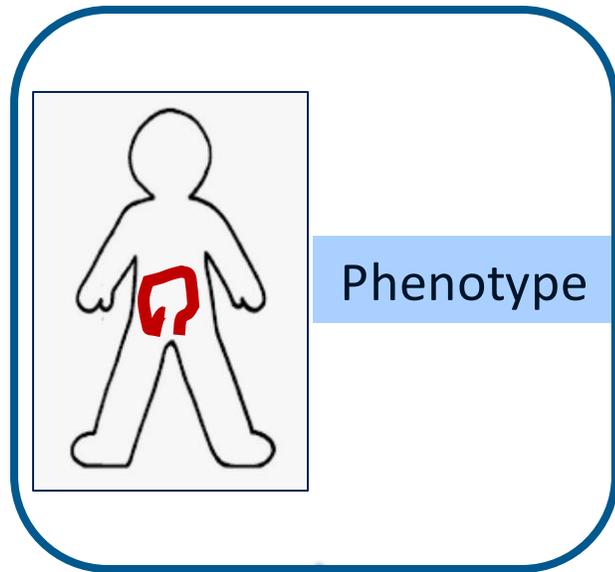


Adapt



Treat to Target 2026

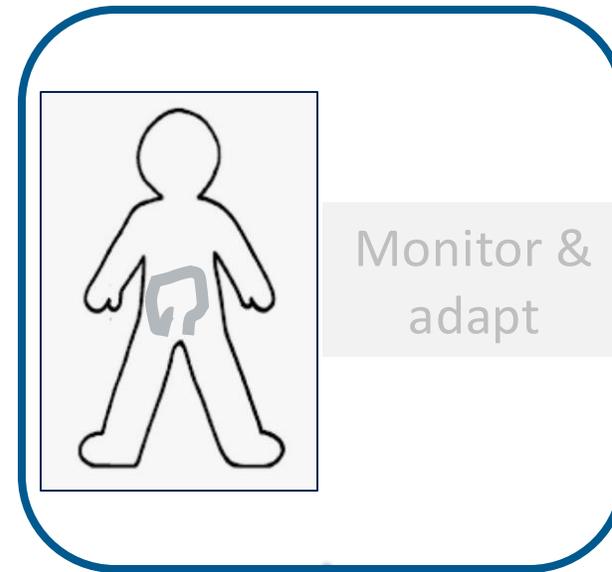
Assess



Treat



Adapt



Diagnosis – Classification Crohn's disease

Clinical factors	Vienna	Montreal
Age at onset	A1: <40 years A2: ≥40 years	A1: below 16 years A2: between 17 and 40 years A3: above 40 years
Disease location	L1: terminal ileum L2: colon L3: ileocolon	L1: ileal L2: colonic L3: ileocolonic L4: isolated upper disease [†]
Disease behavior	B1: inflammatory B2: stricturing B3: penetrating	B1: nonstricturing, nonpenetrating B2: stricturing B3: penetrating 'p': perianal disease modifier
[†] L4 is a modifier that can be added to L1–3 when concomitant upper GI disease is present. 'p' is added to B1–3 when concomitant perianal disease is present. Adapted with permission from [12].		

Satsangi J et al. *Gut* (2006) 55:749-53

Diagnosis – Classification Ulcerative Colitis

	Montreal ²²		Paris ²³	
Extent*	E1	Ulcerative proctitis	E1	Ulcerative proctitis
	E2	Left-sided UC (distal to splenic flexure)	E2	Left-sided UC (distal to splenic flexure)
	E3	Extensive (proximal to splenic flexure)	E3	Extensive (hepatic flexure distally)
			E4	Pancolitis (proximal to hepatic flexure)
Severity	S0	Clinical remission	S0	Never severe†
	S1	Mild UC	S1	Ever severe†
	S2	Moderate UC		
	S3	Severe UC		

*Extent defined as maximal macroscopic inflammation.

†Severe defined by Paediatric Ulcerative Colitis Activity Index (PUCAI) ≥ 65 .

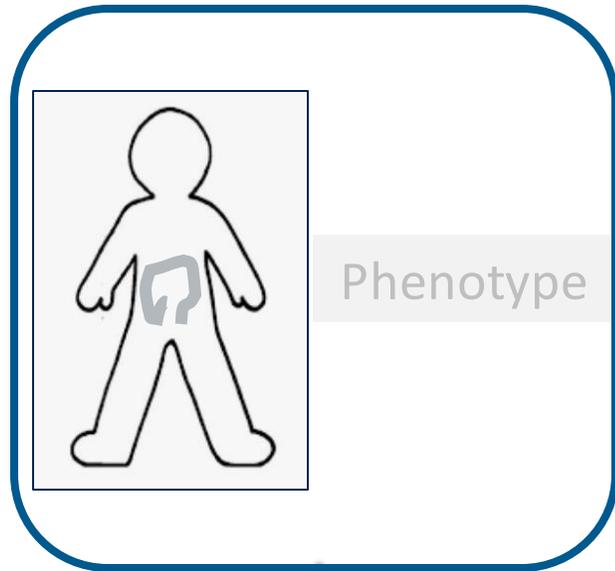
Satsangi J et al. *Gut* (2006) 55:749-53; Levine A et al, *IBD* (2011) 17:1314-21

Other Points

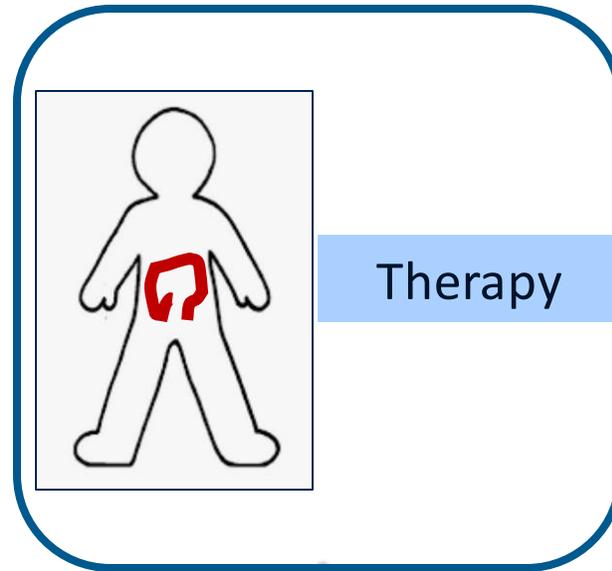
- Family History, PMH, chronic infections
- Vaccination Status
- Family Planning, work, and travel plans
- Comorbidities
- Extraintestinal Manifestations

Treat to Target 2026

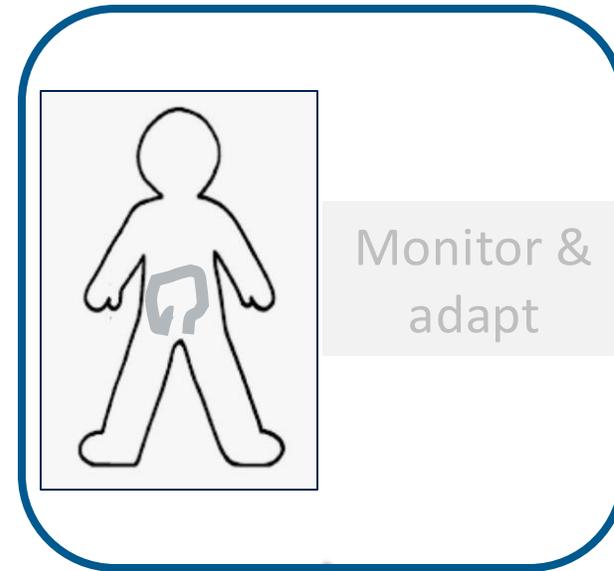
Assess



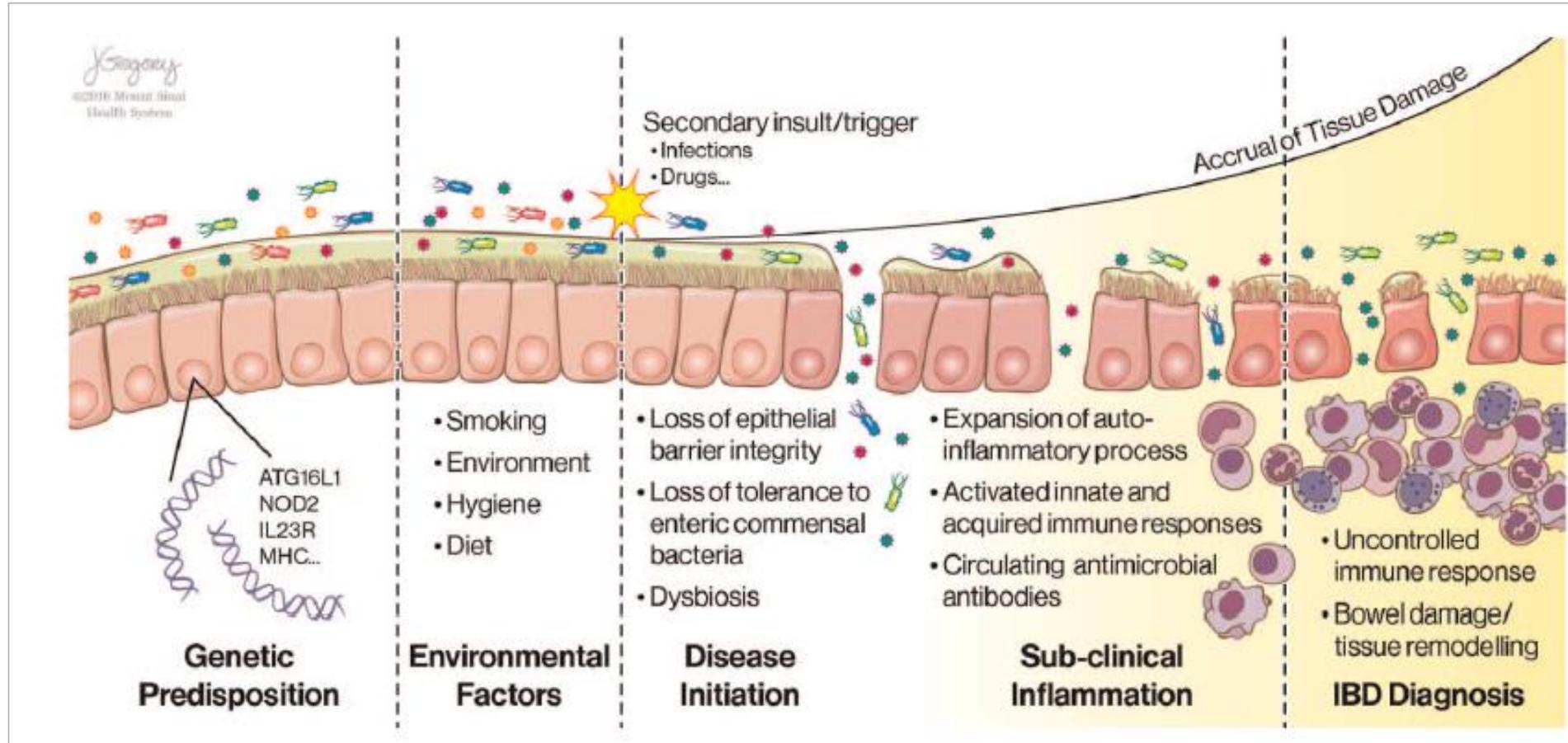
Treat



Adapt

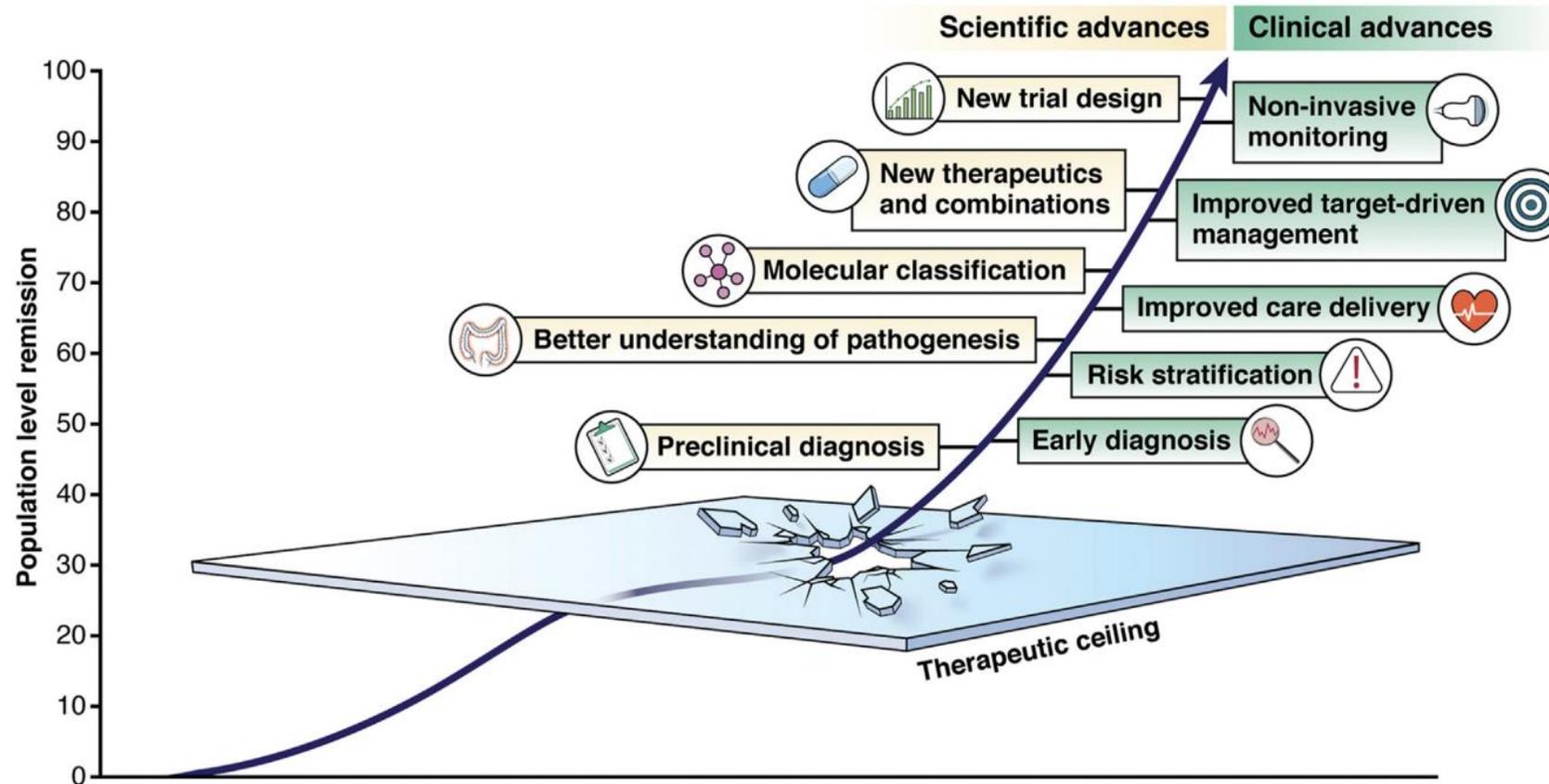


Disease Evolution - considerations



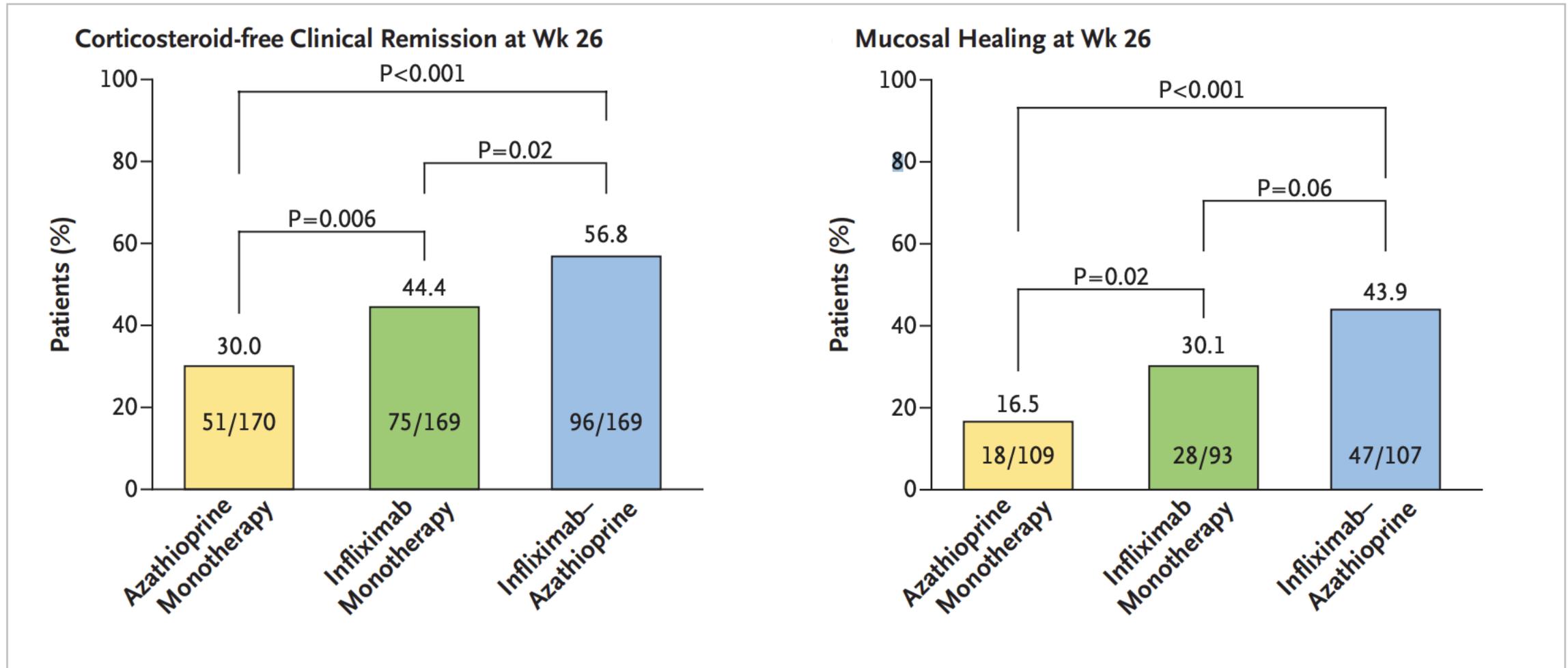
Torres J et al. *Gut* (2016) 65(7):1061-69

Treat to Target 2026 - considerations



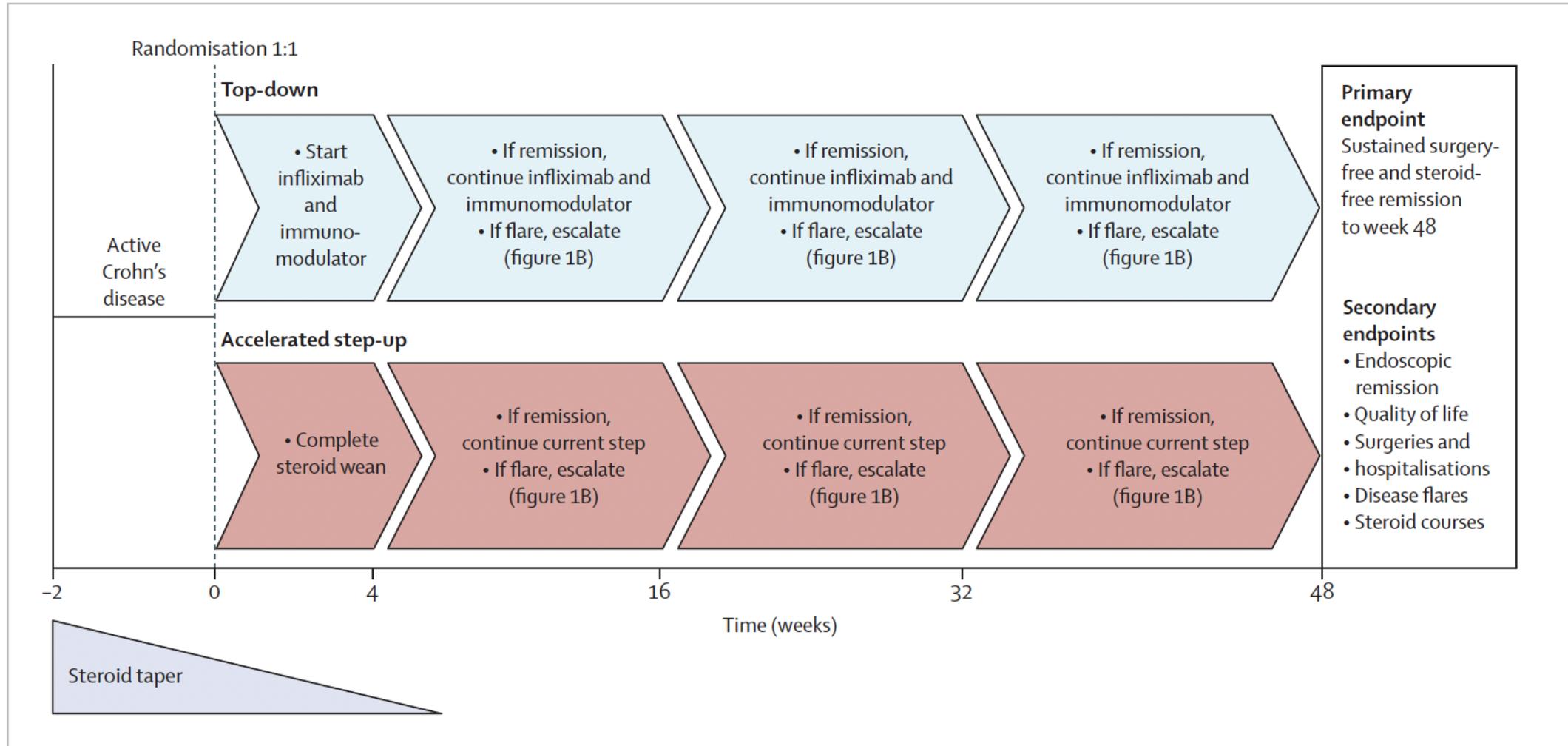
Raine T, Danese S *Gastroenterology* (2022) 162:1507-11

Treat to Target in Crohn's Disease – Early treatment, SONIC



Colombel JF et al. *NEJM* (2010) 362:1383-95

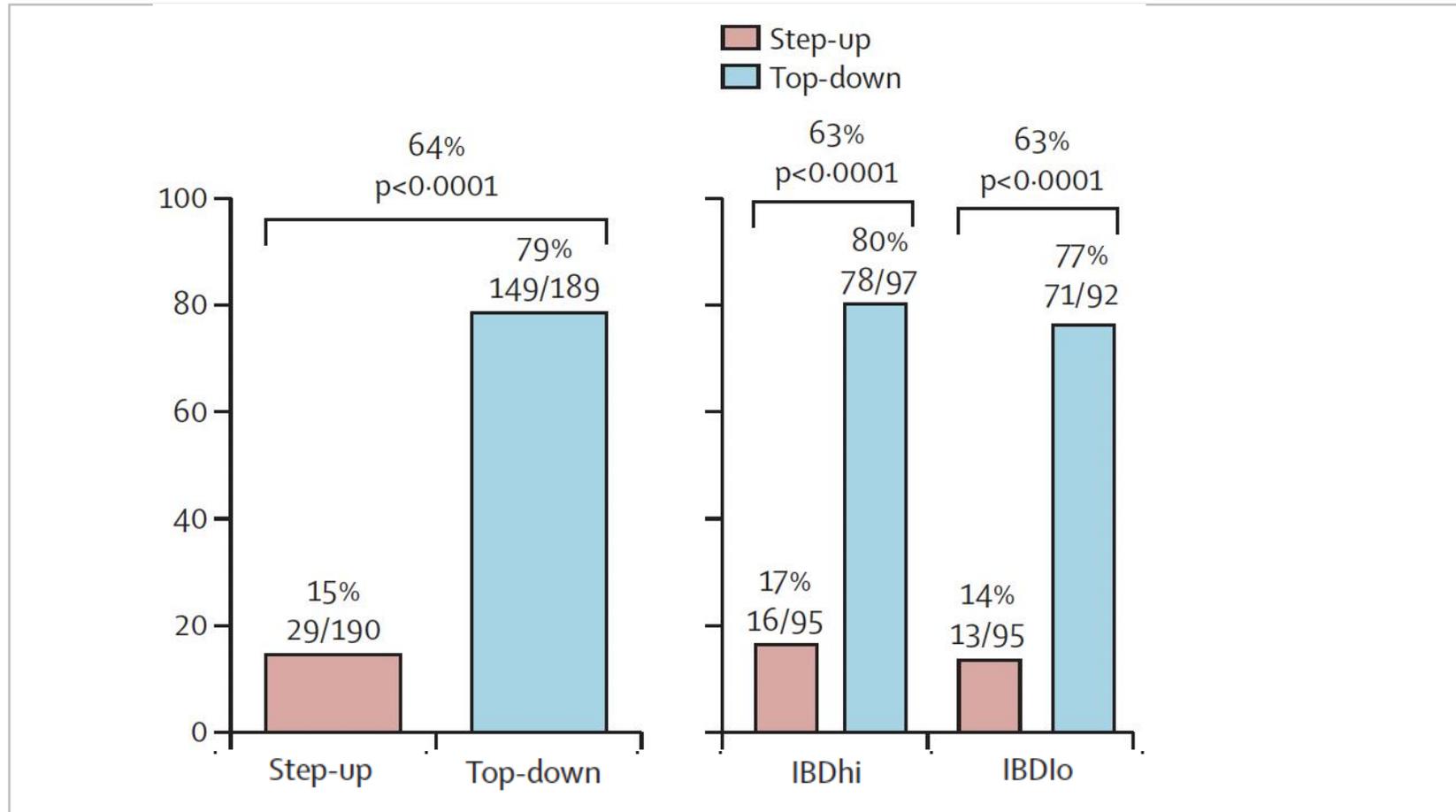
Treat to Target in Crohn's disease – PROFILE study



Noor NM et al. *Lancet Gastro Hepatol* (2024)

Treat to Target in Crohn's disease – PROFILE study

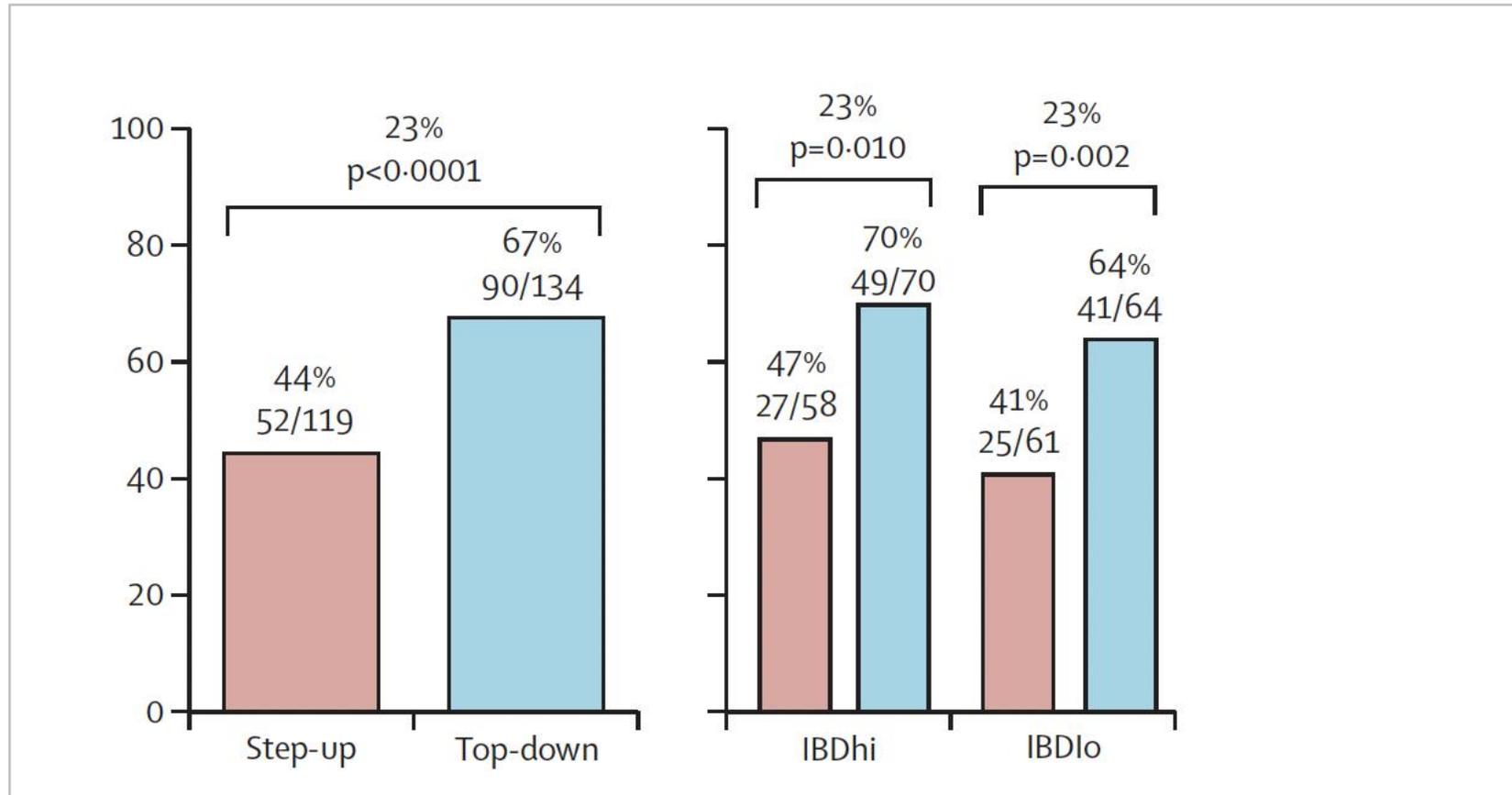
Steroid & Surgery-free remission (%) until week 48



Noor NM et al. *Lancet Gastro Hepatol* (2024) *in press*

Treat to Target in Crohn's disease – PROFILE study

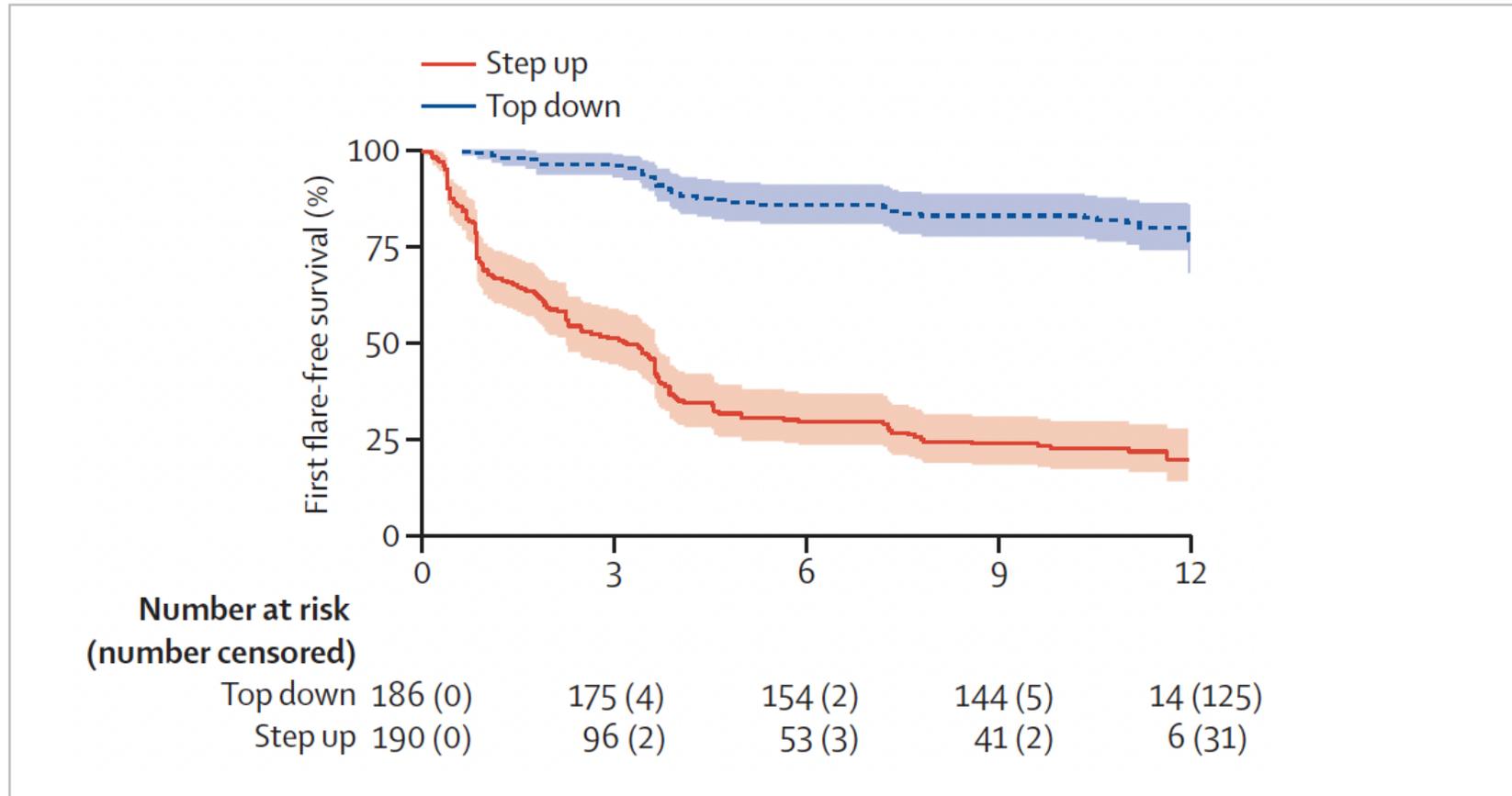
Endoscopic remission (%) week48



Noor NM et al. *Lancet Gastro Hepatol* (2024) *in press*

Treat to Target in Crohn's disease – PROFILE study

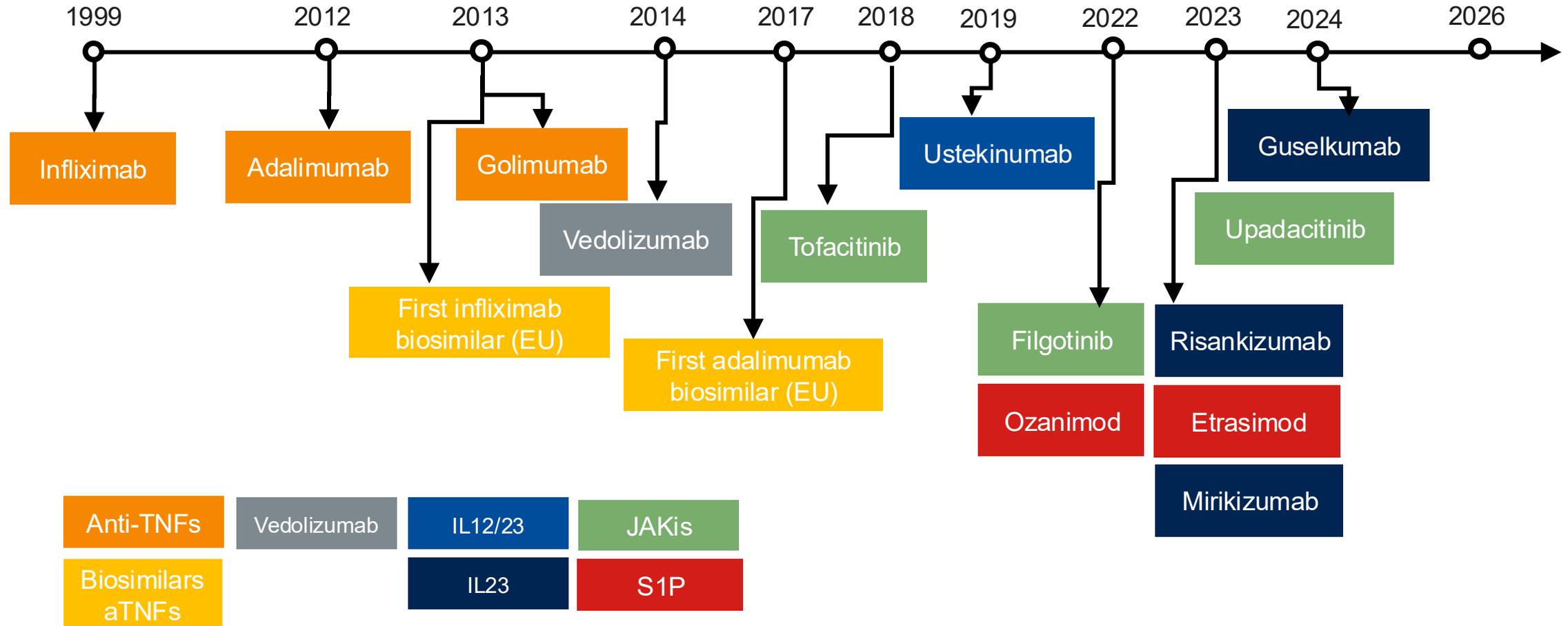
First flare-free survival



Noor NM et al. *Lancet Gastro Hepatol* (2024) *in press*

Treat to Target – Treatment Options

IBD therapy – initial thoughts



Source: EMA- <https://www.ema.europa.eu/en>

Treat to Target - Strategy



Time to response



Safety

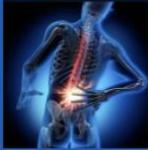


Extraintestinal manifestations



Other consideration

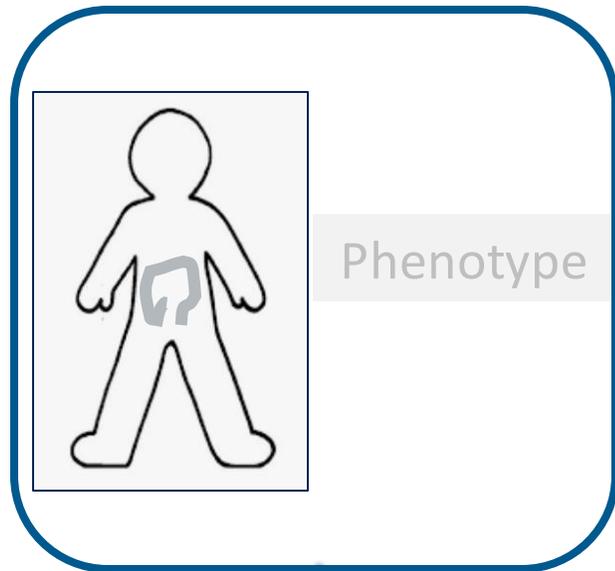
Extraintestinal manifestations

	 Axial SpA	 Peripheral SpA	 Crohn's	 UC	 Uveitis	 Uveitis
Anti-TNF	+	+	+	+	+	+
Anti-IL-12/23	-	+	+	+	(+)	+
Anti-Integrin	-	-	+	+	-	-
Jak-inhibitor	+	++	+	+	(+)	+
S1PR modulator	-	-	-	+	-	-

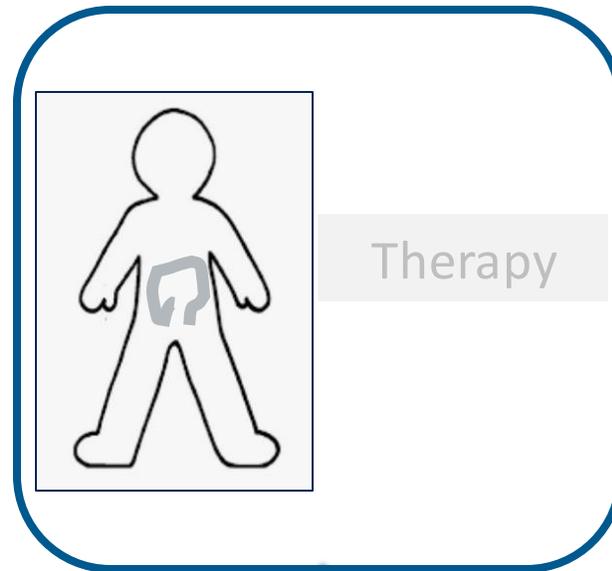
Adapted from Gordon H et al. *JCC* (2024) 18:1531-55

Treat to Target 2026

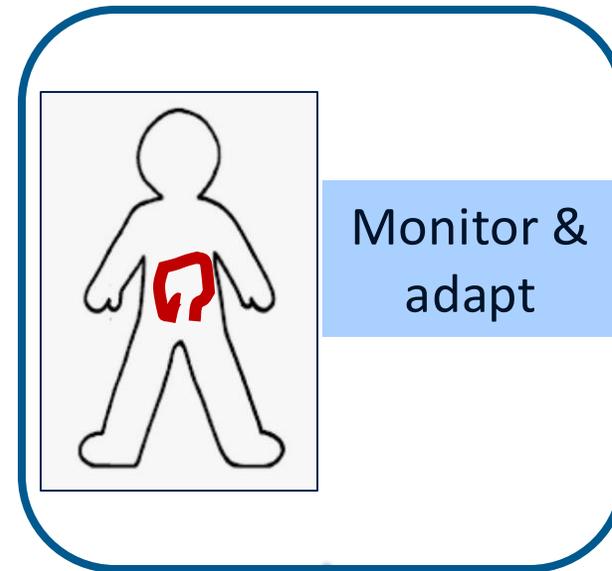
Assess



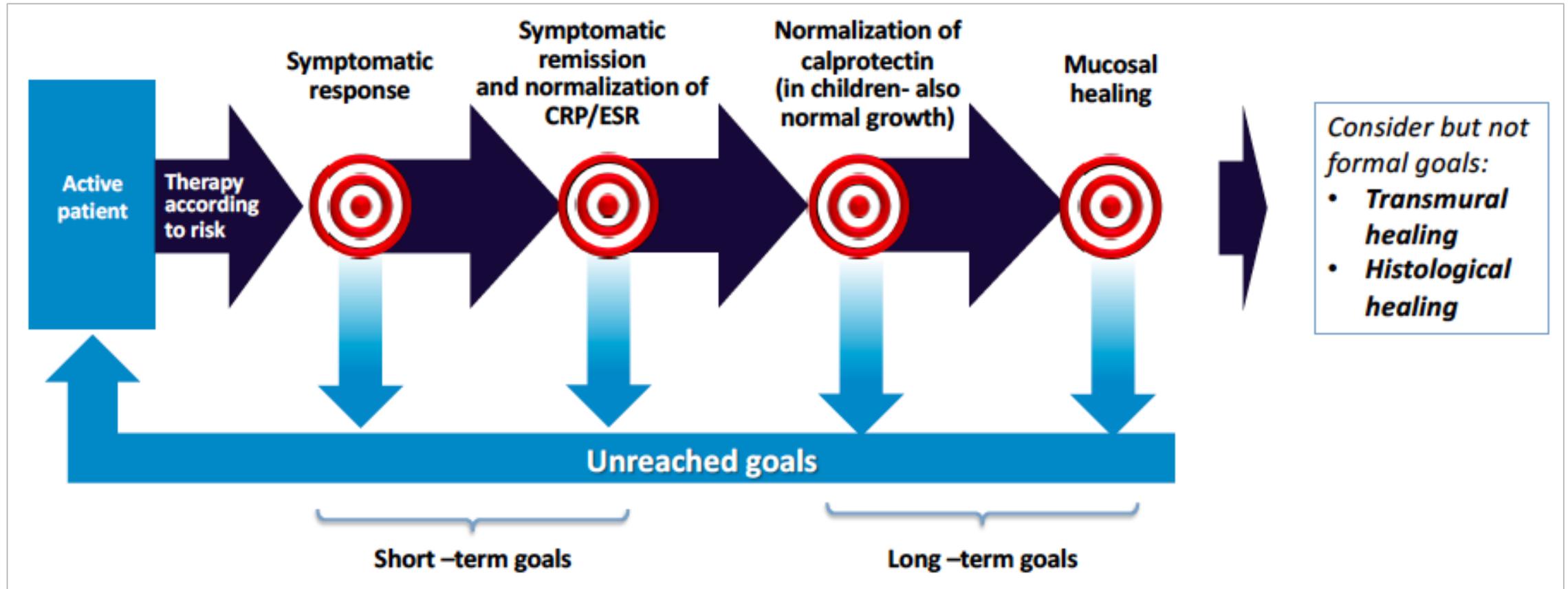
Treat



Adapt

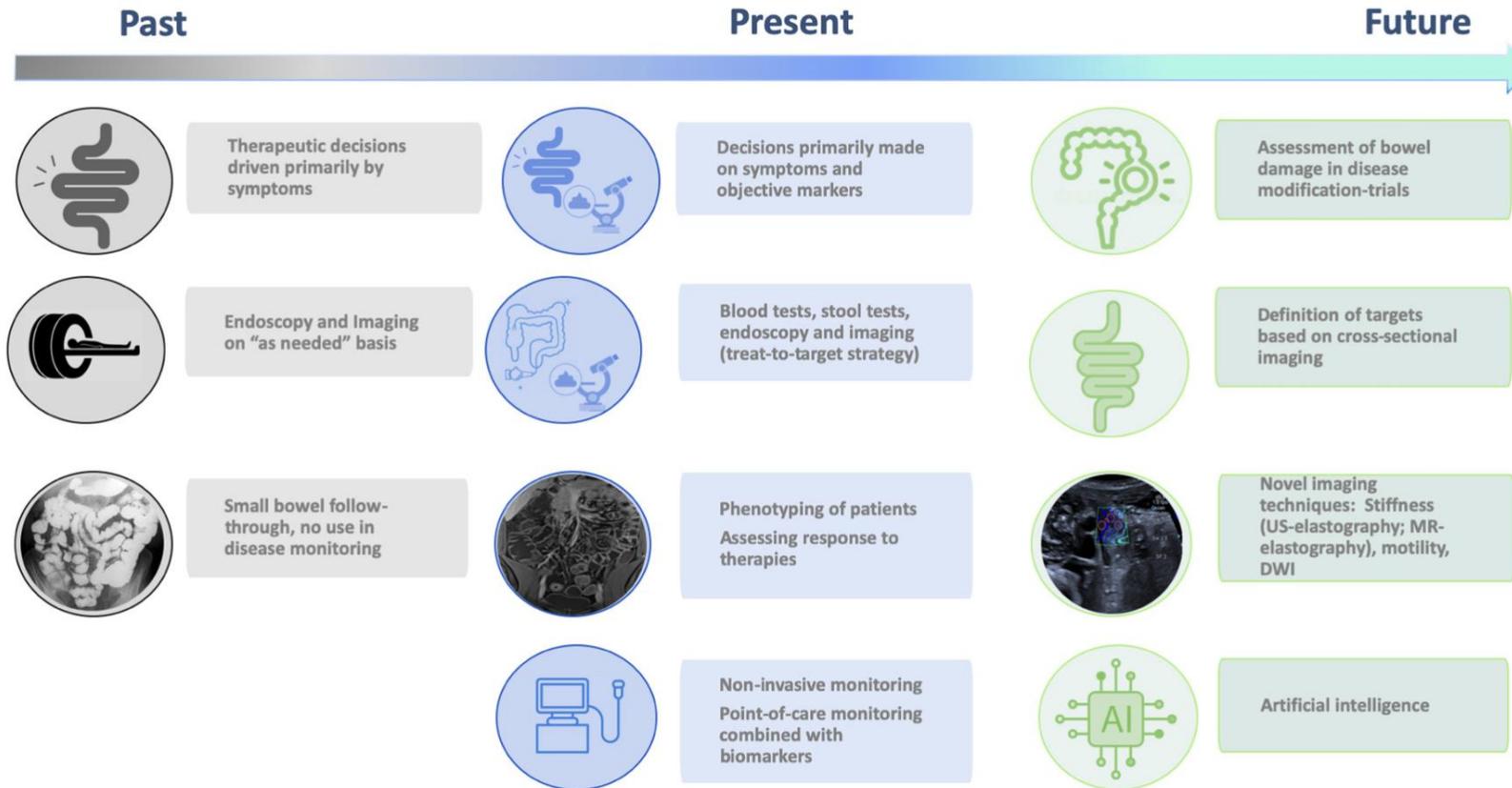


Treat to Target 2026



Turner D et al. *Gastroenterology* (2021) 160(5):1570-83.

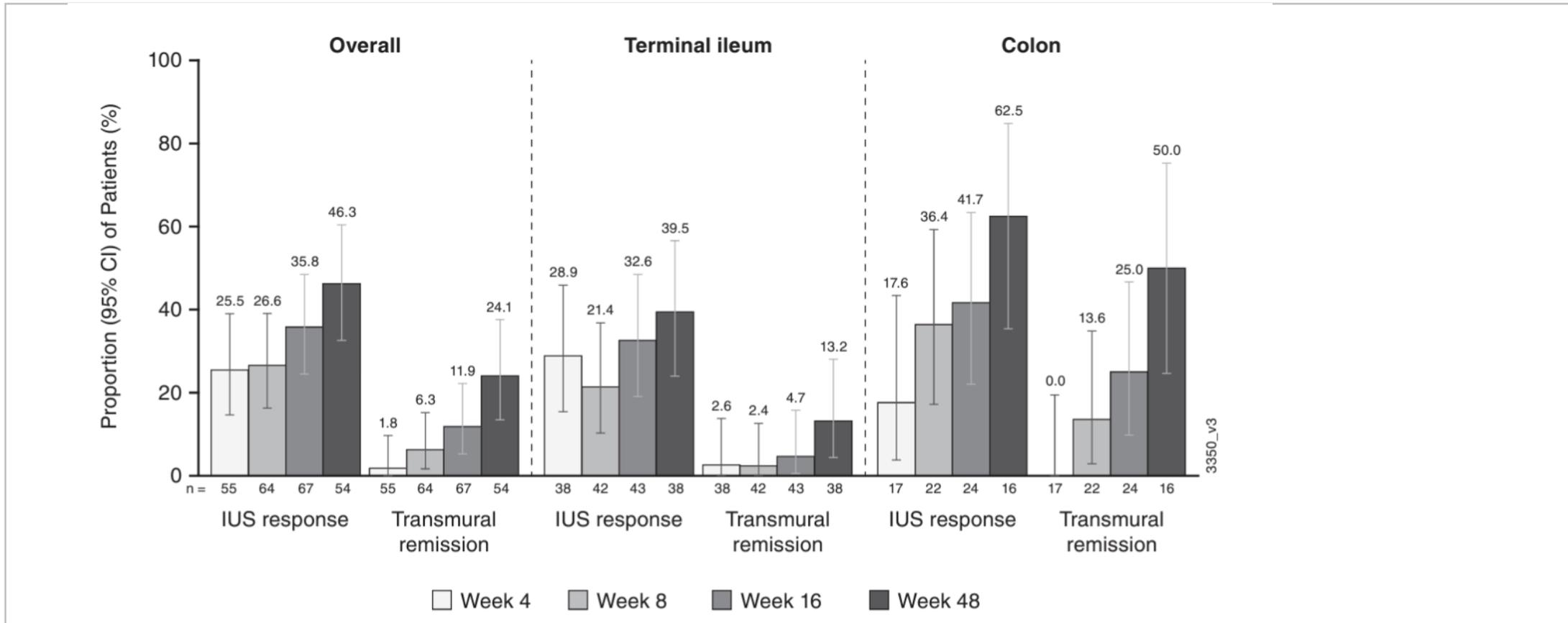
Treat to Target – Monitoring



Rimola J. et al. *Gut* (2022)

Crohn's disease – Monitoring Intestinal Ultrasound

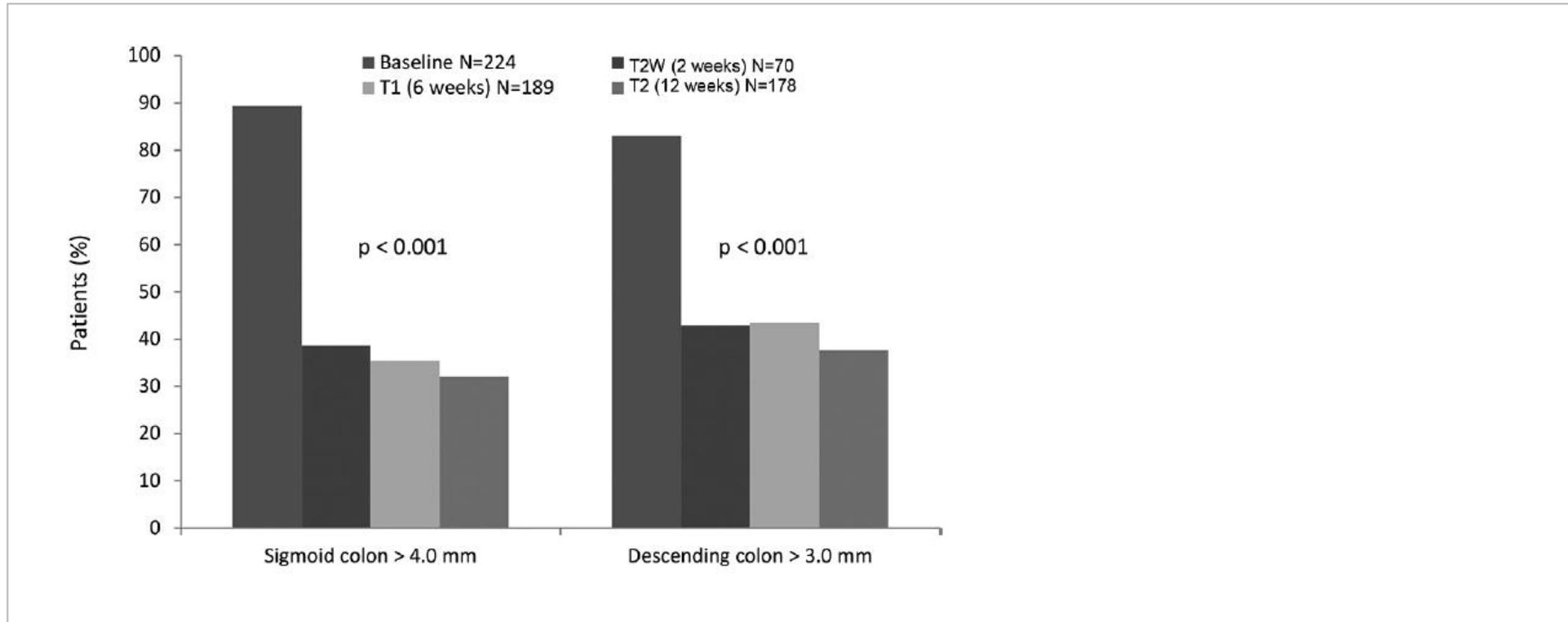
Overall IUS response & transmural remission rates with Ustekinumab therapy



Rimola J. et al. *Clin Gastro Hepatol* (2023)

Ulcerative Colitis – Monitoring Intestinal Ultrasound

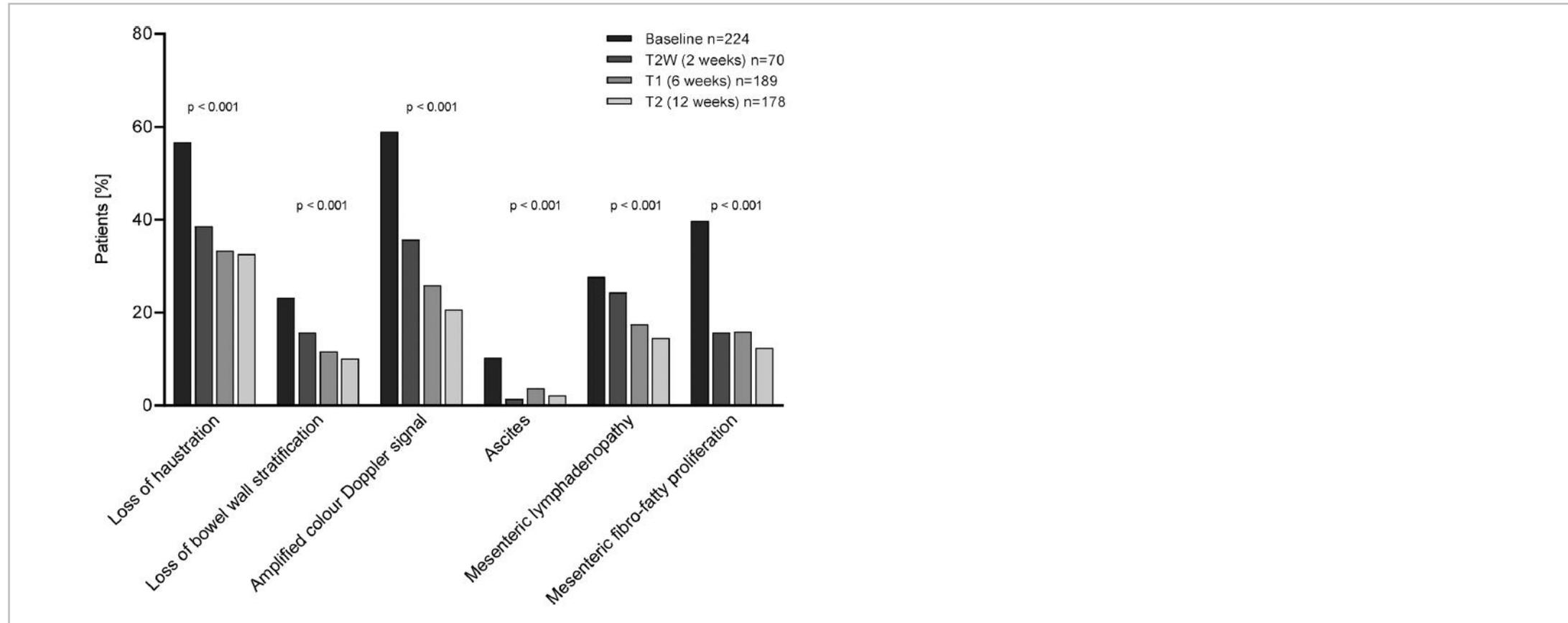
Trust&UC study: Bowel wall thickness



Maaser C et al. *Gut* (2020) 69:1629-36

Ulcerative Colitis – Monitoring Intestinal Ultrasound

Trust&UC study – more parameter



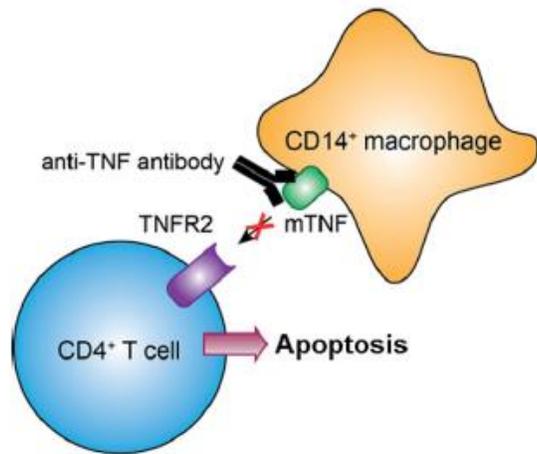
Maaser C et al. *Gut* (2020) 69:1629-36

Adapt: overcoming „escape mechanisms“

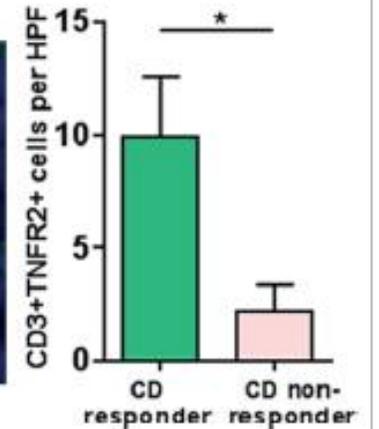
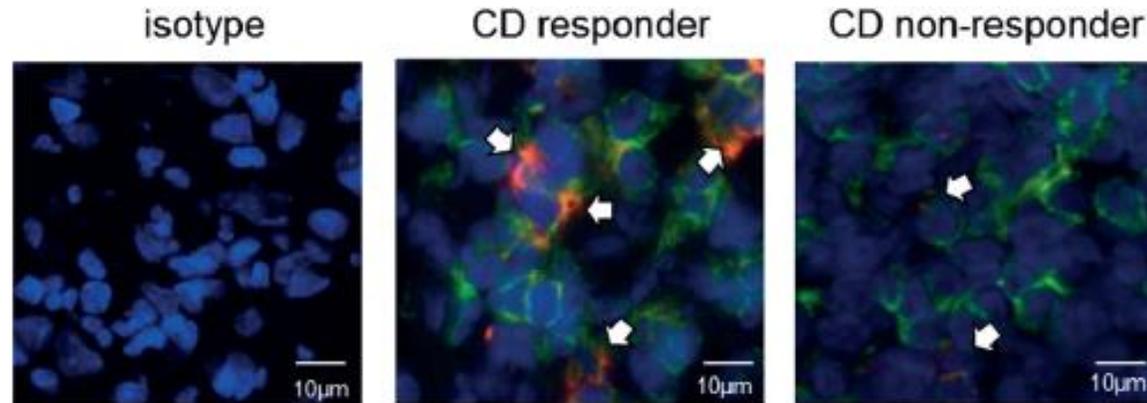
Adapt: overcoming „escape mechanisms“

Anti-TNF therapy

Anti-TNF-Responder



DAPI
CD3
TNFR2

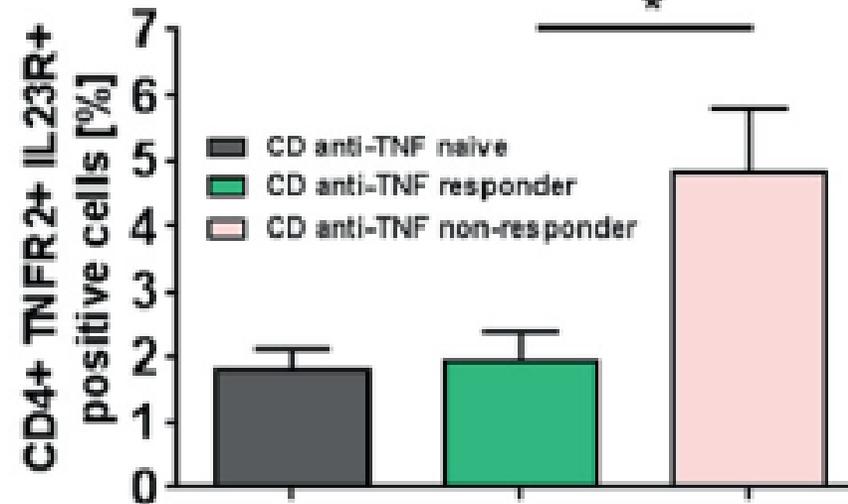
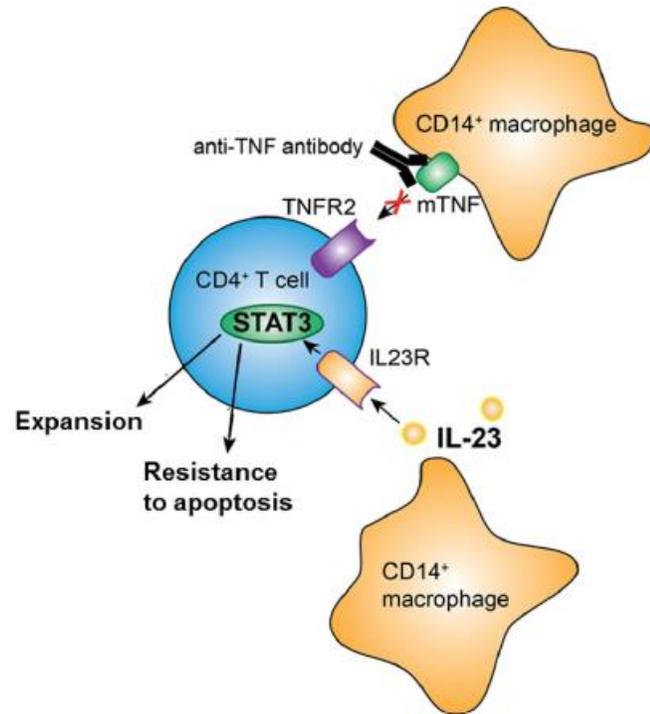


Schmitt H et al. *Gut* (2019) 68:814-28

Adapt: overcoming „escape mechanisms“

Escape from anti-TNF therapy

Anti-TNF- Non-Responder

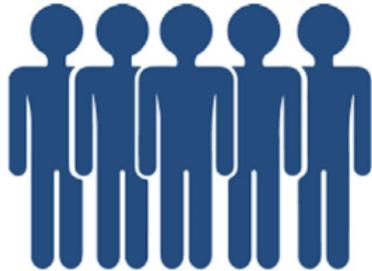


Schmitt H et al. *Gut* (2019) 68:814-28

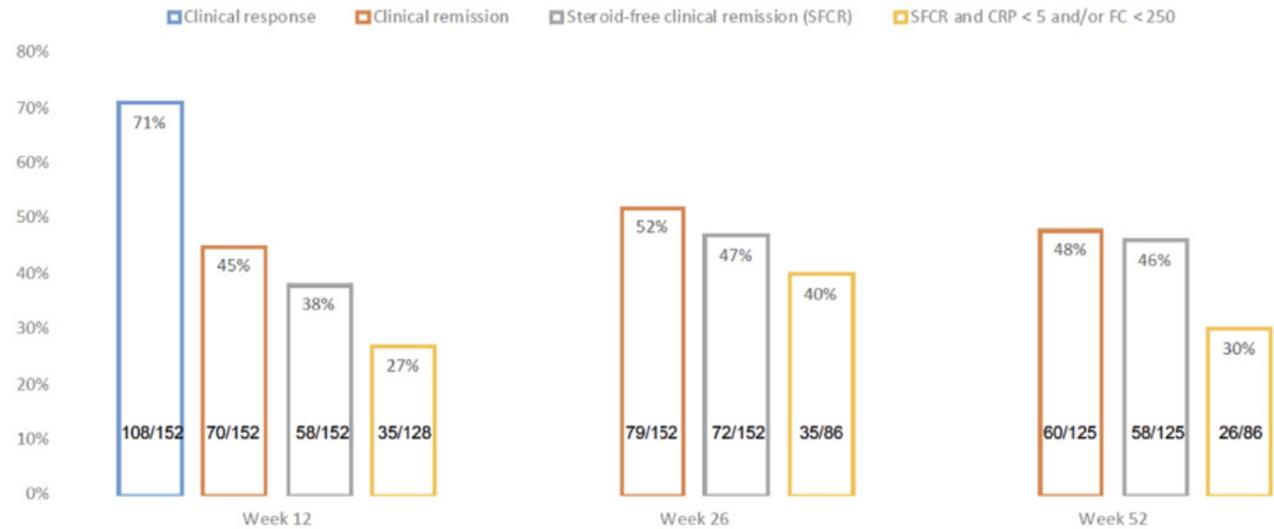
Adapt: overcoming „escape mechanisms“

Long-term outcome of Risankizumab in Crohn's disease: a real-world GETAID study

174 patients with CD refractory to biologics



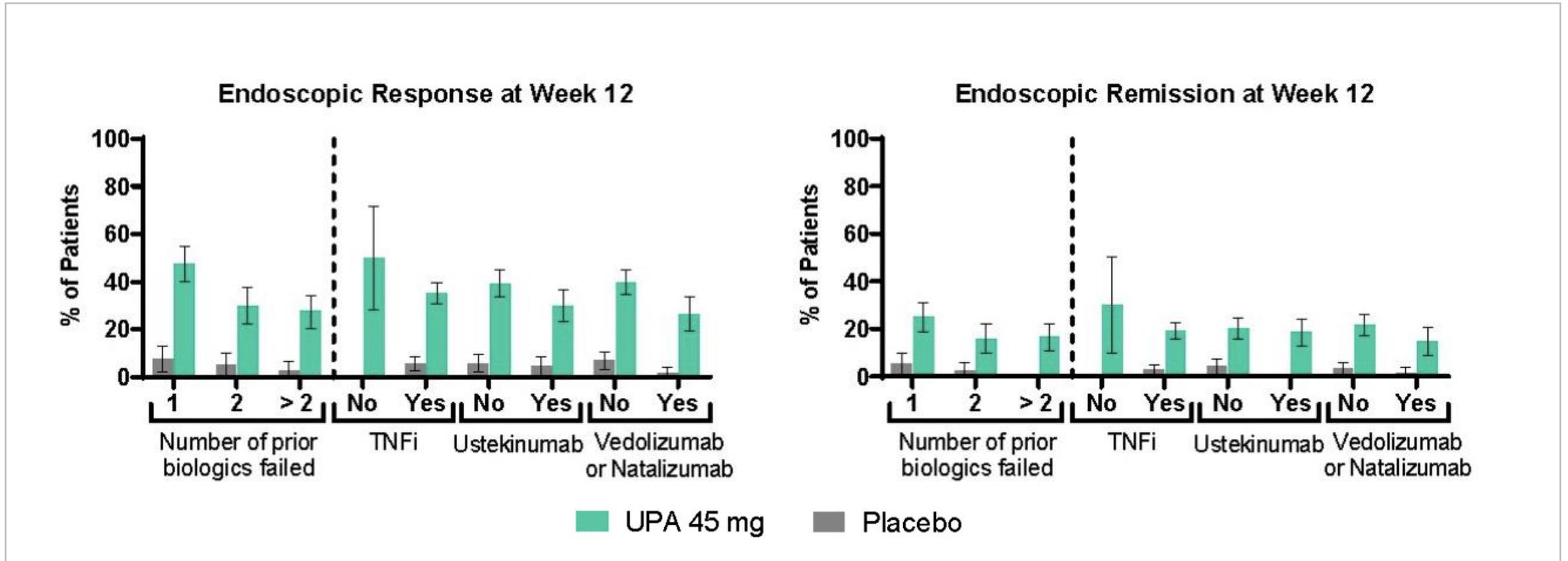
Risankizumab 600 mg IV at week 0, 4 and 8 and then SC 360 mg every 8 weeks



Fumery M et al. *Clin Gastro Hepatol* (2024)

Adapt: overcoming „escape mechanisms“

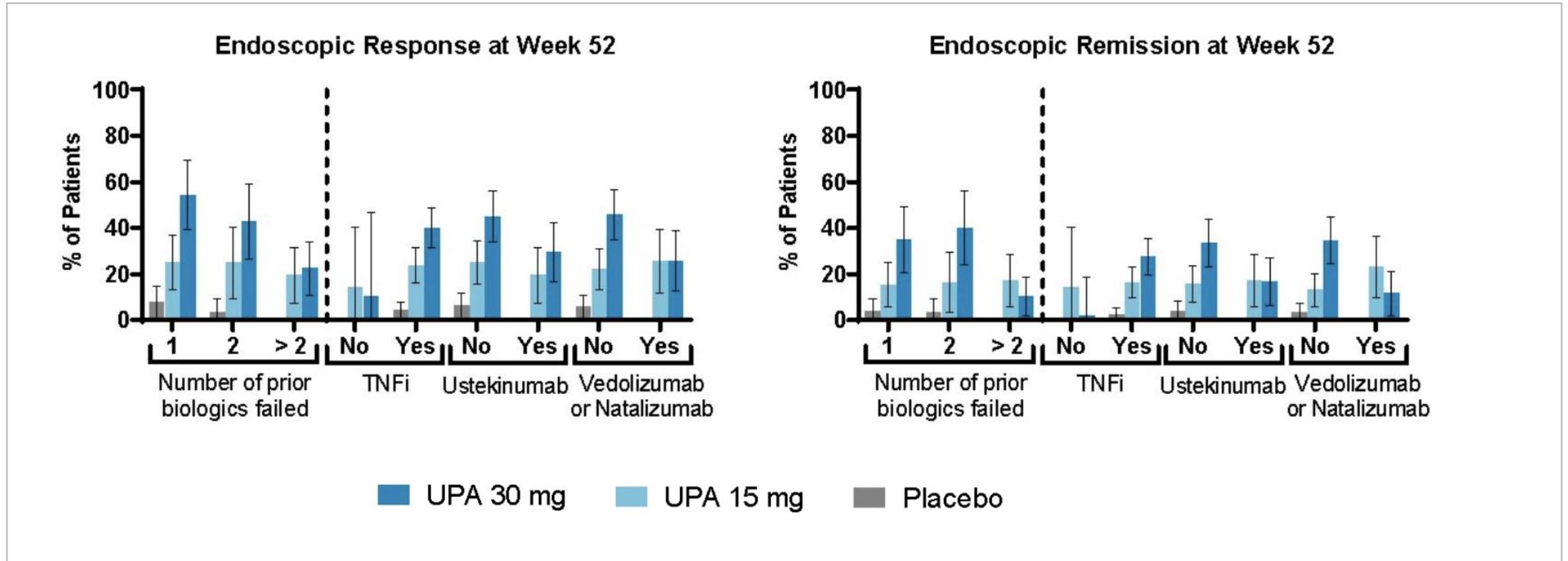
Upadacitinib: outcomes by numbers of prior biologics



Peyrin-Biroulet L et al. ECCO 2023 OP16, DDW; *NEJM* (2023)

Adapt: overcoming „escape mechanisms“

Upadacitinib: outcomes by numbers of prior biologics

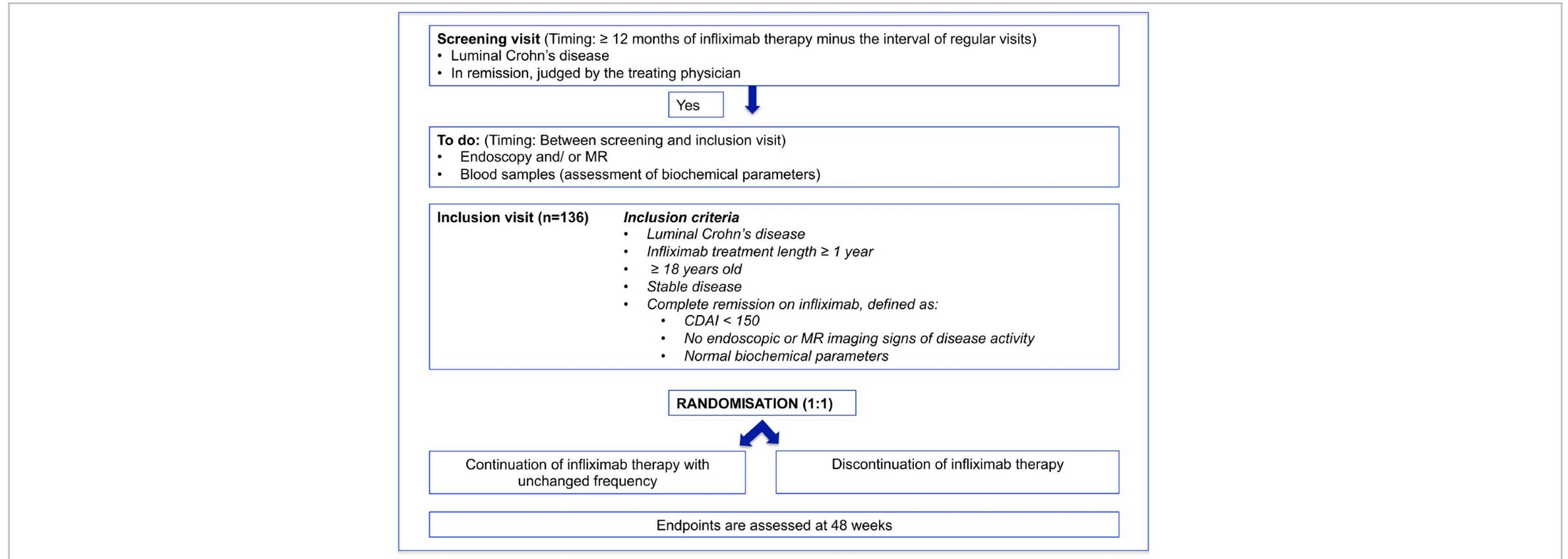


Peyrin-Biroulet L et al. ECCO 2023 OP16, DDW; *NEJM* (2023)

Adapt: de-escalation strategies

Adapt: de-escalation strategies

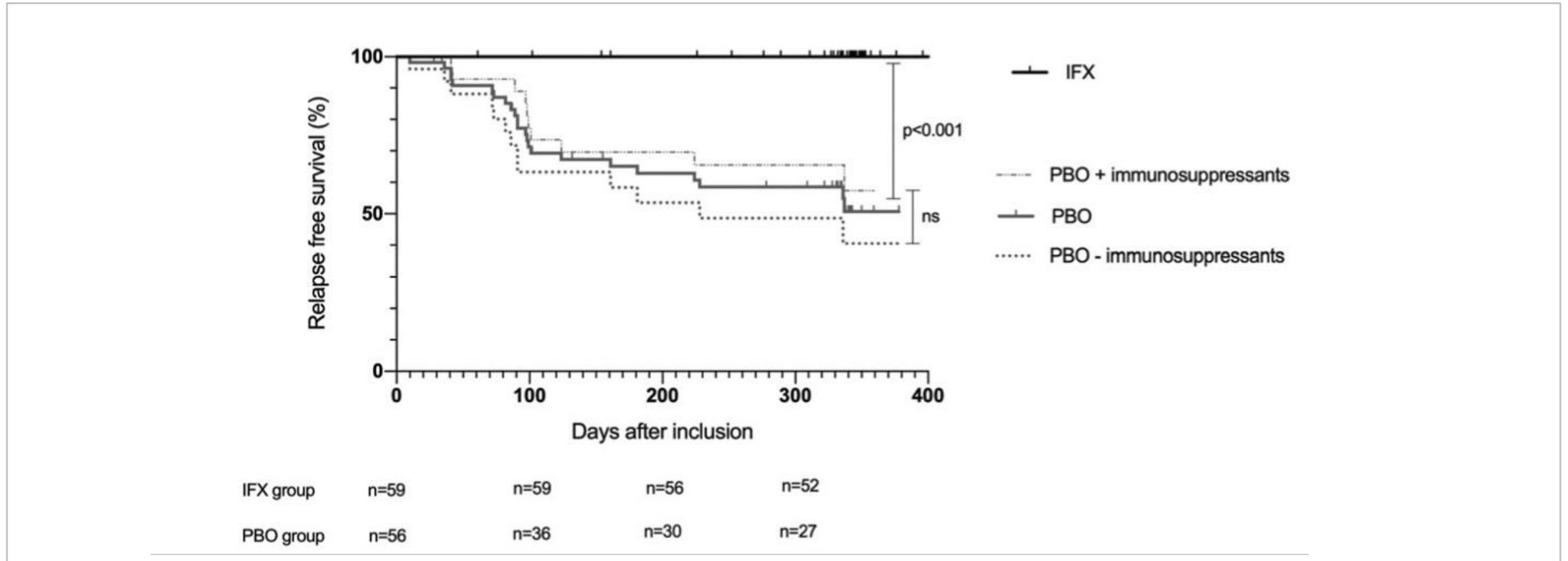
STOP-IT



Buhl SS et al. *BMJ Open* (2014) 4:e005887

Adapt: de-escalation strategies

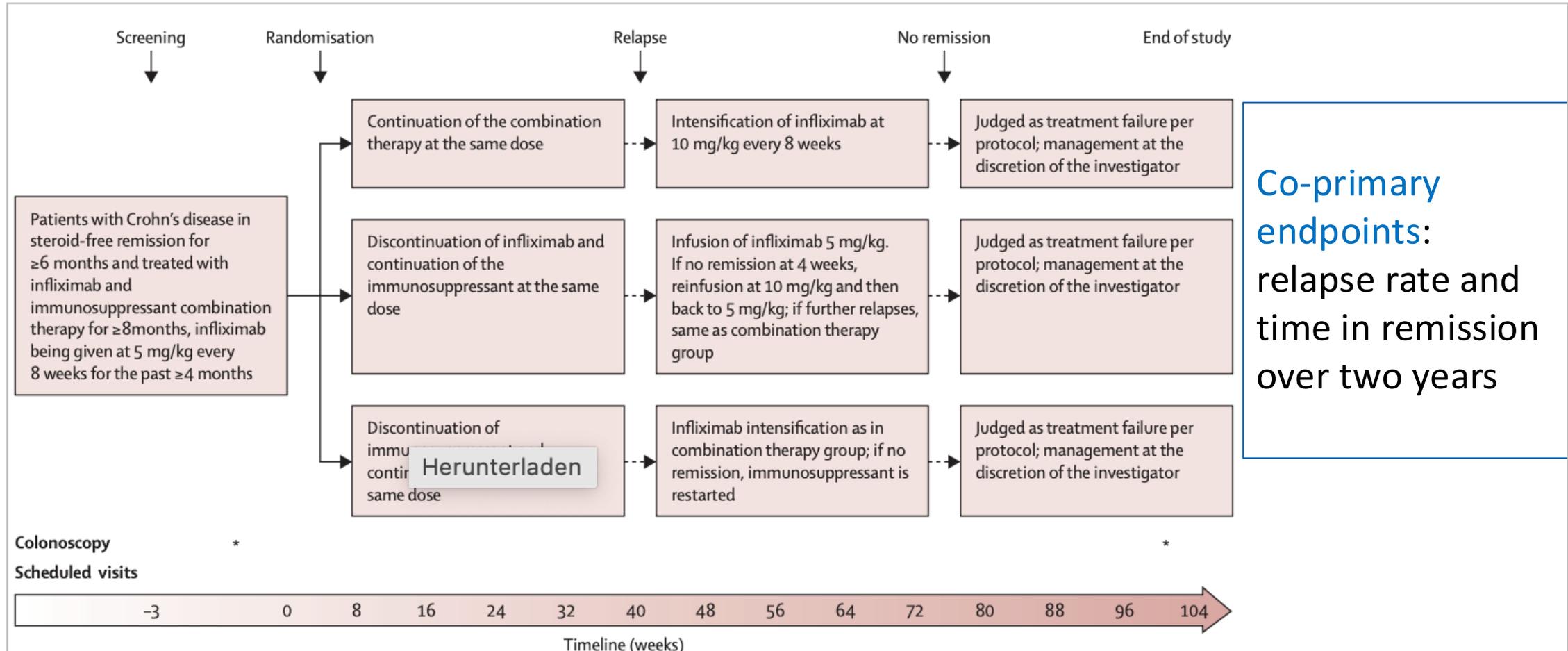
STOP-IT: Time to relapse in Crohn's disease patients in complete remission



Buhl SS et al. *BMJ Open* (2014) 4:e005887

Buhl SS et al. DDW 2021

Adapt: de-escalation strategies – SPARE trial

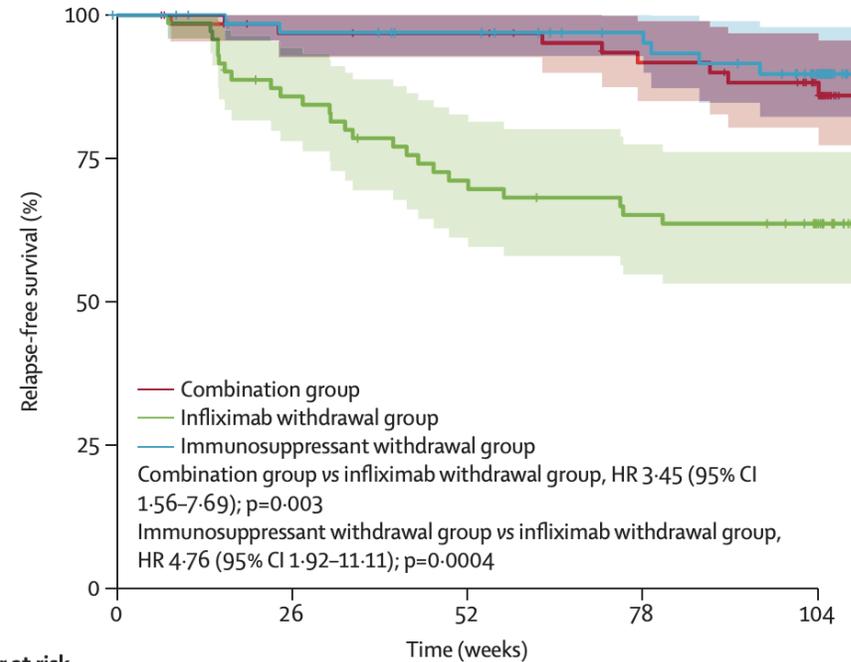


Louis E et al. *Lancet Gastro Hepatol* (2023) 8:215-27

Deescalation strategies

SPARE

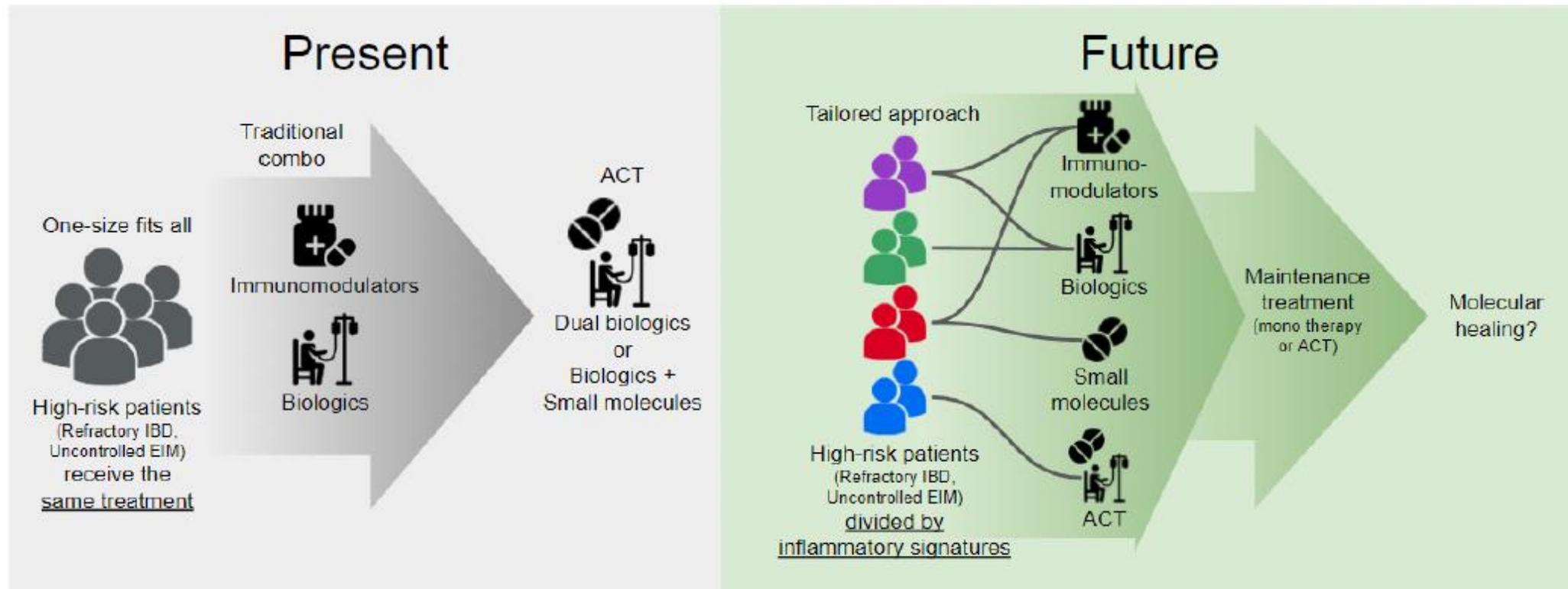
Inclusion: CD patients in steroid-free clinical remission > 6 months, on combination therapy of infliximab and IS > 8 months



	0	26	52	78	104
Number at risk (number censored)					
Combination group	67 (0)	60 (5)	59 (6)	53 (9)	39 (21)
Infliximab withdrawal group	71 (0)	59 (2)	48 (3)	43 (4)	29 (17)
Immunosuppressant withdrawal group	69 (0)	63 (4)	60 (7)	54 (13)	39 (24)

Louis E. et al. *Lancet Gastro & Hepatology* (2022)

Vision – ???



Danese S et al. *Gut* (2022) 71:2380-2387

Conclusions

- Complete assessment of disease phenotype key for therapy
- Consider Cofactors
- Treatment should be initiated rapidly
- Monitor response and adapt as quickly as needed
- Stable remission – consider de-escalation
- Vision – markers will help us to decide