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<https://reachmd.com/programs/cme/setting-the-stage-why-rethinking-ibd-care-matters-now/56325/>

Released: 06/02/2026

Valid until: 06/30/2027

Time needed to complete: 2h 08m

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Setting the Stage: Why Rethinking IBD Care Matters Now

Announcer:

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Dr. Iroku:

Hello. I'm Dr. Ugo Iroku, Assistant Professor at the Icahn School of Medicine Mount Sinai, New York City, and here with me today is Dr. Damilola Odufalu. Dr. Odufalu, welcome to the program.

Dr. Odufalu:

Hi, Dr. Iroku. Thanks for having me.

Dr. Iroku:

Of course. So it's very interesting that these days we have amazing, effective therapies, we have effective treatment frameworks, and yet we have patients who are poorly controlled. They're cycling through steroids. They're facing delayed diagnoses. They're having fragmented care. They're having uneven access to advanced therapies. What is this all about? What do you think explains the disconnect between these amazing things that we can do pharmacologically and what the patients are actually experiencing from day to day? And what can our listeners expect to learn in this module on these fronts?

Dr. Odufalu:

Before we dive into the goals and objectives of this module, I have to recognize that there are several social determinants of health that impact a patient's ability to access care, access a provider, and access timely therapies. And so there are several factors outside of the patient and provider interaction that impact uptake and access to care.

So the STRIDE guidelines provide very clear guidance with short-term, intermediate, and long-term goals. And specifically in the short-term and intermediate targets, we want to have objective markers of inflammation that we are having improve or normalize, and then the long-term targets are endoscopic healing.

I think that, in my experience clinically, providers don't want, or don't know, to incorporate these things early on, because the treatment landscape in IBD has changed rapidly over the last several years, and there may be some hesitancy with the data, particularly with safety and efficacy, particularly for newer agents and newer mechanisms of action.

And by watching the following episodes, we will do a deep dive into the data supporting STRIDE-II, as well as answer burning questions on how to manage proactively to prevent further adverse downstream consequences with untreated IBD.

Dr. Iroku:

Why do you think our STRIDE-II guidelines haven't been fully adopted, would you say?

Dr. Odufalu:

I think it's because there's been so much data in the last several years, and I think that maybe providers and clinicians haven't been able to put everything together, and there may be some hesitancy with prescribing a medication with a new mechanism of action.

I graduated from medical school—now it seems like a long time ago—but I remember when learning about IBD, the treatment goals were initially a step-up approach, where you would start with maybe a less effective therapy that had a more favorable safety profile. But we've now flipped that upside down, and we now adopt treat-to-target, where we adopt the most effective therapy that may have a less favorable safety profile but can get patients into remission quickly to achieve those short-term, intermediate, and long-term targets.

Dr. Iroku:

Amazing. So it sounds like we have a lot to cover in this very exciting module. We're going to talk about proactive versus reactive IBD management, we're going to talk about the roles of the goals in treat-to-target, and we're going to talk about what we can do to make sure that these advances are applied equitably across our patient population.

So Dr. Odufalu, it sounds like we're going to learn a lot about positioning of our medications. Can you explain to our listeners what that is or what they can expect in the module on that front?

Dr. Odufalu:

Thanks, Dr. Iroku. So positioning therapies is a really hot topic nowadays, especially with the explosion of new medications and new mechanisms of action in the treatment and management of inflammatory bowel disease. And so through this module we'll discuss and review the safety and efficacy of our therapeutics in IBD and when to use them and when to turn from one therapy to another.

Dr. Iroku:

All right. So it sounds like we're going to talk a lot about the benefits of the medication, but what about the risks? What can we expect to talk about in terms of the safety of these medications in this module?

Dr. Odufalu:

So in this module we'll review several new therapies, especially the new mechanisms of action, and that will enable clinicians to understand how these medications work and when they're not working, and what to look out for with risks or adverse events.

Dr. Iroku:

And so we're optimists, but sometimes our medications don't work for a patient. What is this phrase treat-to-target? And how does that guide us in knowing when a medication has failed and when it's time to pivot to a new one?

Dr. Odufalu:

Treat-to-target is a new buzzword in IBD put out by the STRIDE and STRIDE-II guidelines. So treat-to-target is identifying where the patient's at with their disease activity and selecting the most effective therapy for that patient's presentation. And it has clear guidance with short-term, intermediate, and long-term targets.

Dr. Iroku:

Amazing. All right, so it sounds like we're going to learn a lot in this Module 3. Our time right now is up, though. Thanks for listening and see you in the next episode.

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