



European  
Crohn's and Colitis  
Organisation

# PROACTIVE TDM IS SUPERIOR TO CONVENTIONAL MANAGEMENT IN IBD

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# CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare

# BACKGROUND

- ✓ Therapeutic drug monitoring (TDM) of anti-TNF therapies is recommended upon secondary loss of response to guide clinical decision-making. <sup>1-2</sup>
- ✓ There is insufficient data supporting the use of proactive TDM in IBD. <sup>3-4</sup>

## Aims of the study

To evaluate the clinical and endoscopic outcomes of a proactive TDM strategy

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# METHODS

- Prospective comparative single center study
- **Inclusion criteria:** Patients completing Infliximab induction (3 doses)

Exclusion criteria
Primary non-response
Episodic treatment
Major IBD surgery
Drug holiday

## Proactive cohort (pTDM)

- **Bf 4th infusion and every 2 infusions:**
  - Trough levels and anti-drug antibodies
  - Proactive escalation

Crohn's disease	3-7 ug/ml
Ulcerative colitis	5-10 ug/ml

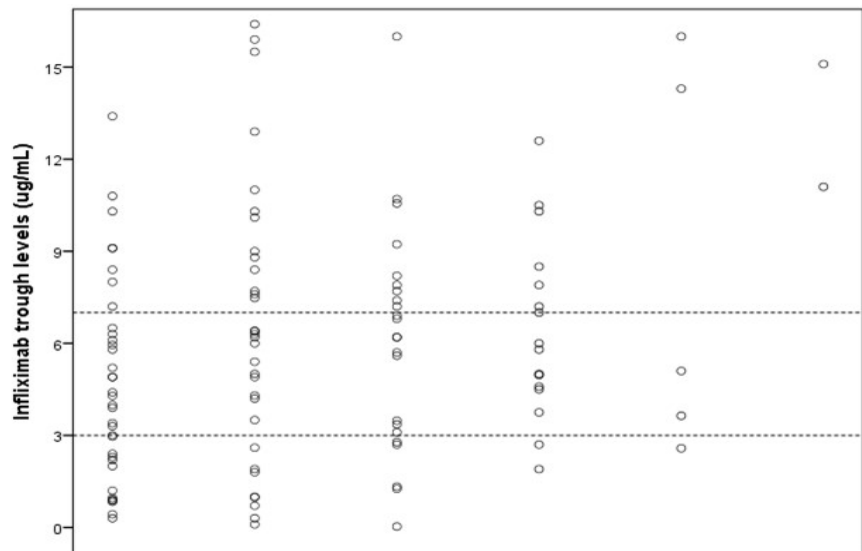
## Comparative cohort (noTDM)

- **Inclusion:** 2000-2014
- No therapeutic drug monitoring

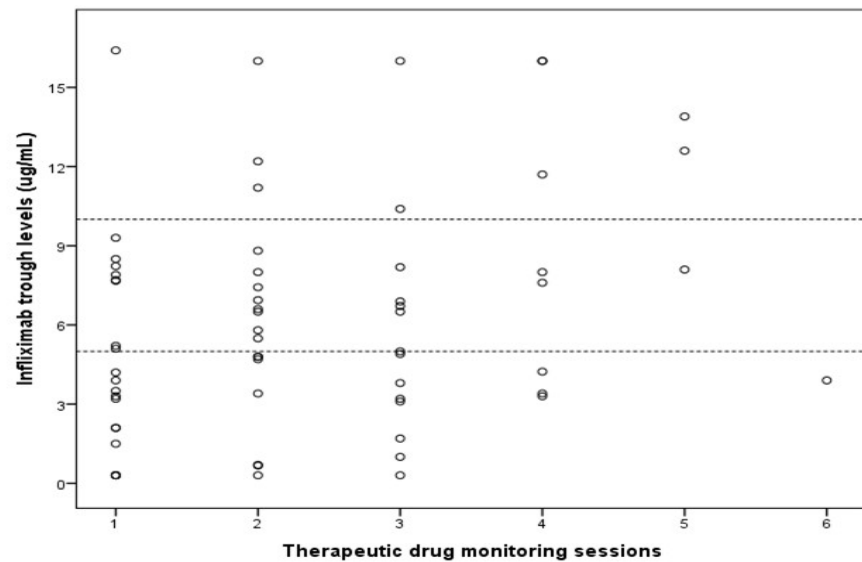
## Outcomes: 2 years

Surgery	Tx discontinuation
Hospital admission	Mucosal healing

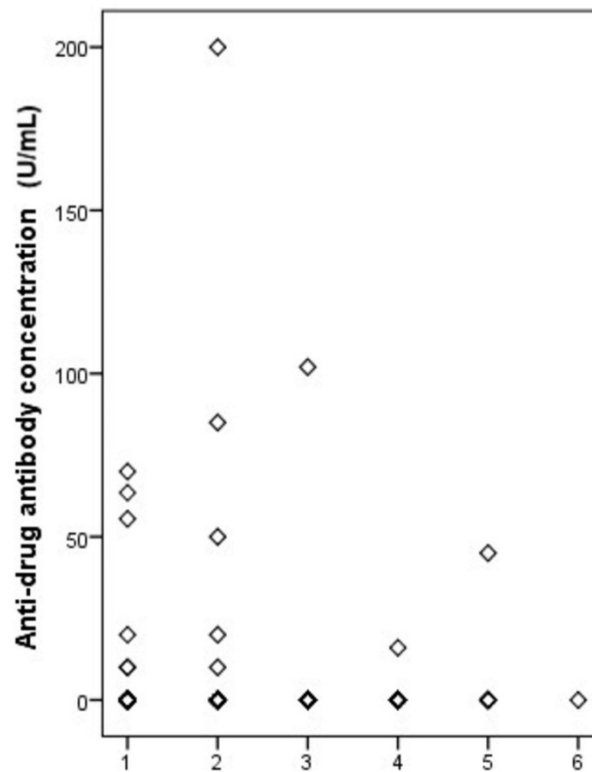
**Crohn's disease**



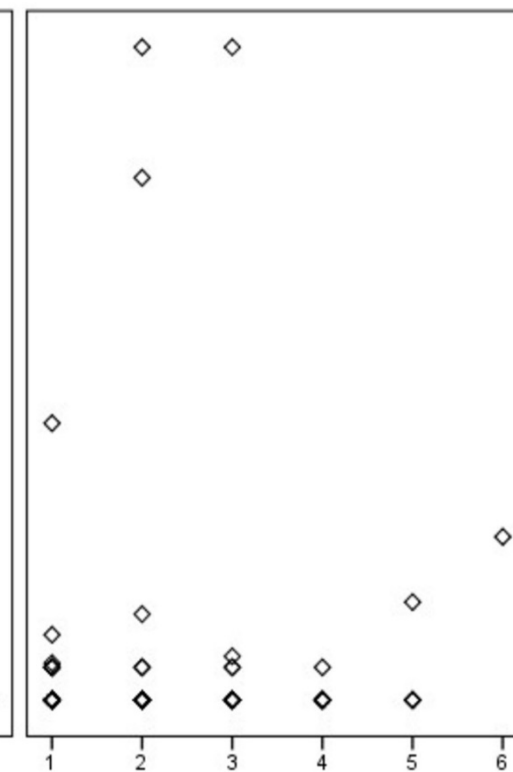
**Ulcerative colitis**



**A**



**B**



Therapeutic drug monitoring sessions

# RESULTS

## Regression analysis

Multivariate analysis	Odds ratio [95% CI]	<i>P</i>
<b>Mucosal healing</b>		
Immunomodulator use	2.291 [1.287-4.080]	0.005
TDM strategy	3.173 [1.642-6.129]	0.001
<b>Surgery</b>		
TDM strategy	0.355 [0.133-0.949]	0.039
<b>Any unfavorable outcome</b>		
Immunomodulator use	0.502 [0.277-0.910]	0.023
TDM strategy	0.394 [0.213-0.728]	0.003

### Other variables:

Gender, age, IBD type, prior anti-TNF

# CONCLUSION

- ✓ Up to 25% of patients with CD and almost 50% with UC presented infra-therapeutic trough levels;
- ✓ Patients with proactive TDM had lower rates of surgery and unfavorable outcomes and higher rates of mucosal healing than patients under conventional management.