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## Is It Time to Reexamine the Role of Anti-TNFs in the IBD Landscape?

Dr. Buch:

Welcome to *GI Insights* on ReachMD. I'm Dr. Peter Buch, and I recently caught up with Dr. Jeffrey Basile, a gastroenterologist from Charleston GI. Here's Dr. Jeffrey Basile now talking about the role of anti-TNFs in the treatment of IBD.

Dr. Basile:

The good news is we have a lot of different medications now in our armamentarium for treatment of inflammatory bowel disease. And this includes various biologics that help decrease inflammation through various mechanisms. The biologics that have been around the longest are TNF alpha inhibitors, and there is Cimzia and there's Humira and Remicade, and Simponi, as well. And these medications have been proven to be very effective for depending on which medication for Crohn's and ulcerative colitis. But now we have newer medicines, we have Entyvio or vedolizumab, and Stelara, which is ustekinumab. And the mechanisms are different. And they all work to decrease inflammation, but vedolizumab works on the alpha 4, beta 7 anti-integrin pathway to help prevent lymphocyte trafficking. And this is a great medicine because it's gut specific. And so, that has some benefits in terms of who I use vedolizumab on and when I decide to use this medicine, as opposed to a TNF alpha inhibitor. And then you've got ustekinumab, which is also a newer medication for inflammatory bowel disease. And this is an IL-12/23 inhibitor.

There is still a role for anti-TNFs. So I use them often as first line treatment in patients with fistulizing or stricturing Crohn's disease. I think the data is very strong for these patients who have Crohn's disease and who have fistulas or strictures. And I think they work well to prevent those complications in patients who have Crohn's disease.

In terms of ulcerative colitis, I do use vedolizumab quite a bit first line. And the data shows that it is a very good first line treatment for ulcerative colitis. It has a very good safety profile, and the fact that it's gut specific can be very beneficial. And so, a lot of times I'll use this first line in patients with ulcerative colitis.

In terms of ustekinumab, I'll use this in patients who have either failed TNF alpha inhibitors. It's hard right now for me to get this approved first line, but I can at times get it approved first line, but I'm using the patients who have either failed TNF alpha inhibitors or patients who have contraindication to any TNF alpha inhibitor. Either they have an active malignancy, and the safety profile may be slightly better for ustekinumab, whether they have congestive heart failure and TNF alpha inhibitors are contraindicated, or in patients who have developed psoriasis from TNF alpha inhibitors would be a very good candidate for ustekinumab. The data for ustekinumab in stricturing and fistulizing Crohn's disease is coming out. I think there's still some data to be born but I do think long term it's going to be shown to be beneficial in these patients as well. But for now, I use a lot of times first line, Humira and Remicade for these patients.

Dr. Buch:

That was Dr. Jeffrey Basile talking about the role of anti-TNFs in the treatment of IBD. For ReachMD, I'm Dr. Peter Buch. To hear my full conversation with Dr. Basile and to find other episodes in this series, visit [ReachMD.com/GI-Insights](https://ReachMD.com/GI-Insights), where you can Be Part of the Knowledge. Thanks for listening!