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Real-World Pattern of Biologic Use in Patients with Inflammatory Bowel Disease

Dr. Patel:

For ReachMD, this is Audio Abstracts, produced in collaboration with the Crohn's & Colitis Foundation. I'm Dr. Anish Patel, Chief of the Division of Gastroenterology and Hepatology and Director of the Inflammatory Bowel Disease Center at Brooke Army Medical Center in San Antonio, Texas. I'm also a member of the Crohn's & Colitis Foundation's Rising Educators, Academics, and Clinicians Helping IBD group, or REACH-IBD. Today, I'll be reviewing an article published in the *Inflammatory Bowel Diseases* journal titled "Real-world Pattern of Biologic Use in Patients with Inflammatory Bowel Disease: Treatment Persistence, Switching, and Importance of Concurrent Immunosuppressive Therapy."

Inflammatory bowel disease, or IBD, is characterized as chronic inflammation that typically occurs within the gastrointestinal tract and encompasses Crohn's disease and ulcerative colitis. The etiology of the disease is multifactorial and involves the interplay of genetics, immune dysregulation, microbial disarray, and environmental factors. Current medical therapies target specific markers of inflammation and can be limited by side effects. To learn more about how these side effects impact patients' adherence to a treatment plan, the authors of this study examined medication persistence and possible factors for the discontinuation of biologic drugs among patients with IBD.

Using the Truven Health MarketScan data, the authors abstracted information from 2008 to 2015 in newly diagnosed IBD patients who were initiated on one of the following biologic therapies: adalimumab, infliximab, certolizumab, golimumab, or vedolizumab. They defined 'persistence' as the time from treatment initiation to the discontinuation of index biologic medication *or* switching to another biologic medication. Multivariate Cox regression was used to assess factors associated with the treatment persistence of biologics.

The study's analysis included 5,612 patients with Crohn's disease and 3,533 patients with ulcerative colitis. The authors found that less than half of the patients continued using their first biologic treatment after one year, though it's important to note that adalimumab had the highest persistence and lowest switching rates for both Crohn's disease and ulcerative colitis. A majority of patients that switched therapy were found to have switched to another therapy within the same class. The authors also found that concomitant immunomodulator therapy significantly decreased the risk of discontinuation if it was started before biologic therapy. The substantial predictors of discontinuation included infection and hospitalization.

To collect these findings, the study used a nationwide claims database, which provided a large sample size that only included newly diagnosed patients to minimize any confounders, such as the treatment of experienced patients. However, a claims database is limited to actual clinical experience and information, such as severity at the time of diagnosis, which can play a significant role in treatment persistence. Due to the range of dates of the study, the biologics used included mostly TNF alpha inhibitors. The analysis excluded vedolizumab due to a lack of sample size, and there was no inclusion of newer options such as ustekinumab and tofacitinib.

Despite these limitations, the results of this study still help validate the practice patterns and utility of TNF therapy in IBD patients. The limited persistence of TNF inhibitors is well characterized in IBD, along with the potential benefit of concomitant immunomodulator therapy with TNF alpha inhibitors. The familiarity of TNF alpha inhibitors and risk factors like infections have also been well characterized, and as such, can play a role in treatment persistence, as the results of this study show. .

If you're interested in this topic or others on Crohn's disease or ulcerative colitis, the Crohn's & Colitis Foundation's Inflammatory Bowel Diseases Journal provides the most impactful and cutting-edge clinical topics and research findings. For more information on the Foundation, please visit crohnscolitisfoundation.org.

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