

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/gi-insights/rethinking-who-qualifies-for-advanced-ibd-therapy/70073/>

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Rethinking Who Qualifies for Advanced IBD Therapy

Announcer:

This is *GI Insights* on ReachMD. Today, we'll hear from Dr. Gil Melmed, who will be talking about when to consider advanced therapies for patients with Crohn's disease or ulcerative colitis. Dr. Melmed is a Professor of Medicine at Cedars-Sinai in Los Angeles, where he's also the Associate Director of the Karsh Division of Gastroenterology and Hepatology and the Clinical Director of the Inflammatory Bowel Disease Program. Here he is now.

Dr. Melmed:

The question of when a patient's disease course calls for advanced therapy rather than conventional treatment has evolved considerably over the last few years. Historically, we've looked to, essentially, the regulatory guidance, which is medications and what are they approved for. And the typical approvals for advanced therapies are going to be for patients with moderate-to-severe Crohn's disease or moderate-to-severe ulcerative colitis. And that still remains true from a regulatory standpoint, although I think, clinically, we have accumulating evidence that tells us that patients actually benefit from advanced therapies in much broader segments of the population.

So, for example, the definition of moderate-to-severe Crohn's or ulcerative colitis typically revolves around disease activity. But it doesn't really take into account other considerations. For example, a patient who had very severe disease but then today happens to be under control with conventional therapy may or may not actually qualify from a regulatory definition. But actually, I think many of us would consider such a patient entirely appropriate for advanced therapies. In the same vein, there are ways of determining the need for advanced therapies that are unrelated even to disease activity. Fistulizing disease, for example, we know is already a complication of Crohn's disease and does warrant advanced therapy, irrespective of their disease activity today.

So I think what we really need to understand is the question of who isn't appropriate for advanced therapy, and that's flipping the script from how we've traditionally thought about it. I think, historically, we tend to look at the patient in front of us and think, "Has this patient earned an advanced therapy?" as opposed to the idea that everybody should, essentially, be on advanced therapy, except for those who might be exceptions to that rule.

And I think this is particularly true for Crohn's disease. It's probably true for ulcerative colitis in many more cases than we historically have thought about, recognizing that today's advanced therapies are so much more effective and so much safer than our historically conventional therapies such as corticosteroids, azathioprine, and thiopurines. So, for Crohn's disease where we don't have the ability to use mesalamine because it just doesn't work, we don't have other therapies, and our conventional therapies aren't as safe and effective. And for ulcerative colitis, for mild-to-moderate disease, certainly we have the mesalamines. But otherwise, essentially, I think all patients should be considered for advanced therapy, and then we should think about exceptions to that rule.

Announcer:

That was Dr. Gil Melmed discussing who should receive advanced therapy for Crohn's disease and ulcerative colitis. To access this and other episodes in our series, visit *GI Insights* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!