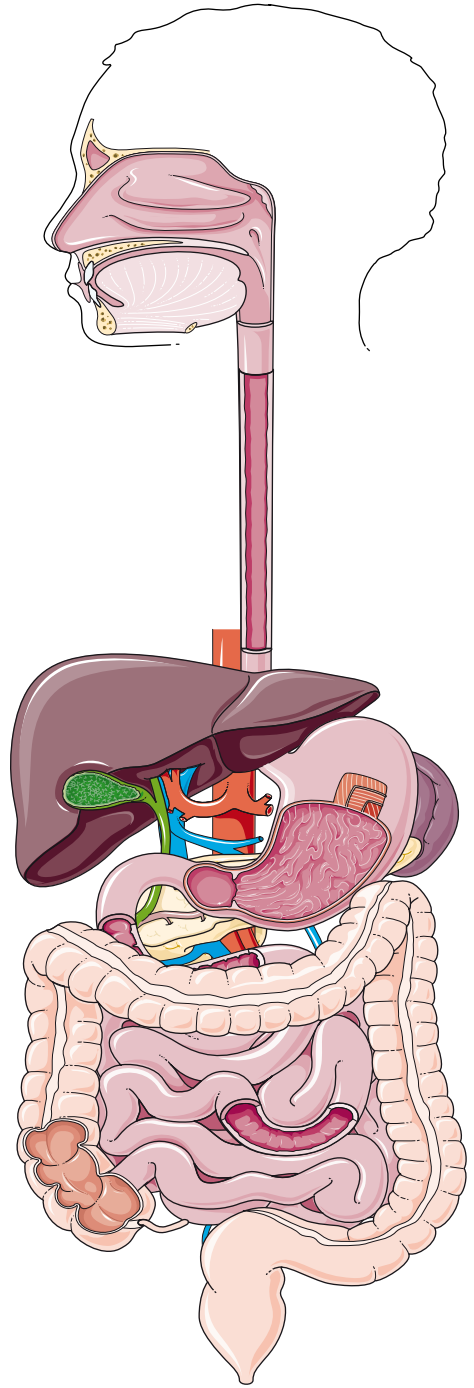
Duración	Título	Conferencista
20 minutos	Generalidades de la enfermedad inflamatoria intestinal; fisiopatología, diagnóstico y tratamiento.	Dr. Otero
40 minutos	Uso de Vedolizumab en líneas tempranas de terapia biológica; revisión de evidencia clínica	Dr. Otero
30 minutos	¿Cuál es el paciente candidato a Vedolizumab?, sesión de discusión	Dr. Otero
20 minutos	sesión de preguntas y respuestas	Dr. Otero

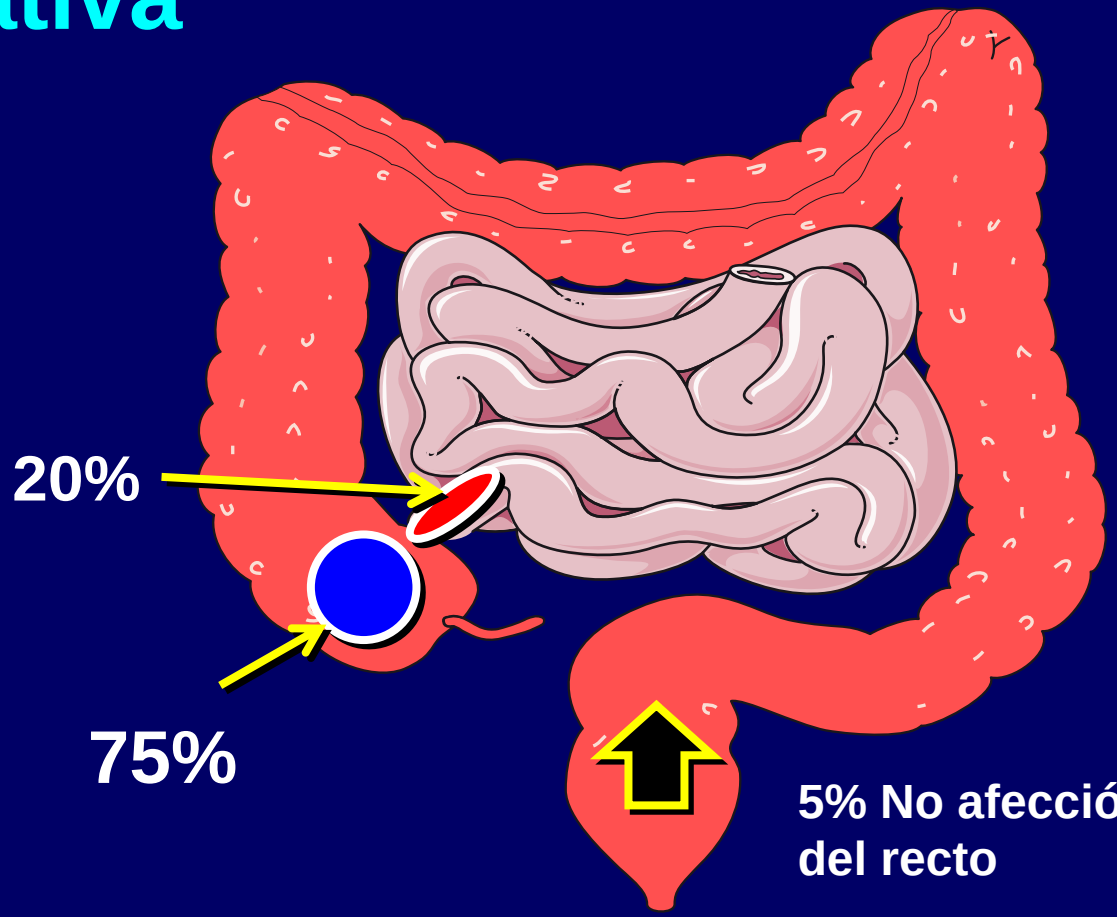
EII: Generalidades, Fisiopatología, diagnóstico tratamiento

William Otero R MD, FAGA, FACP
Profesor Titular de Medicina,
Coordinador de Gastroenterología
Universidad Nacional de Colombia
Hospital Universitario Nacional de Colombia



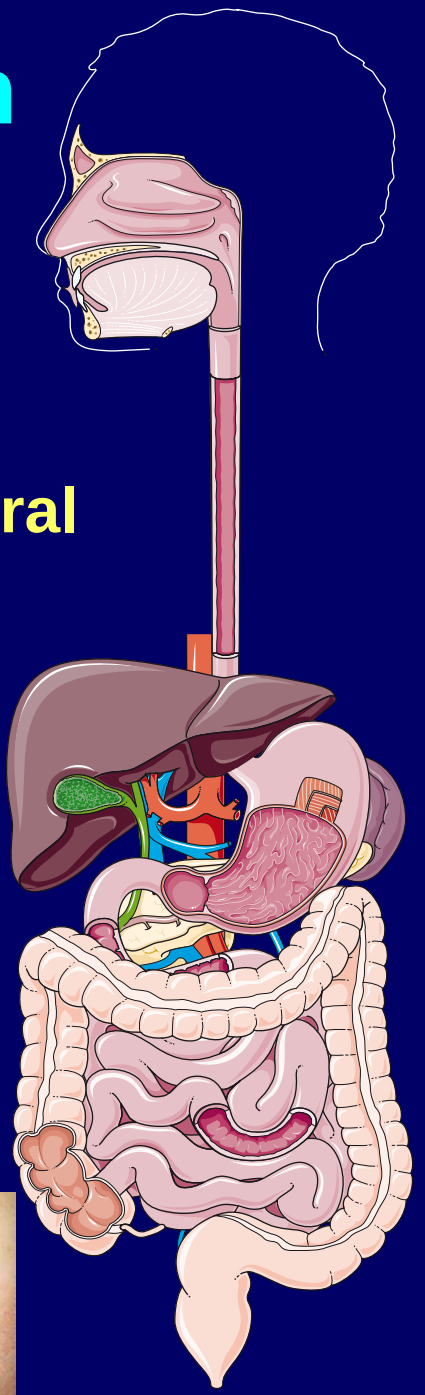
EII

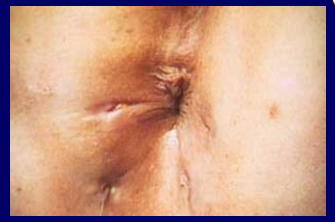
Colitis Ulcerativa



E de Crohn

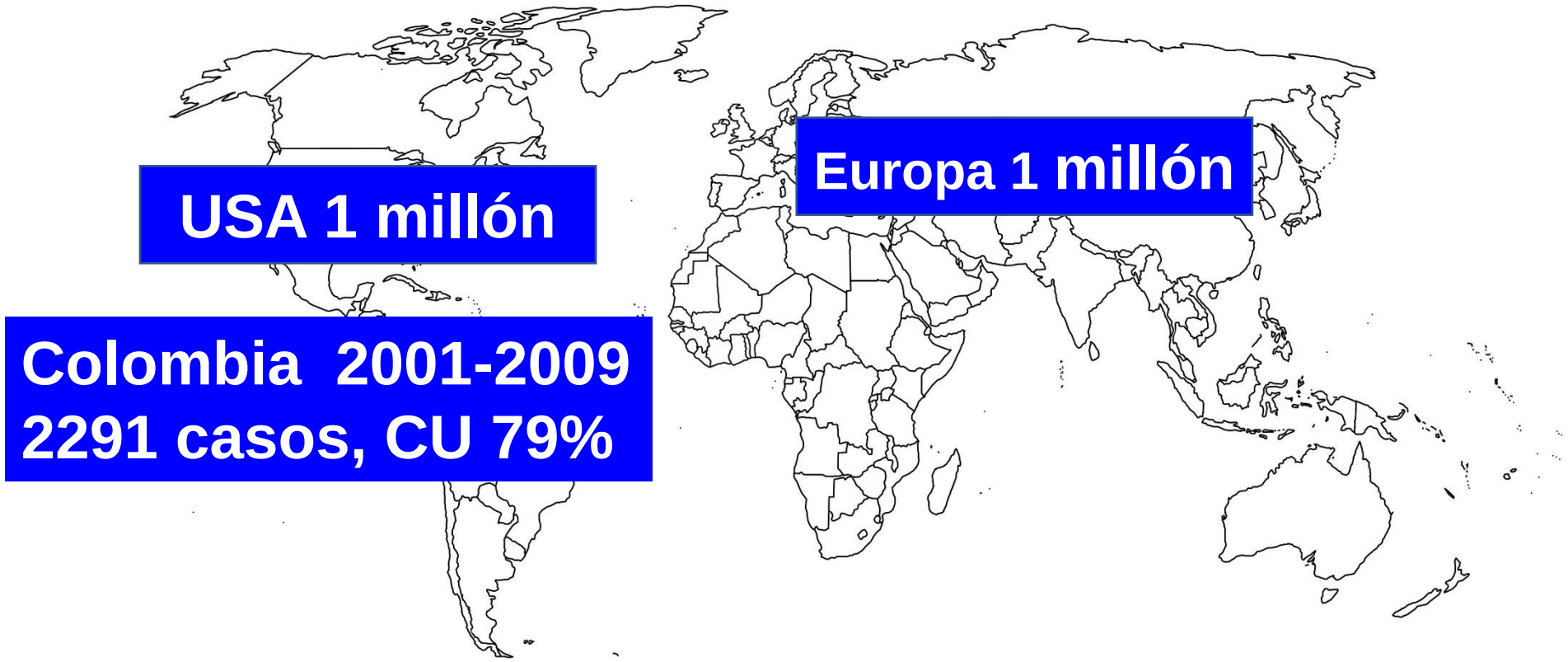
Focal
Transmural





Mowat C, Gut 2011;60:571-607
Ungaro R, Lancet 2016 On line Nov 30
Rubin DT Am J Gastroenterol 2019;114:384-413

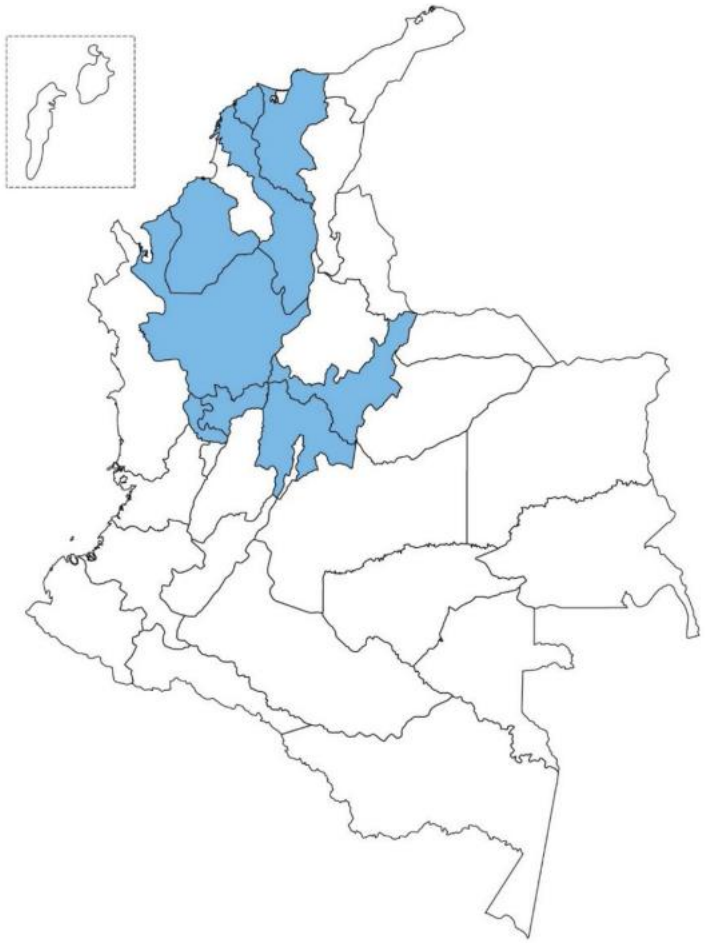
Colitis ulcerativa Epidemiología



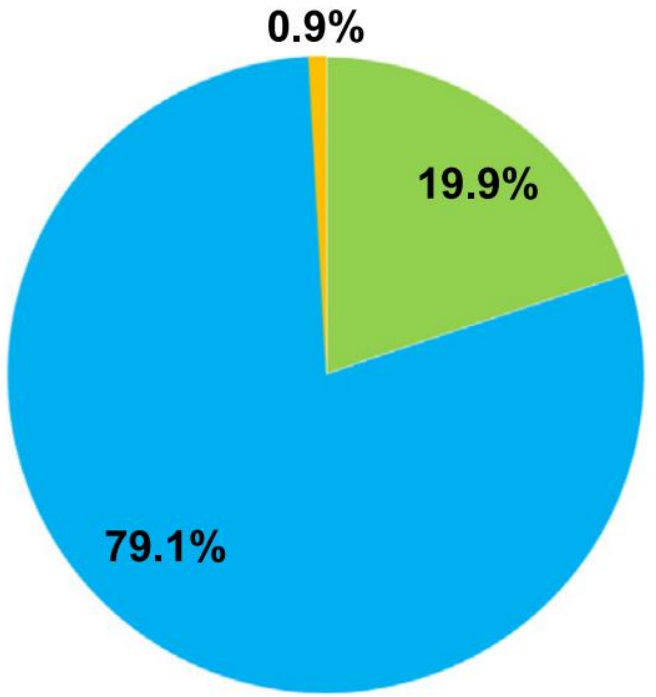
Rubin D, et al. Am J Gastroenterol 2019;114:384–413
Juliao F, et al. Rev Gastroenterl Mex 2021; 86:153-162

Characterization of inflammatory bowel disease in Colombia: Results of a national register☆

F. Juliao-Baños[a,*], F. Puentes[b], R. López[c], M.A. Saffon[d], G. Reyes[e], V. Parra[f], M.T. Galiano[g], M. Barraza[h], J. Molano[i], E. Álvarez[j], R. Corrales[k], L.E. Vargas[l], F. Gil[e], P. Álvarez[m], L. Limas[n], R. Prieto[o], P. Yance[p], F. Díaz[q], J. Bareño[r], Grupo del Registro Colombiano de Enfermedad Inflamatoria Intestinal



Pacientes Evaluados 2.291



Edad años
CU 42.7
EC 45.7

- Crohn's disease
- Ulcerative colitis
- IBD unclassified

CU:EC 3.9:1

Juliao-Baños F, Rev Gastroenterol Mex 2021;83:153-62

Universidad Nacional 1991

108 casos

EC 10

CU 98

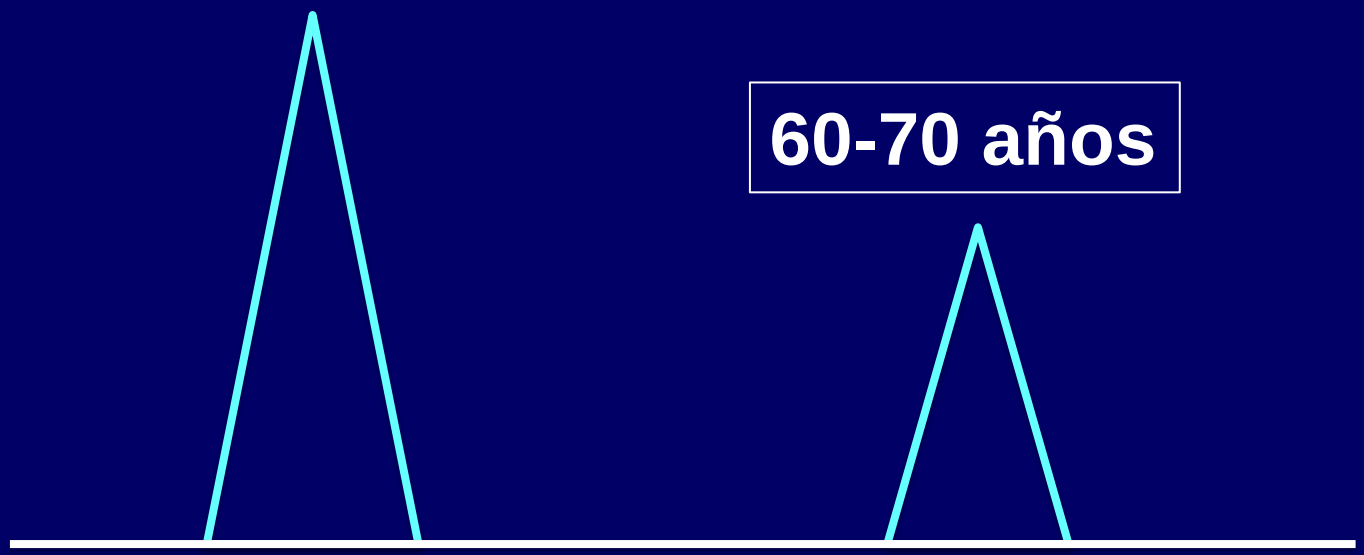
Argüello M, Archila P, Sierra F, Otero W.
Rev Col Ggastroenterol 1991;6:237-72

CU, Picos de incidencia

A cualquier edad

30-40 años

60-70 años



Disminuye > 60 años

10-30% ≥ 60 años
10% >80 años
EII comienzo tardío

Próximas décadas 30%

Everhov AH Gastroenterology 2018;154:518-28
Butter M, Maturitas 2018;110:71-8

Cosnes J, Gastroenterology 2011;140:1785-94
Gisbert JP, Aliment Pharmacol Ther 2014;39:459-77

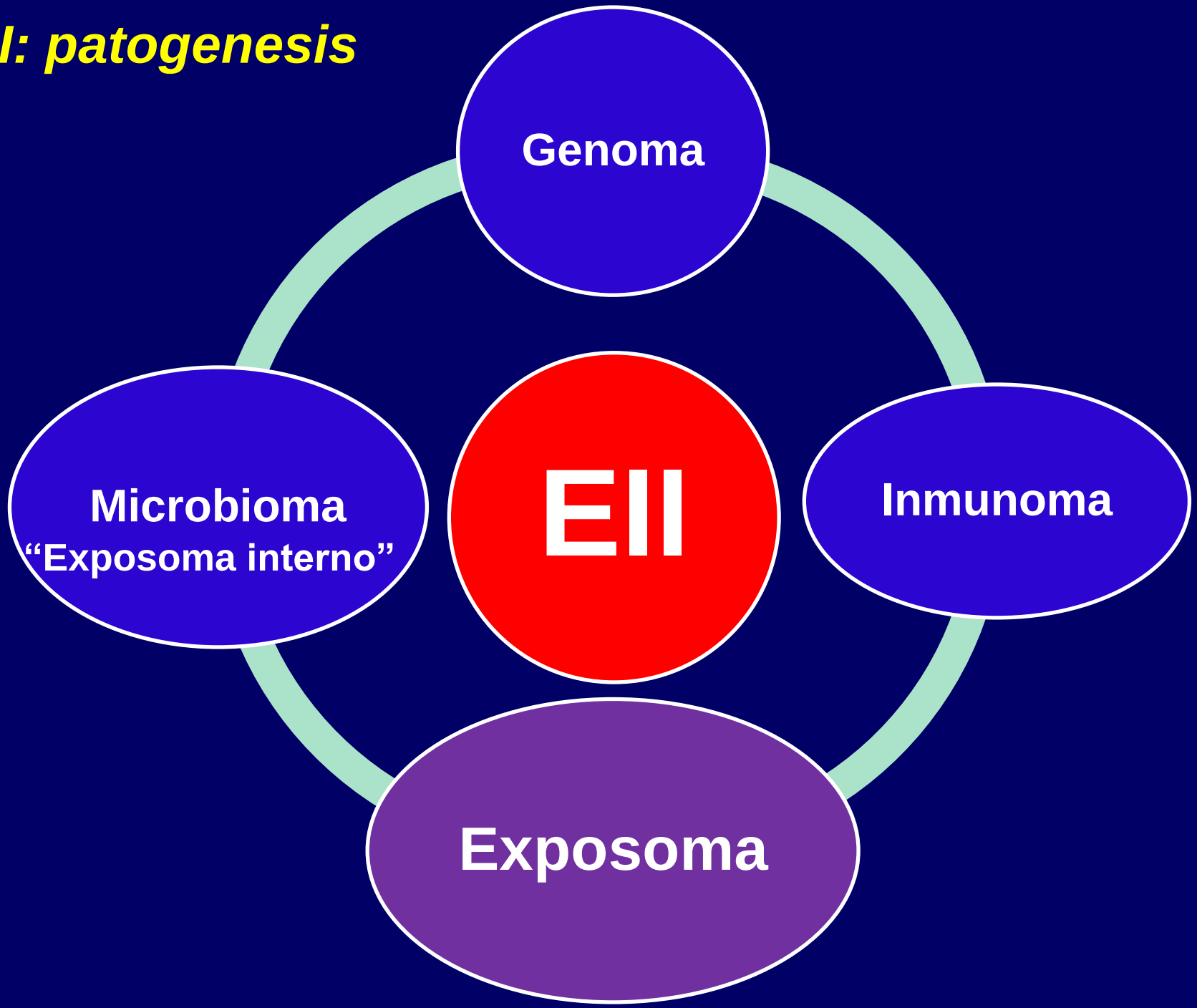
Fisiopatologia

Cotton top Tamarin

Tamarino cabeza de algodón

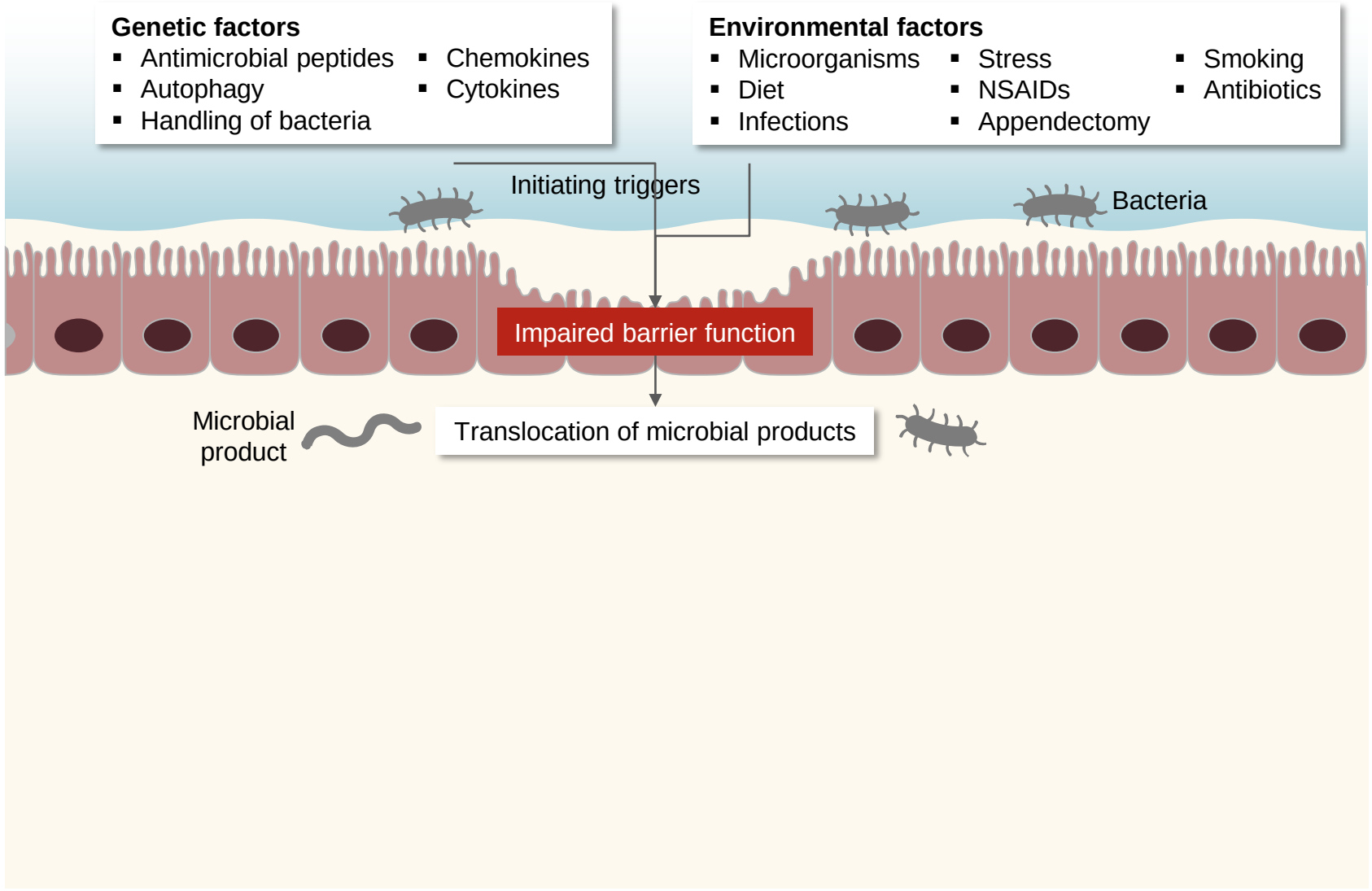

PROYECTO TITI
CONSERVING COLOMBIA'S WILDLIFE

EII: patogenesis



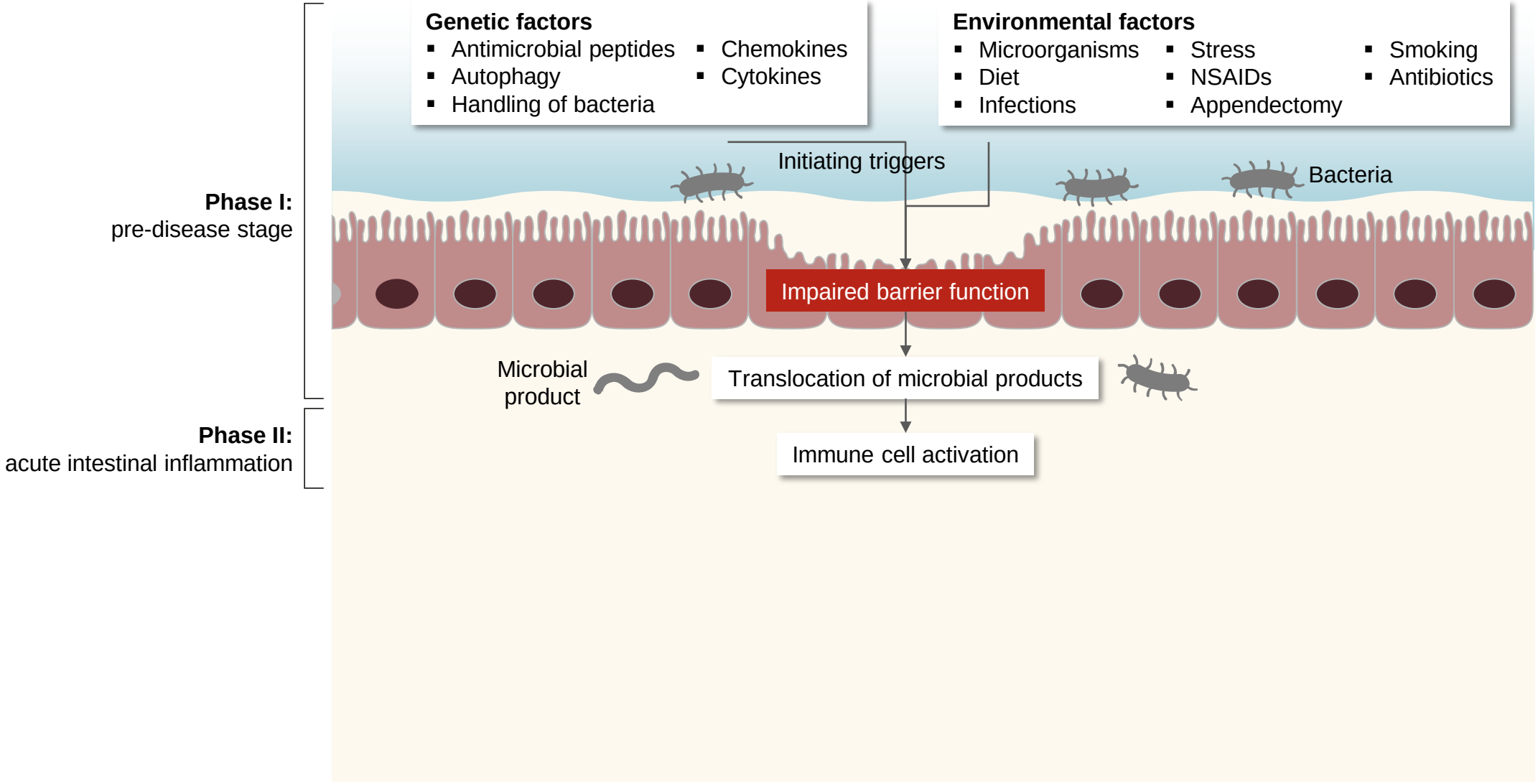
Enfermedad inflamatoria intestinal
Activación immune y disregulación de linfocitos

Phase I:
pre-disease stage



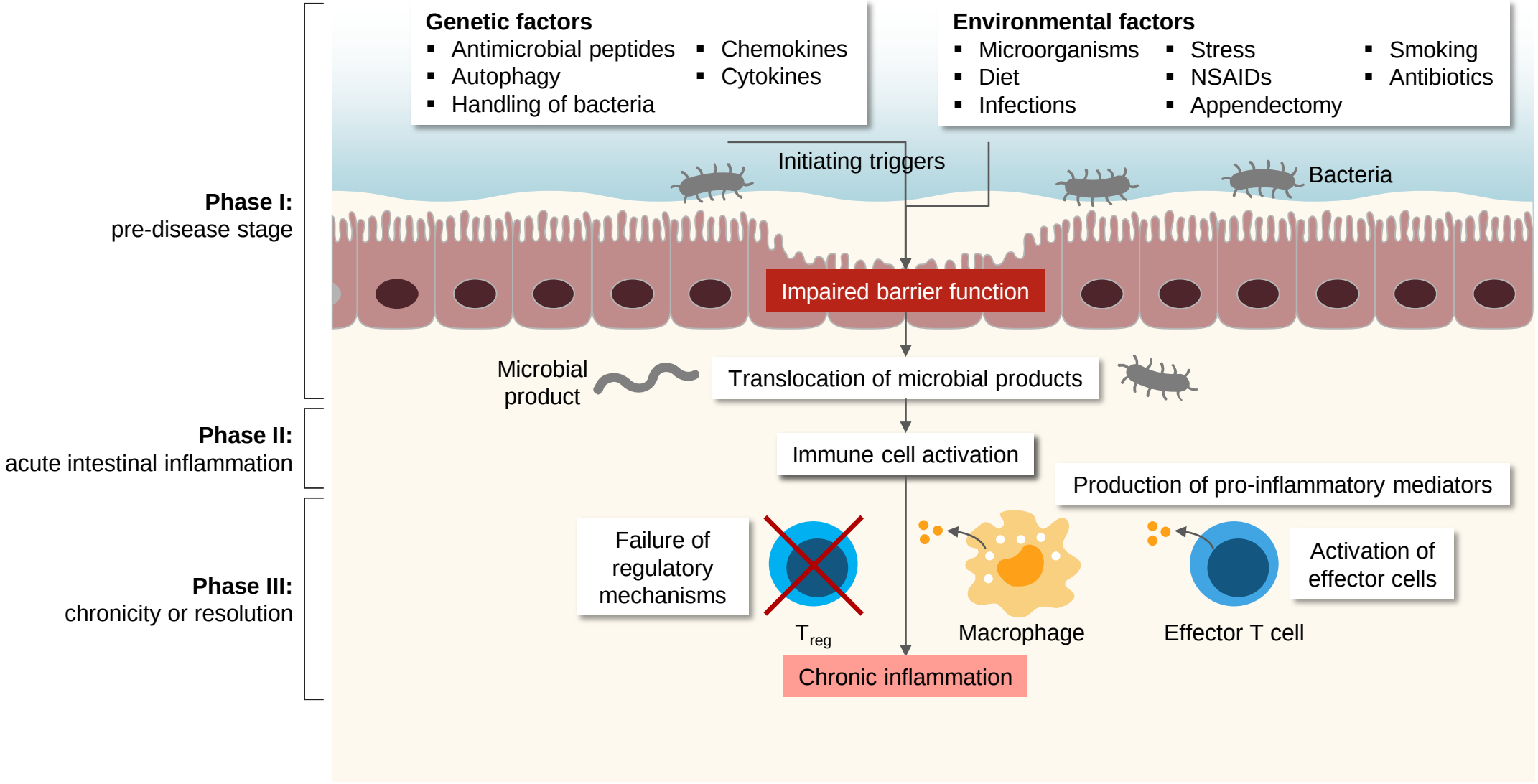
Neurath MF. Nat Rev Immunol. 2014:14:329-42.

Enfermedad inflamatoria intestinal
Activación immune y disregulación de linfocitos



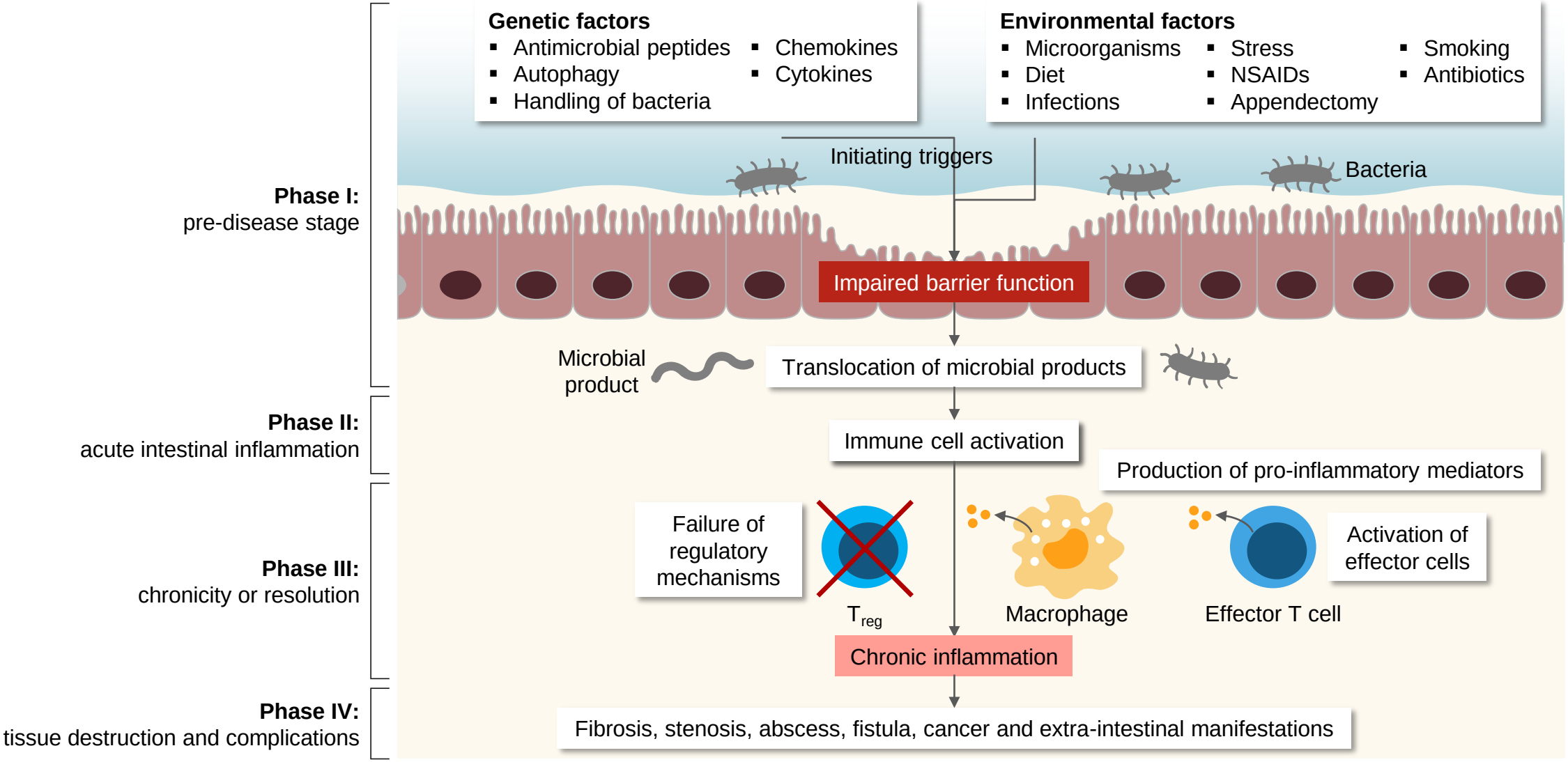
Neurath MF. Nat Rev Immunol. 2014:14:329-42.

Enfermedad inflamatoria intestinal
Activación immune y disregulación de linfocitos



Neurath MF. Nat Rev Immunol. 2014:14:329-42.

Enfermedad inflamatoria intestinal
Activación immune y disregulación de linfocitos



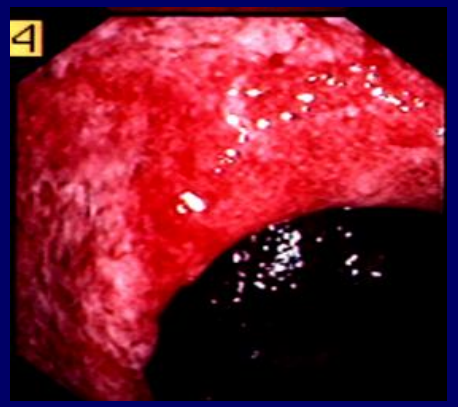
Neurath MF. Nat Rev Immunol. 2014:14:329-42.

Enfermedad Inflamatoria intestinal
Inmunopatogenesis

Respuesta inmune Anormal contra Bacterias Normales

Respuesta inmune Normal contra Bacterias Anormales

Inflamación crónica



Inadecuado Control de respuesta inmune

Ordás I, Lancet 2012; 25 (Suppl.1):S19-S26

Manifestaciones clìnicas

Enfermedad de Crohn

Presenting symptoms are abdominal pain, diarrhea, nausea, vomiting, and weight loss; rarely, obstructive or perforating symptoms.

Location

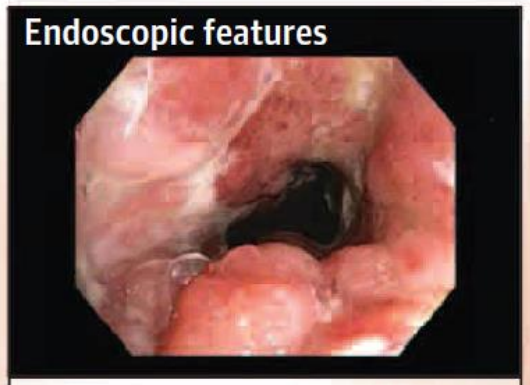
May affect the entire gastrointestinal tract

Pattern

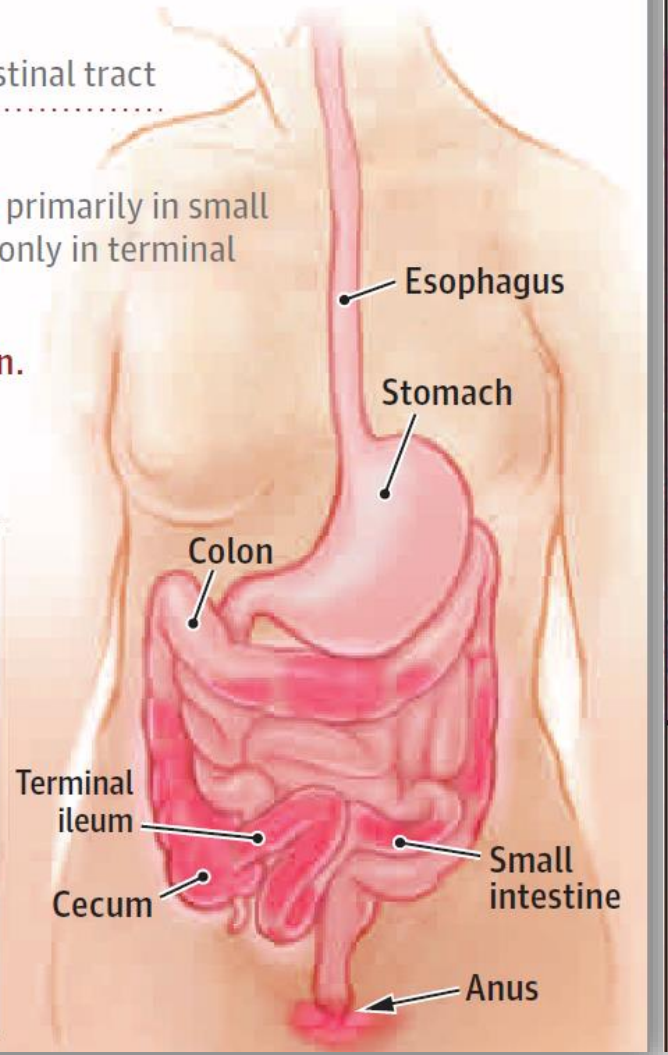
Discontinuous with **skip lesions** primarily in small intestine and colon; most commonly in terminal ileum and cecum

Rectal involvement is uncommon.

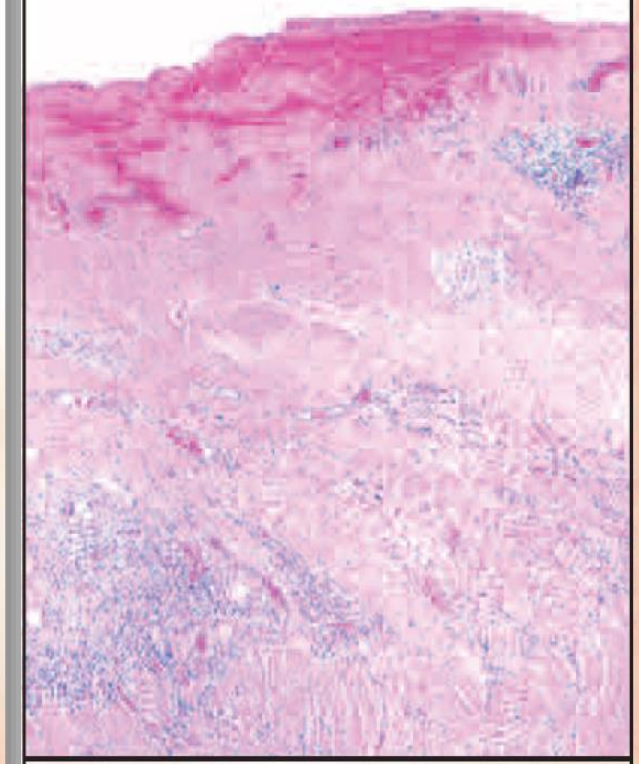
Perianal disease is common.



Representative view of terminal ileum demonstrating significant ulcerations, granularity, edema, and erythema



Transmural inflammation



Representative colonic resection specimen with lymphoid-predominant inflammation through all layers of the colonic wall including muscularis propria (hematoxylin-eosin; original magnification x40)

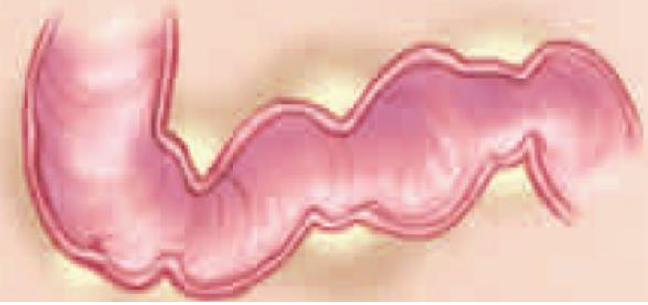
Fistulas are common.

They can be enterocutaneous, entero-enteric, enterovesicular, or enterovaginal.

Enterocutaneous

Entero-enteric

Strictures are common.



Cushing K, JAMA. 2021;325:69-80.

Enfermedad de Crohn

Symptoms

Fatigue

Fever

Abdominal pain and cramping

Diarrhea

Mouth sores

Lack of appetite

Thirst and lightheadedness

Urgent bowel movements

Redness or pain in the eyes from uveitis, iritis, or episcleritis

Swollen and painful joints, especially knees, hips, and elbows

Skin inflammation, including eczema, psoriasis, erythema nodosum, and pyoderma gangrenosum

Signs

Weight loss

Slowed growth in children

Anemia (both iron deficiency and anemia of inflammation)

Mucus in the stool

Blood in the stool

Drainage of serum, pus, or stool from an opening near the anus

Dry mucus membranes

Psoas sign (consider abscess adjacent to terminal ileum)

Orthostatic signs

Elevated markers of inflammation (C-reactive protein, fecal calprotectin, erythrocyte sedimentation rate)

Elevated alkaline phosphatase is associated with primary sclerosing cholangitis

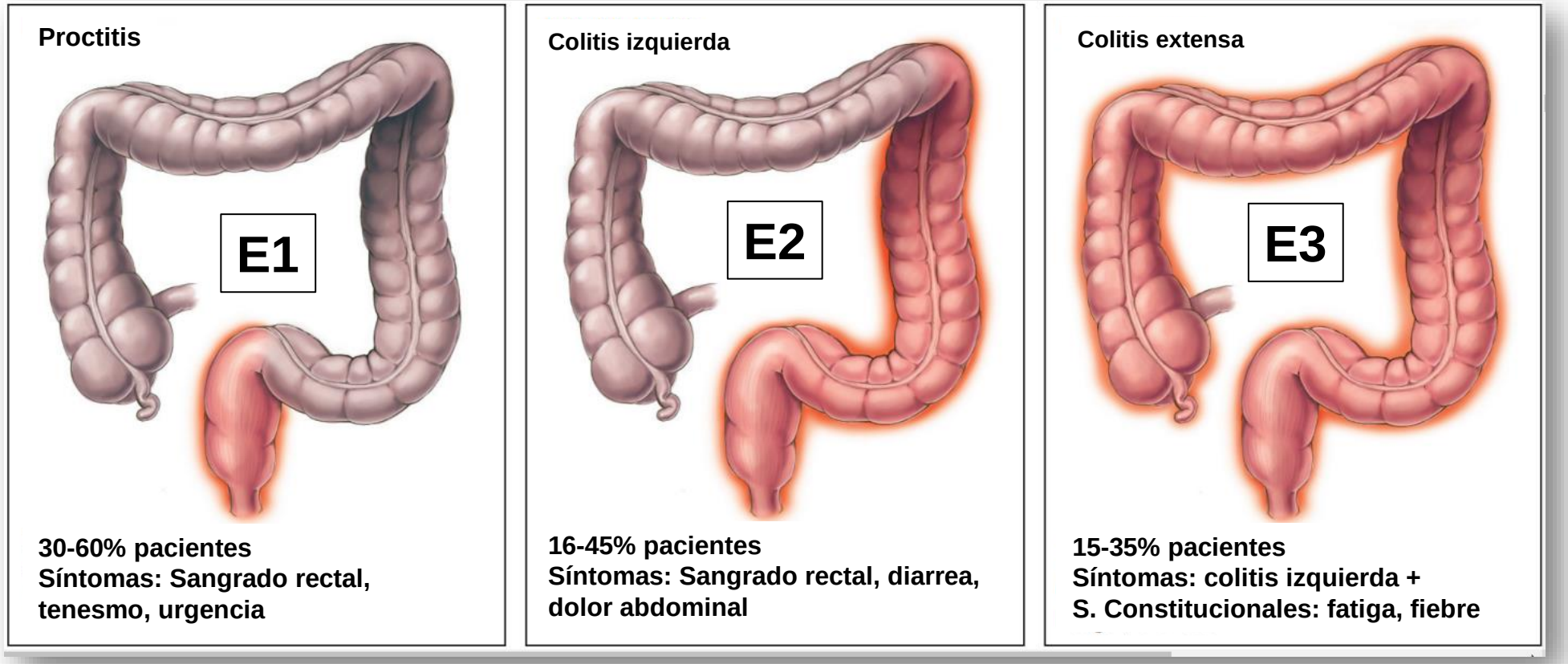
Cushing K, JAMA. 2021;325:69-80.

Colitis ulcerativa

Type of UC	Prevalence at presentation in adult-onset IBD	Prevalence at presentation in childhood-onset IBD [28]
Proctitis	40–50%	1.4%
Left-side colitis (up to flexura sinistra)	30–40%	16%
Pancolitis (in rare cases with additional backwash ileitis)	25–30%	82%
Symptoms and signs		
Diarrhoea	70–90%	
Abdominal pain	30–70%	
Weight loss	35–45%	
Rectal bleeding	50–90%	
Growth impairment in children	5%	
Extraintestinal manifestation	2–15%	

Colitis Ulcerativa

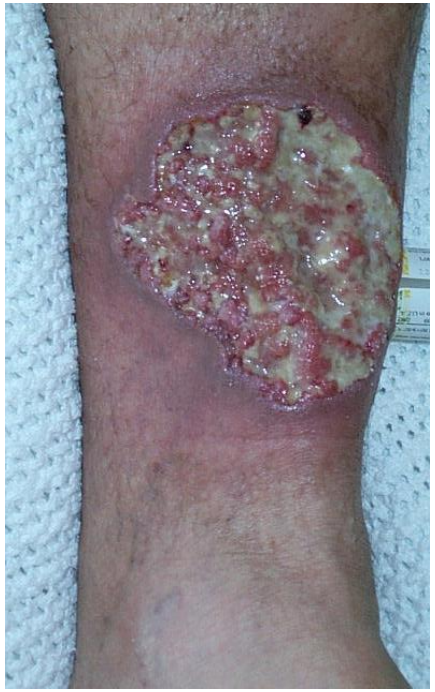
Fenotipos, Clasificación de Montreal

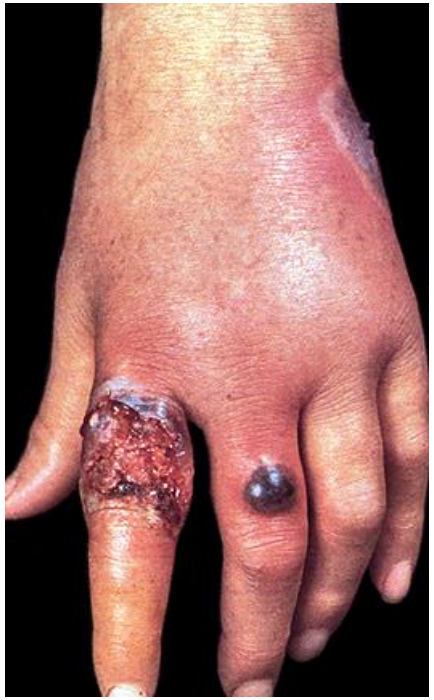


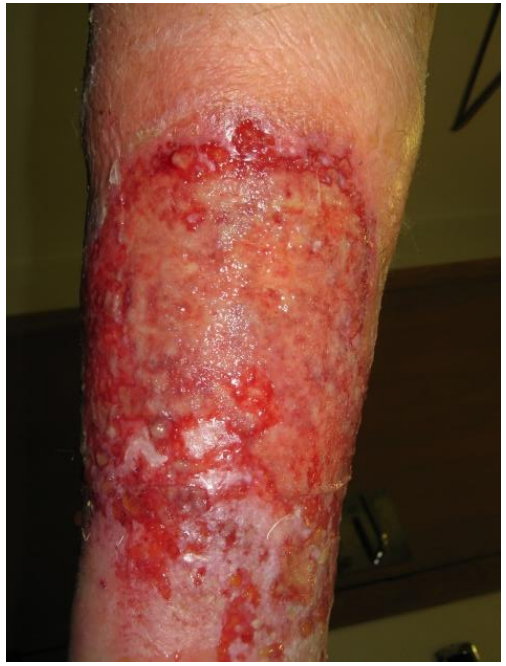
Bressler B, Gastroenterology 2015;148:1035-58

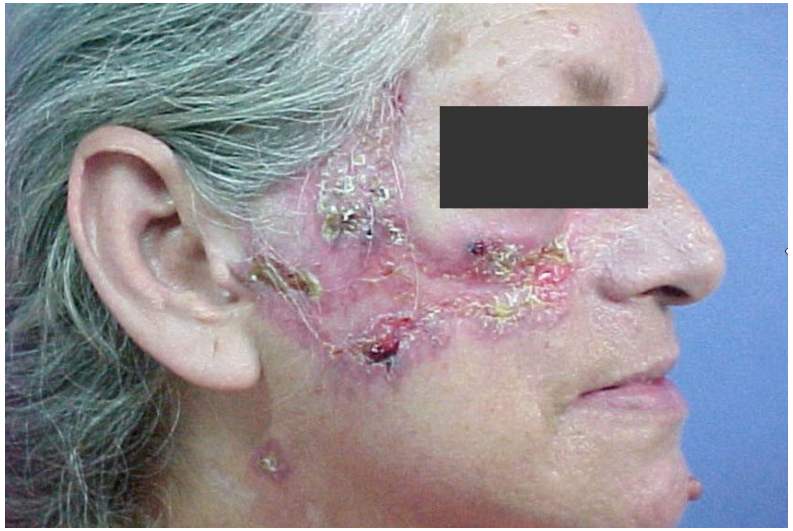
Colitis ulcerativa

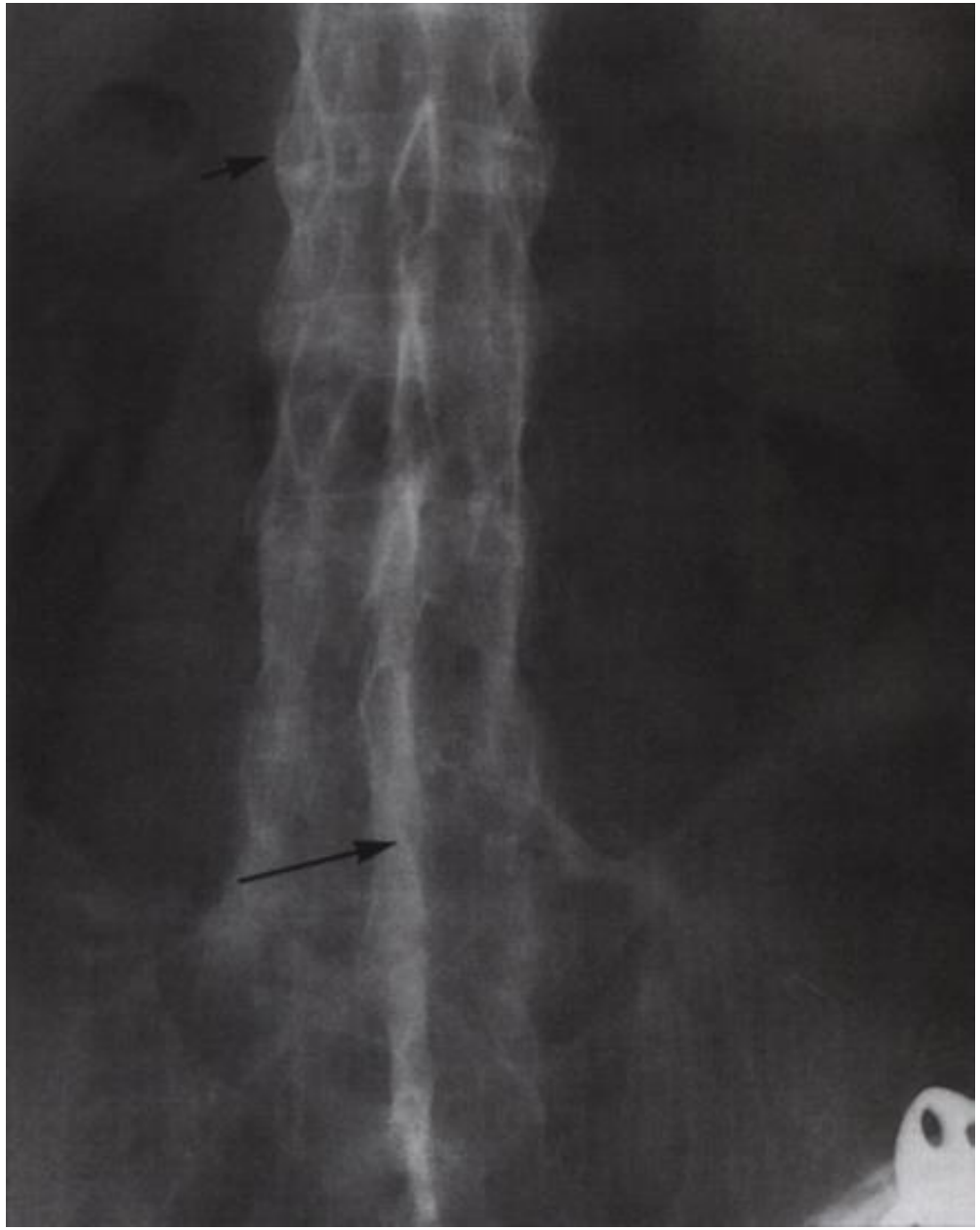
Pioderma Gangrenoso

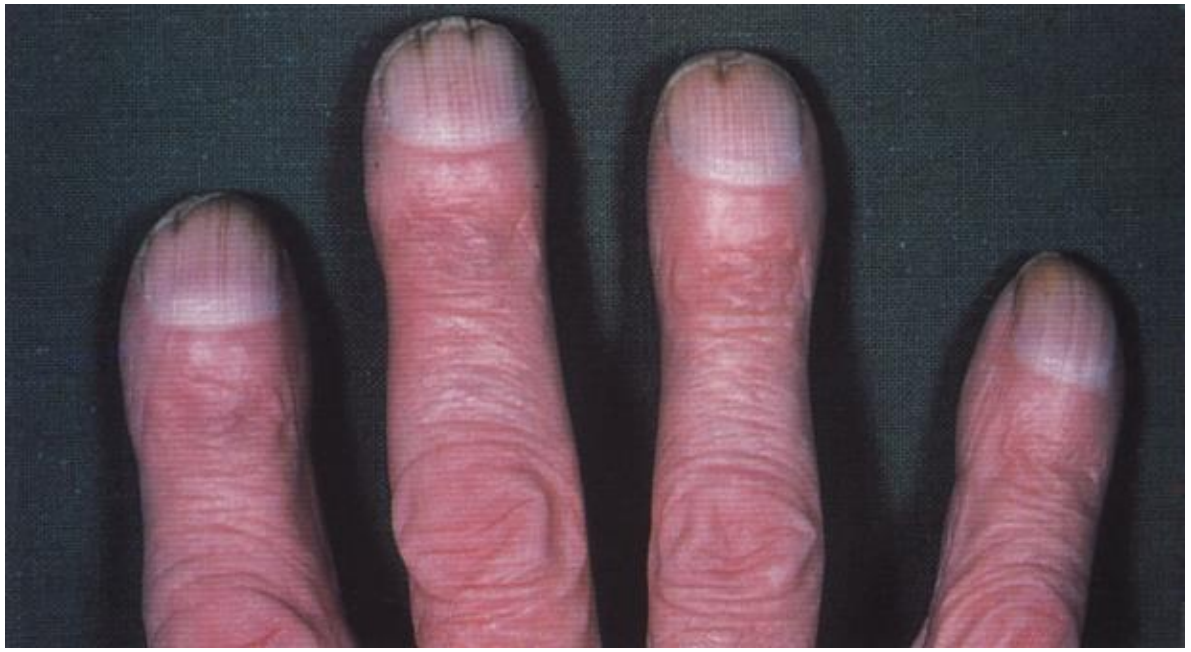


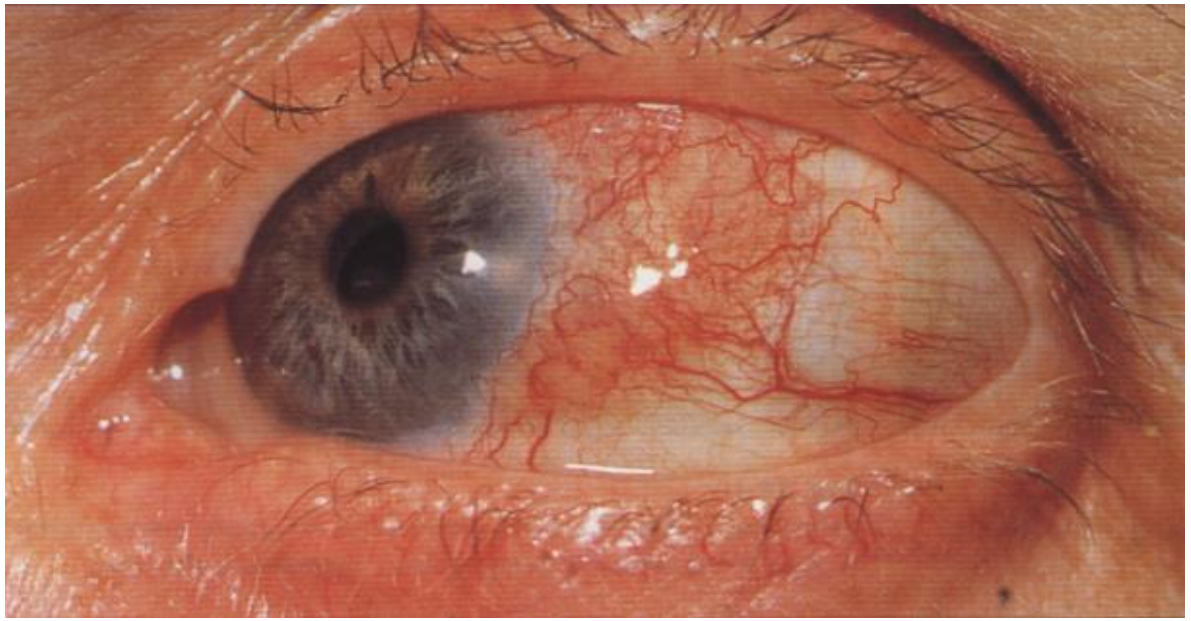


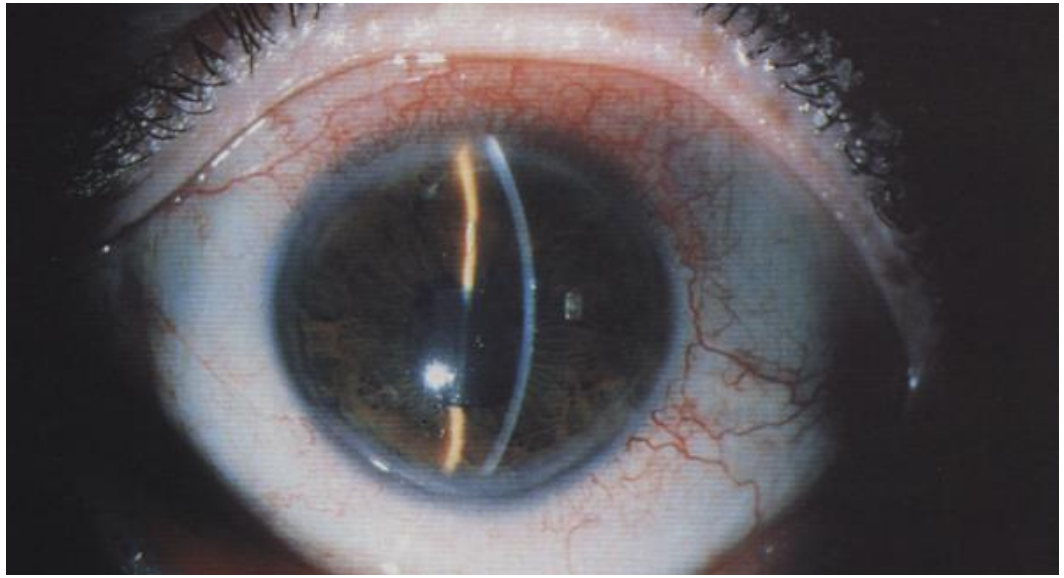


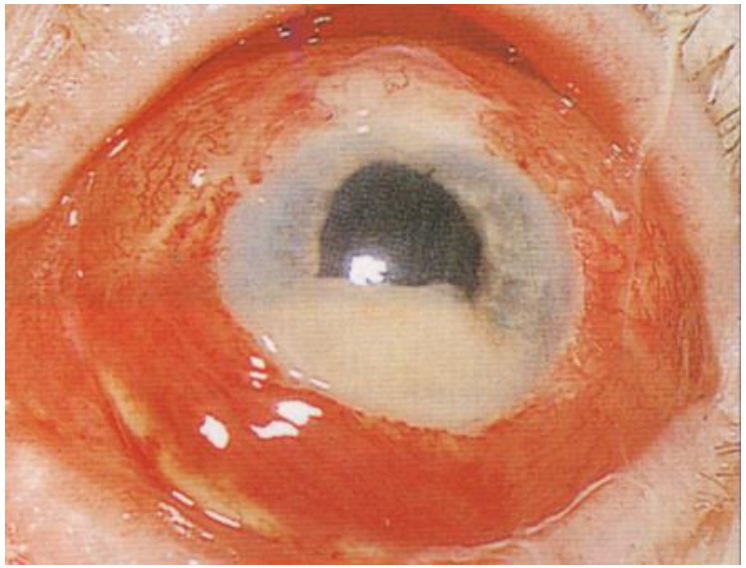


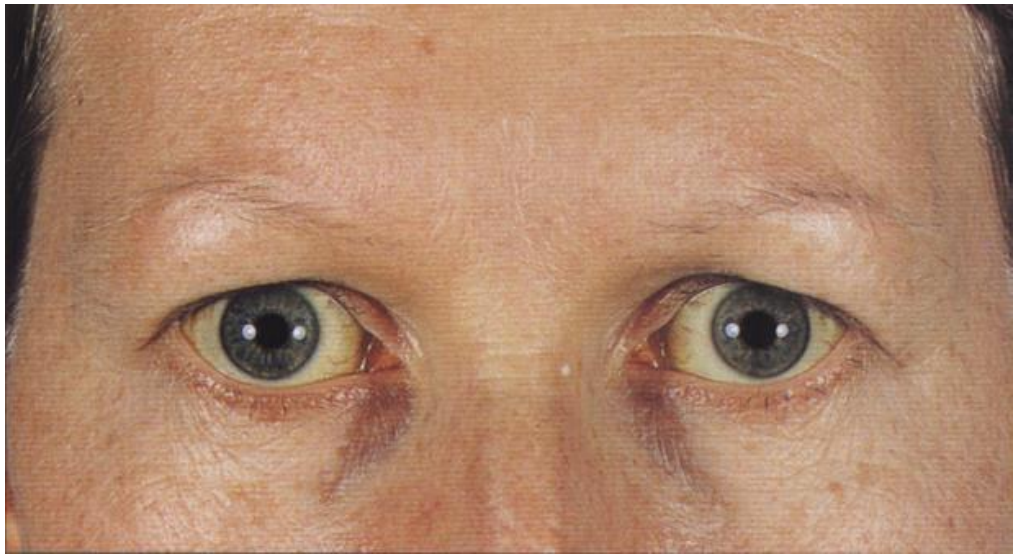












Diagnóstico

Colitis Ulcerativa / Enfermedad de Crohn
Diagnostico

Historia clínica
Hallazgos EF
Endoscopia
Radiologia
Laboratorios de rutina
Histología
Serología: pANCA-ASCA (10%)

Podolsky DK NEJM 2002;347:417,
Plevy S J Clin Gastroenterol 2004; May/June:S51-6

Colitis Ulcerativa, Laboratorios

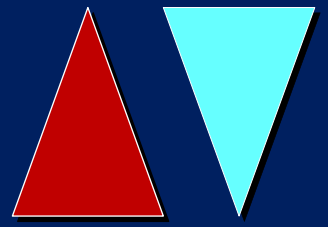
Cuadro hemático completo
Creatinina, BUN
Perfil hepático.
Ferrocinética
Vitamina D
PCR

Normal leve-moderada
15% población general no eleva PCR
Sensibilidad 49% (IC95% 34-64)
Especificidad 92% (IC 95%
Infecciones, cáncer, obesidad

Kaenkumchorn T, Gastroenterol Clin N Am 2020;49:655-69

Manifestaciones clínicas

Dolor abdominal
Diarrea
Sangrado



No Biomarcadores

Perdida de peso
Fiebre
Cansancio
Náuseas, vòmito
Extraintestinales

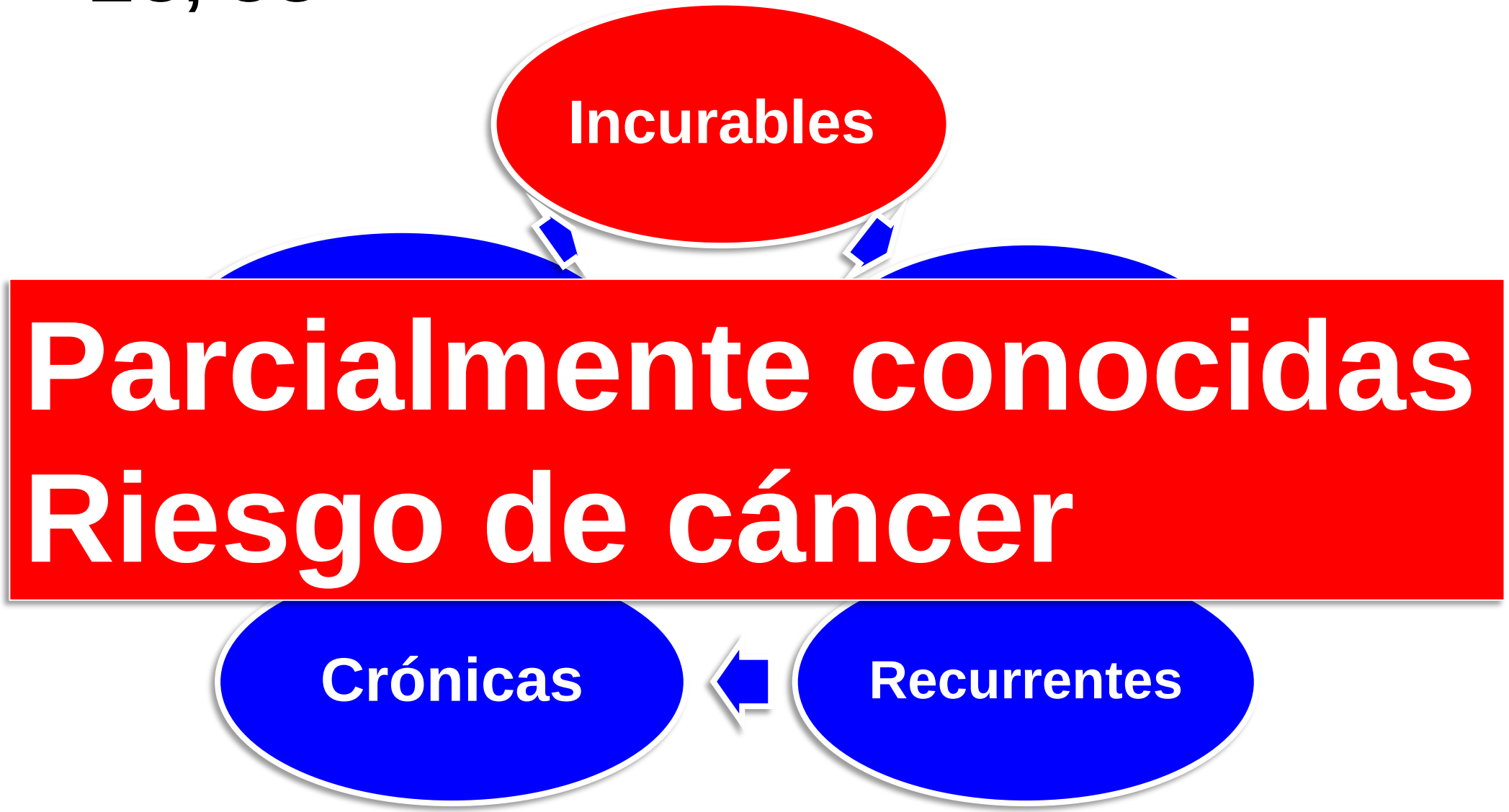
Magro F, J Crohn`s Colitis 2017; 11: 649–70
Gomollon F, J Crohn`s Colitis 2017; 11: 3–25

Biopsia

Confirmatoria
No es para diagnosticar
Aisladamente
Colitis crónica Activa

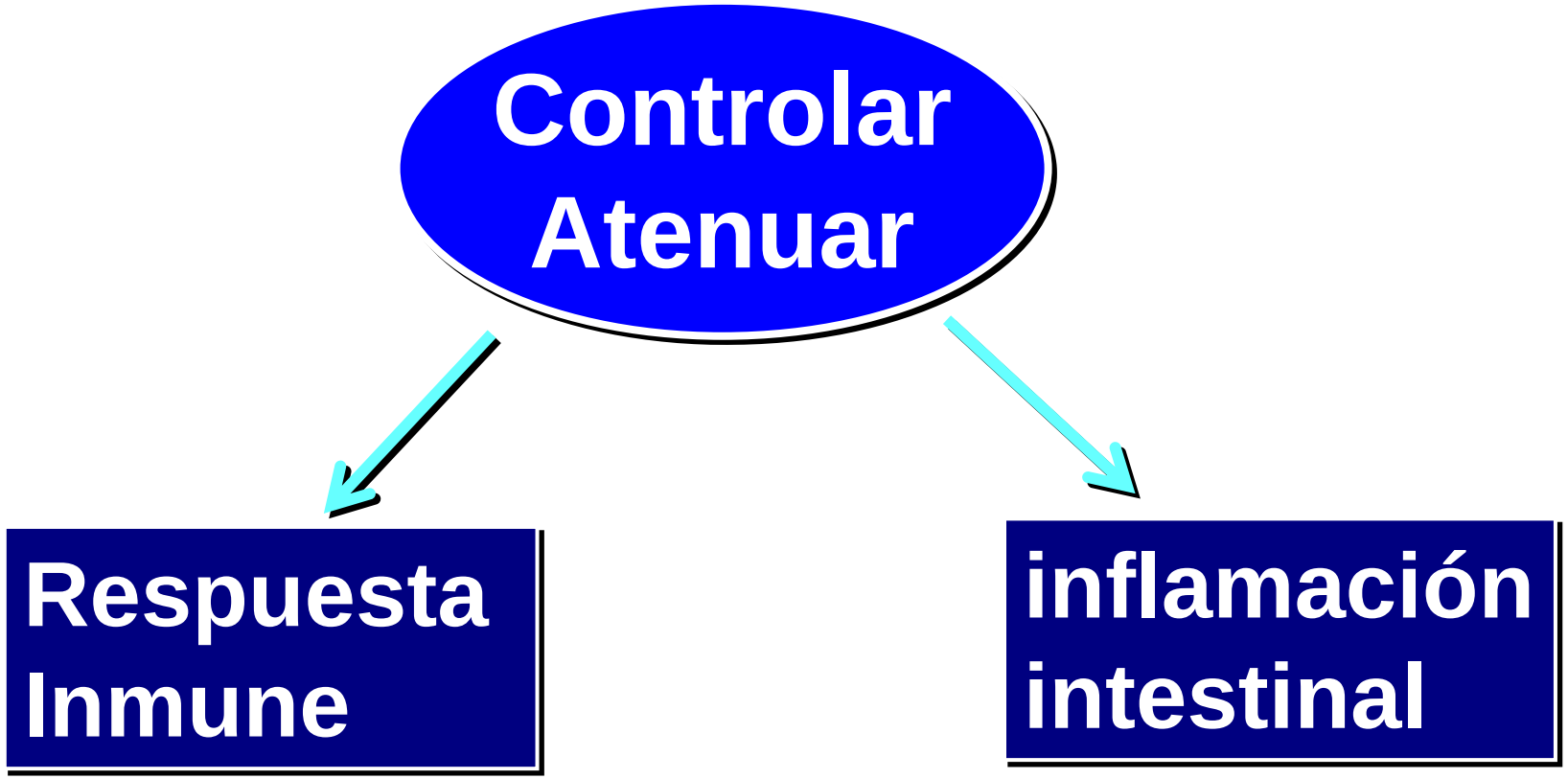
Feuerstein JD, Mayo Clin Proc 2014, Early Rel, Oct 15

Enfermedad inflamatoria intestinal, 2022
EC, CU



Sicilia B, Gastroenterol Hepatol 2020;43(Suppl.1):1-57

EII Tratamiento 2022



EII Tratamiento 2022

Terapias de inducción

Terapias biológicas

Terapias de Mantenimiento

Rápido Comienzo De acción

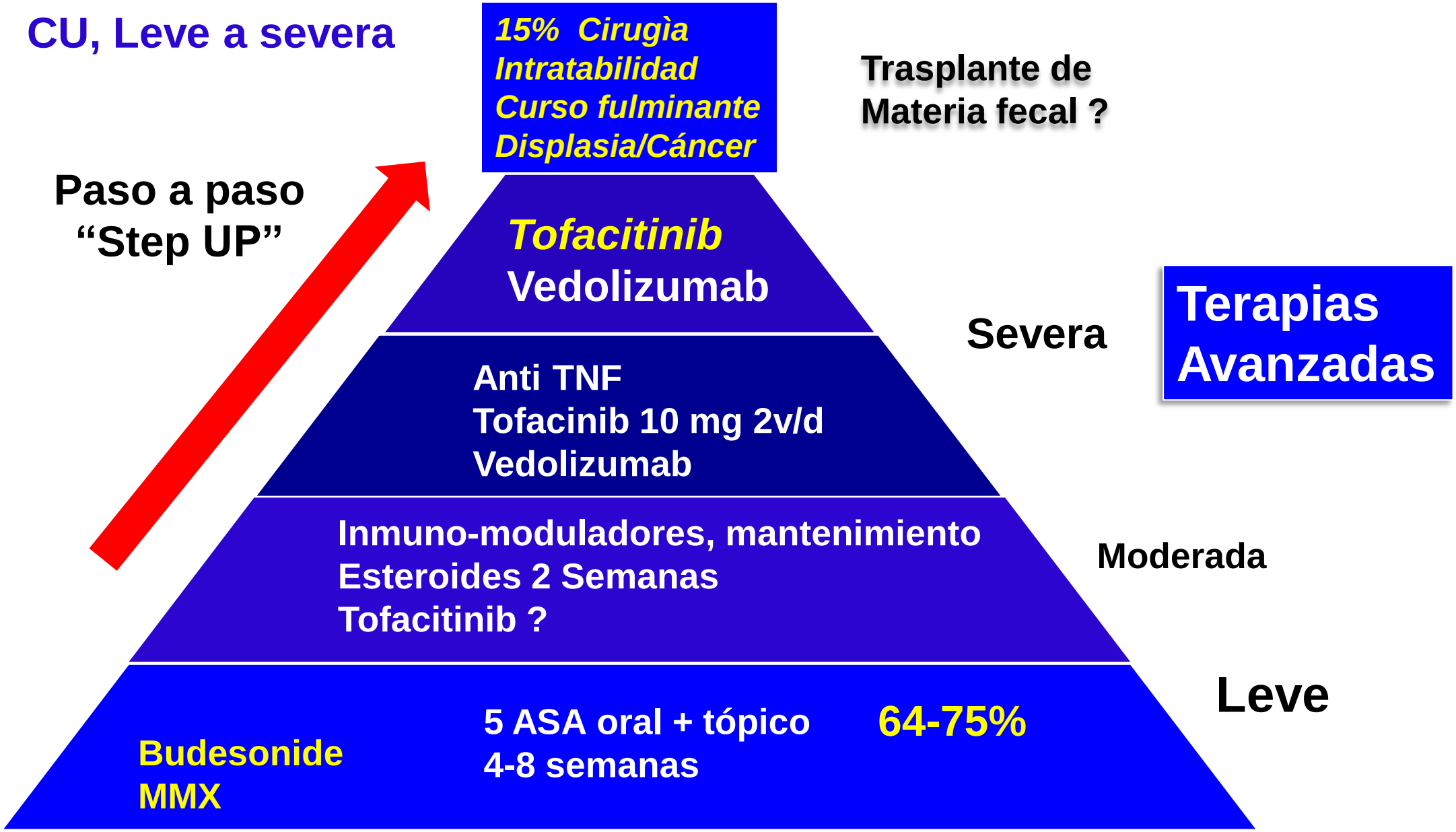
Esteroides

Adecuado uso largo Plazo

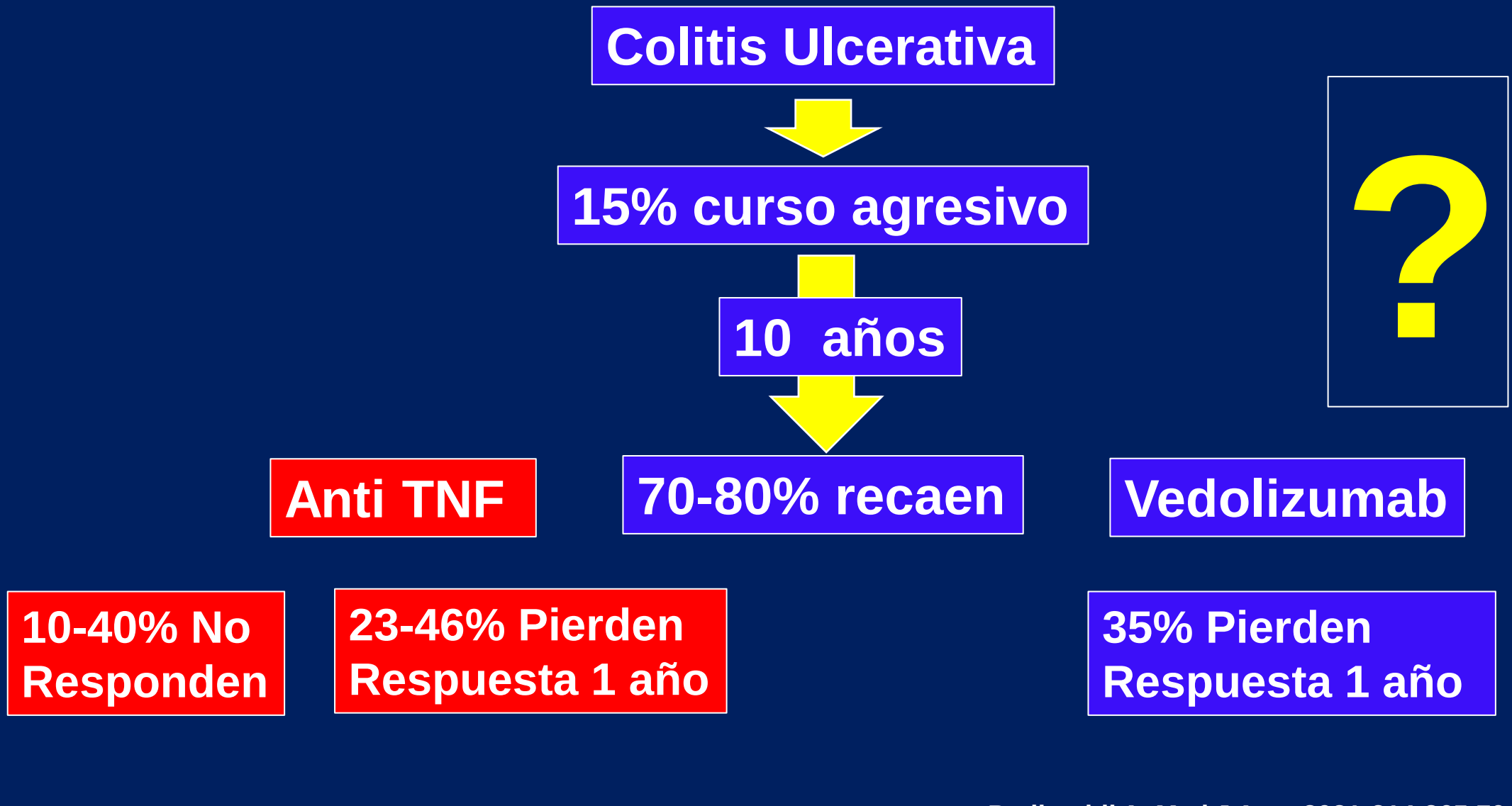
Libre esteroides

AGA 2020
ACG 2019

CU, Leve a severa



Danese S, Inflam Bowel Dis 2018; 24:2106-2112.
Berstein CN, Am J Gastroenterol 2015; 110:114–126
Weimers P, Curr Treat Opt 2018; On line January



Pudipeddi A, Med J Aust 2021;214:365-70
Fumerey M, Clin Gastroenterol hepatol 2018;16:343-56
Jeong DY, Autoimm Rev 2019;18:439-54
Feuerstein JD, (AGA) Gastroenterology 2020;158:1450-61
Schmidt E, Inflamm Bowel Dis 2018;24:2461-7

Enfermedad de Crohn alto y bajo riesgo

	High-risk Crohn's disease	Low-risk Crohn's disease
Structural damage	Large or deep mucosal lesions Fistula and/or perianal abscess Prior intestinal resections, particularly of segments >40 cm Presence of strictures	Aphthous or small superficial ulcers Absence of fistulae, abscess, or strictures No prior intestinal surgeries
Inflammatory burden	Extensive disease (ileal involvement >40 cm or pancolitis) Increased C-reactive protein Low albumin	Limited anatomic involvement Normal C-reactive protein Normal albumin
Impact on quality of life	Presence of stoma >10 loose stools/wk Lack of symptomatic improvement with prior exposure to biologics and/or immunosuppressive agents Significant impact of disease on activities of daily living Presence of anorectal symptoms (anorectal pain, bowel urgency, incontinence, discharge, tenesmus) Anemia Daily abdominal pain Corticosteroid use within past 1 year	Modest impact of disease on daily activities No prior exposure to biologics and/or immunosuppressive agents No prior disease-related hospitalization within the past 1 year Absent to mildly active symptoms
Emerging predictors	High number and titer of antimicrobial antibodies Antimicrobial genetic peptide signature	–

Nguyen NH, Clin Gastroenterol Hepatol 2020;18:1268-79

Inducir la Remisión de Los síntomas

Objetivos

Mantener Remisión de Síntomas + Cicatrización endoscópica

Gastroenterology 2021;160:1570–1583

STRIDE-II: An Update on the Selecting Therapeutic Targets in Inflammatory Bowel Disease (STRIDE) Initiative of the International Organization for the Study of IBD (IOIBD): Determining Therapeutic Goals for Treat-to-Target strategies in IBD

Dan Turner,[1,*] **Amanda Ricciuto**,[2,*] **Ayanna Lewis**,[3,*] **Ferdinando D'Amico**,[4,*] **Jasbir Dhaliwal**,[5,*] Anne M. Griffiths,[2] Dominik Bettenworth,[6] William J. Sandborn,[7] Bruce E. Sands,[8] Walter Reinisch,[9] Jürgen Schölmerich,[10] Willem Bemelman,[11] Silvio Danese,[4] Jean Yves Mary,[12] David Rubin,[13] Jean-Frederic Colombel,[14] Laurent Peyrin-Biroulet,[15] Iris Dotan,[16] Maria T. Abreu,[3] and Axel Dignass,[17] on behalf of the International Organization for the Study of IBD

Estrategia de manejo en EII

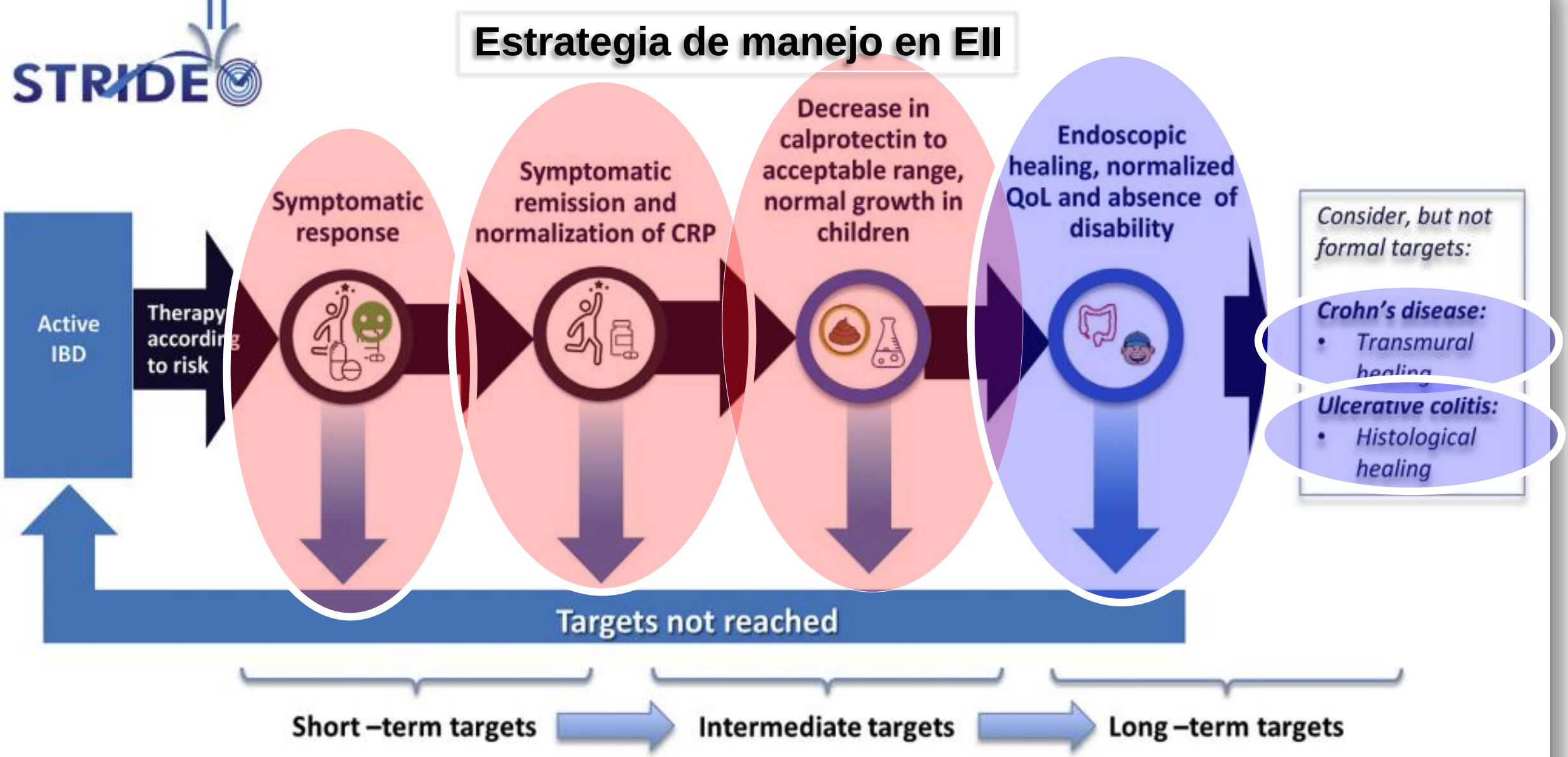
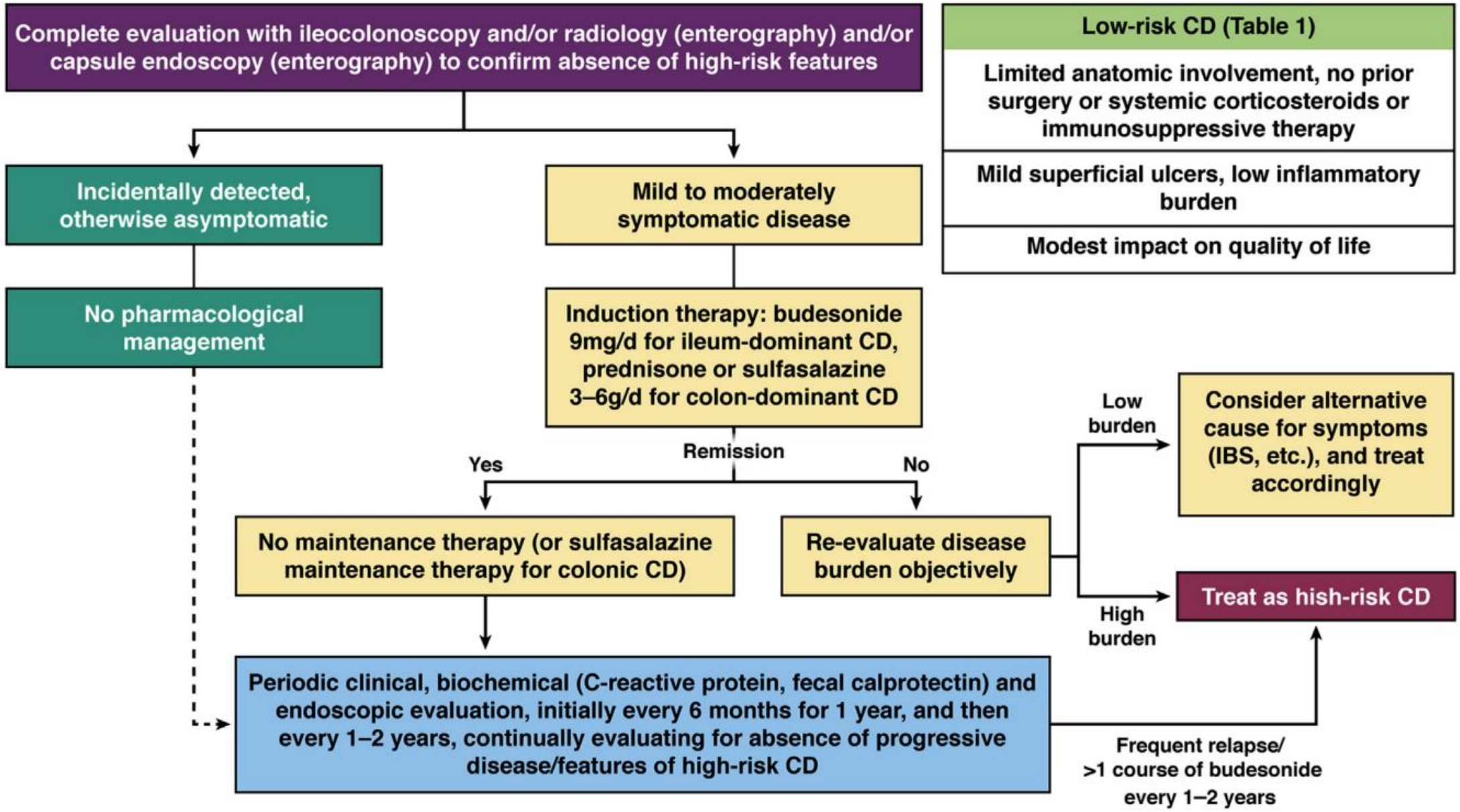


Figure 2. Treatment targets in CD and UC.

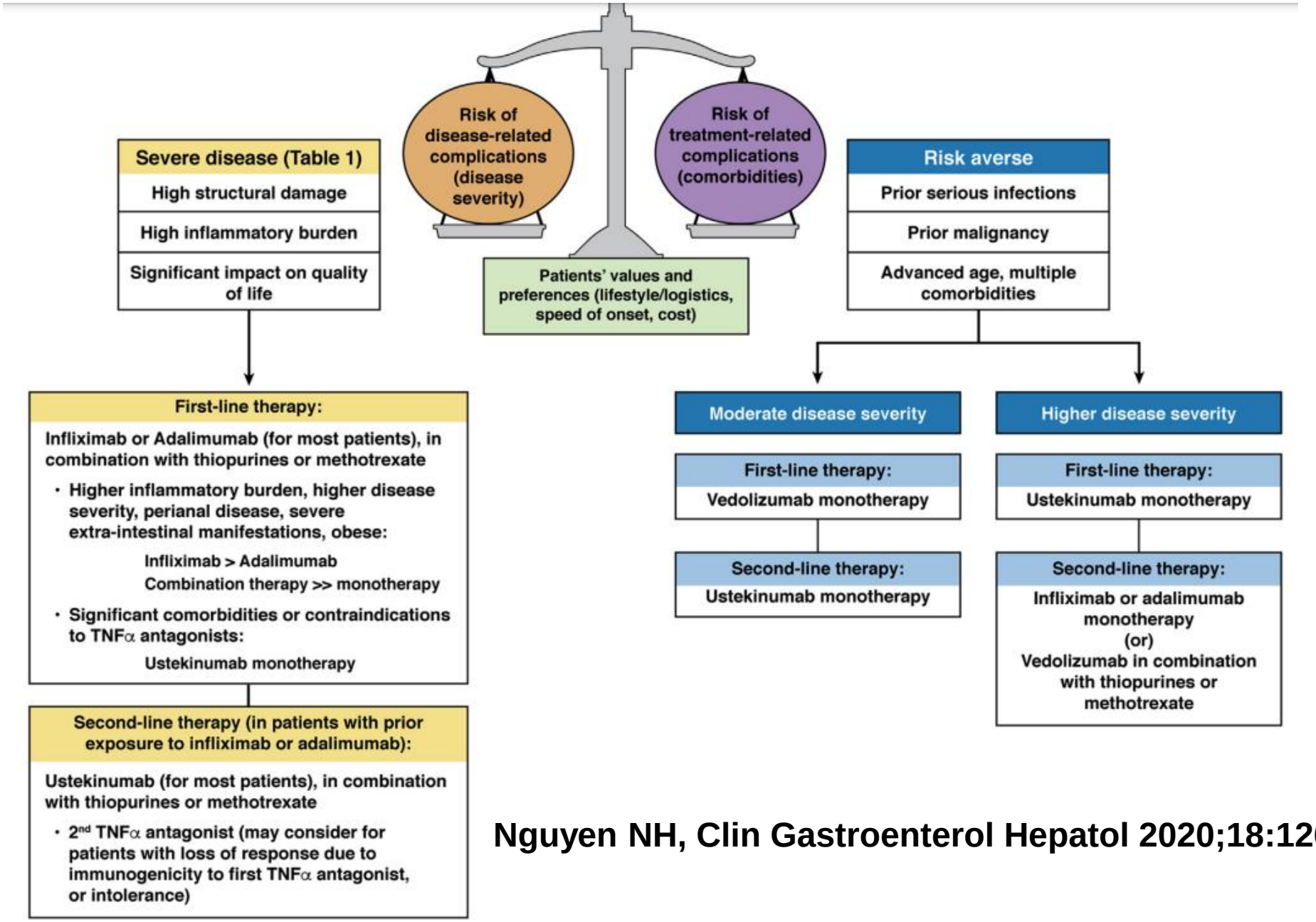
Turner D, Gastroenterology 2021;160:1570-83

Enfermedad de Crohn de Bajo riesgo



Nguyen NH, Clin Gastroenterol Hepatol 2020;18:1268-79

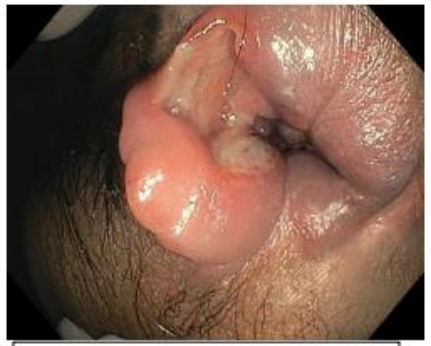
Enfermedad de Crohn de Alto Riesgo

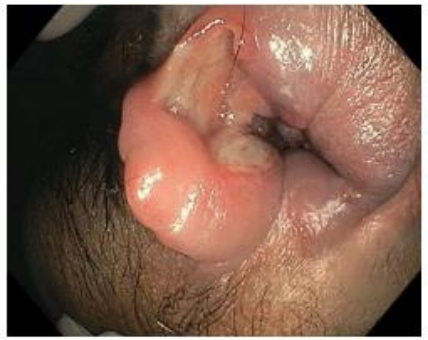


Nguyen NH, Clin Gastroenterol Hepatol 2020;18:1268-79

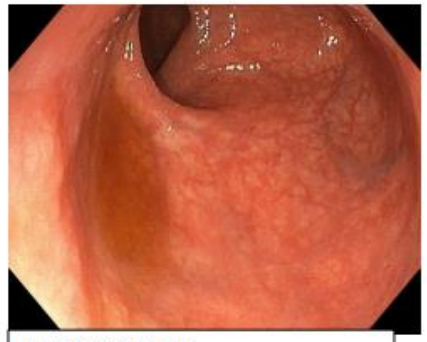
8 febrero 2022
20 años
Perdida de peso
8 meses evolución
“Gastroenteritis, colitis amibas”

Esteroides, azatioprina
Vedolizumab

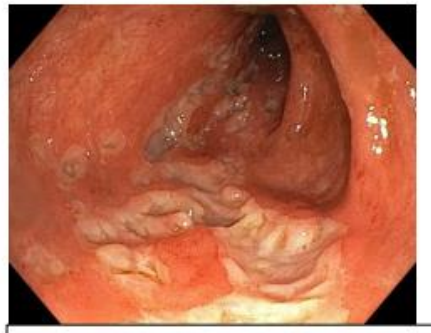




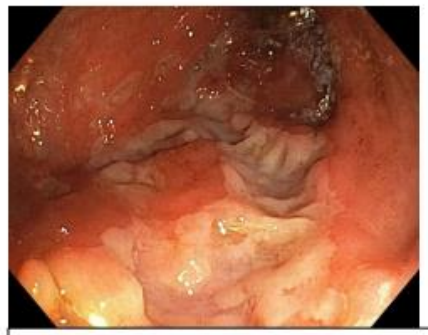
FISURAS ANALES PROFUNDAS



RECTO NORMAL



ULCERAS PROFUNDAS DE DIFERTENTES MORFOLOGIA (SERPIGINOSAS, LINEALES, OVALADAS.



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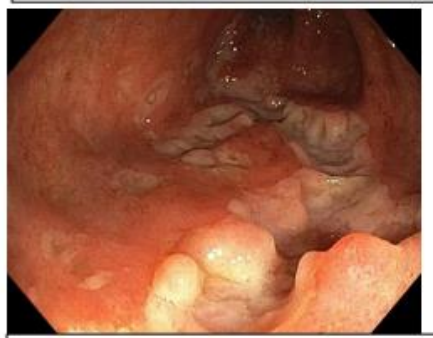


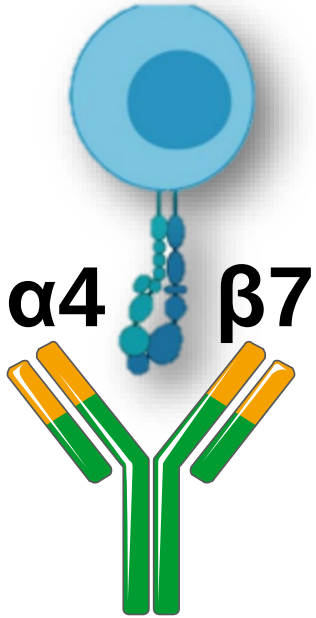
ULCERAS PROFUNDAS DE DIFERTENTES MORFOLOGIA (SERPIGINOSAS, LINEALES, OVALADAS.

DR WILLIAM OTERO REGINO
RM 19375414

Mensajes para la casa

CU y EC crónicas, recurrentes, incurables
Múltiples complicaciones
Terapias convencionales
Terapias avanzadas o biológicas
Tratamiento toda la vida
Tratamiento depende severidad y fenotipo
Elección terapéutica es individualizada

Uso de vedolizumab en líneas tempranas De terapia biológica: evidencia clínica



William Otero R MD, FAGA, FACP
Profesor Titular de Medicina,
Coordinador de Gastroenterología
Universidad Nacional de Colombia
Hospital Universitario Nacional de Colombia

GASTROENTEROLOGY 1996;111:1373–1380

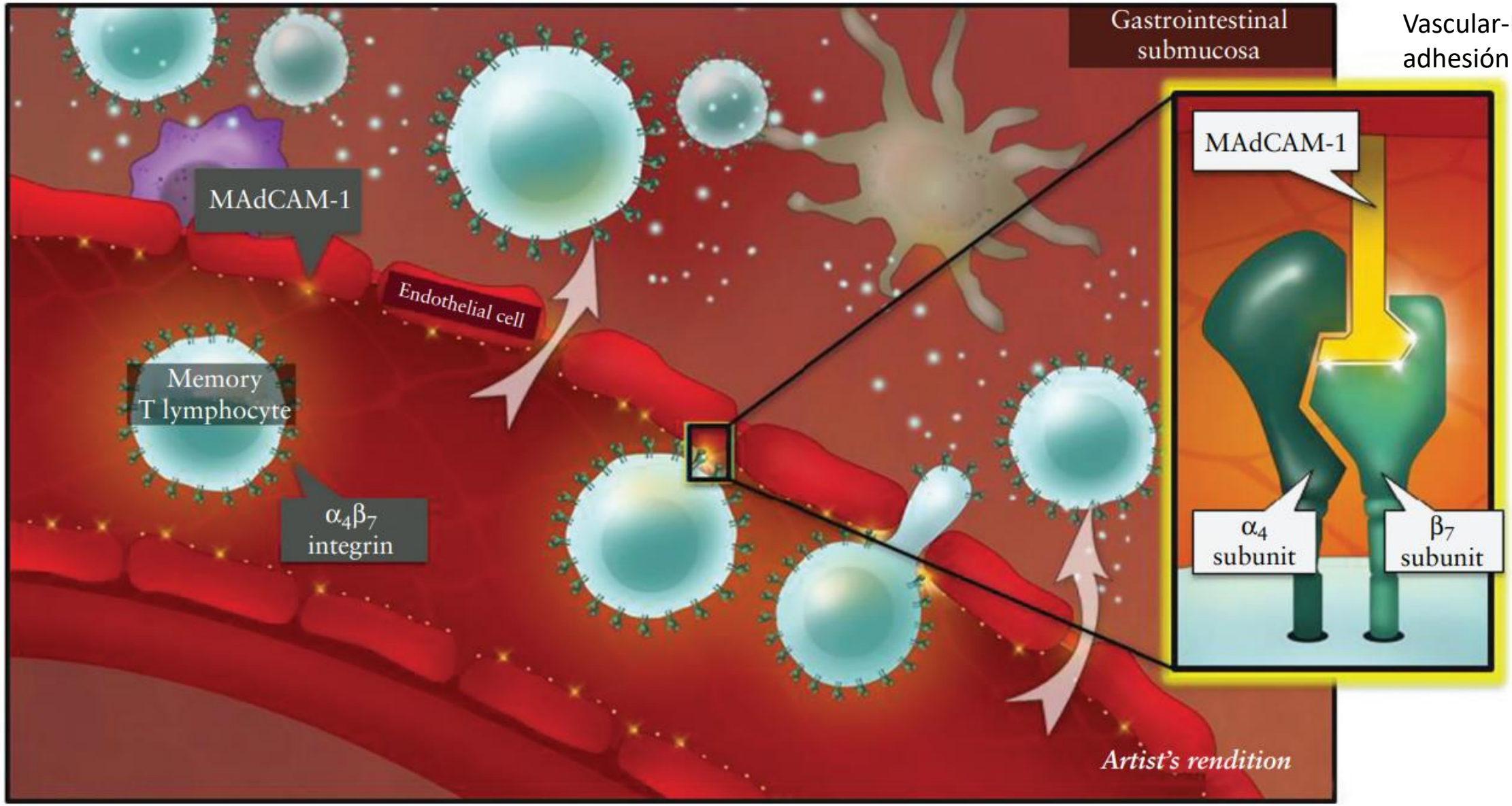
Rapid Resolution of Chronic Colitis in the Cotton-top Tamarin With an Antibody to a Gut-Homing Integrin α4β7

PAUL E. HESTERBERG, DAWN WINSOR–HINES, MICHAEL J. BRISKIN, DULCE SOLER–FERRAN, CHRISTOPHER MERRILL, CHARLES R. MACKAY, WALTER NEWMAN, and DOUGLAS J. RINGLER

LeukoSite Inc., Cambridge, Massachusetts

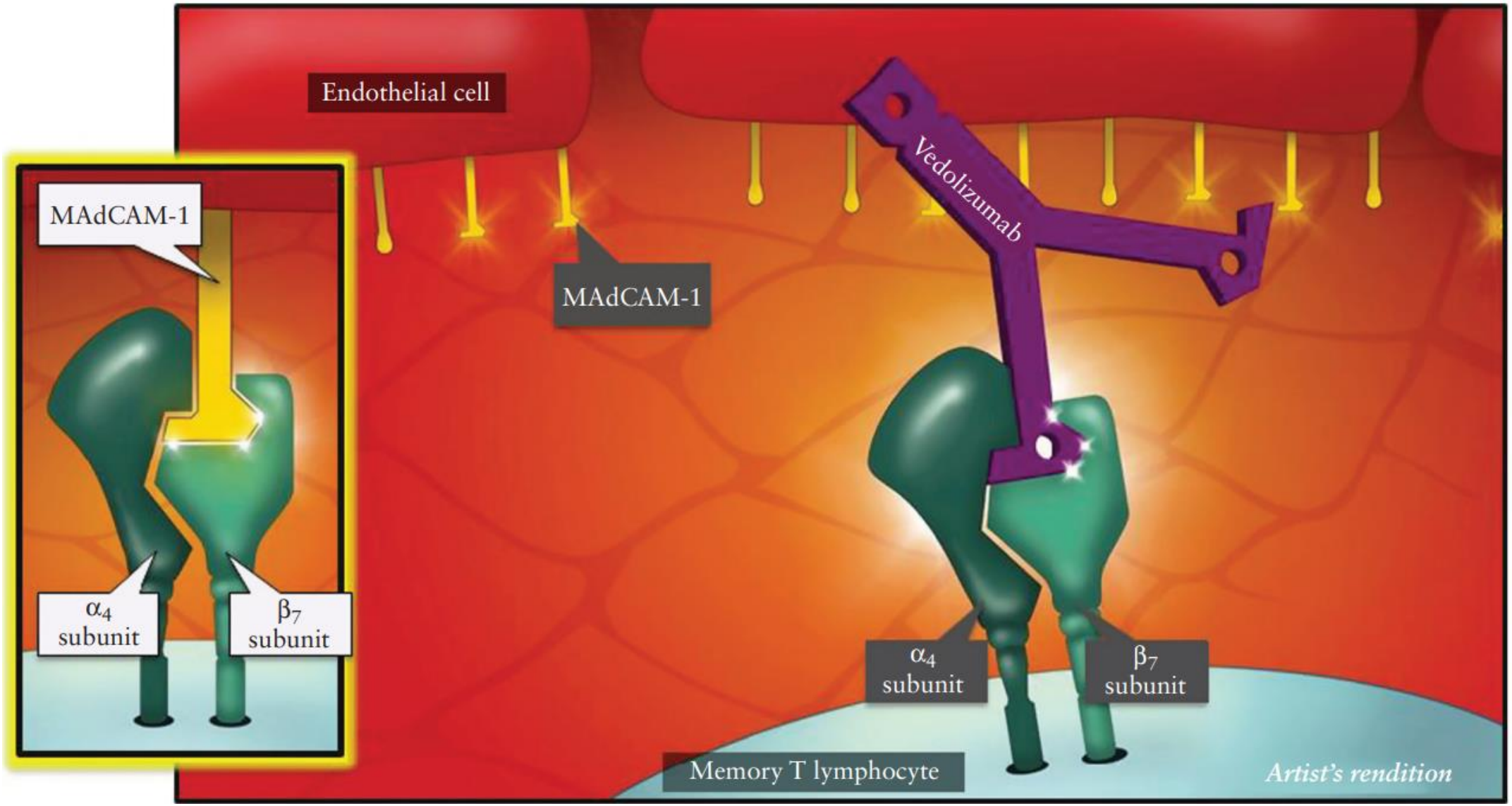
Vedolizumab

Adresina mucosa Vascular-Molécula de adhesión celular



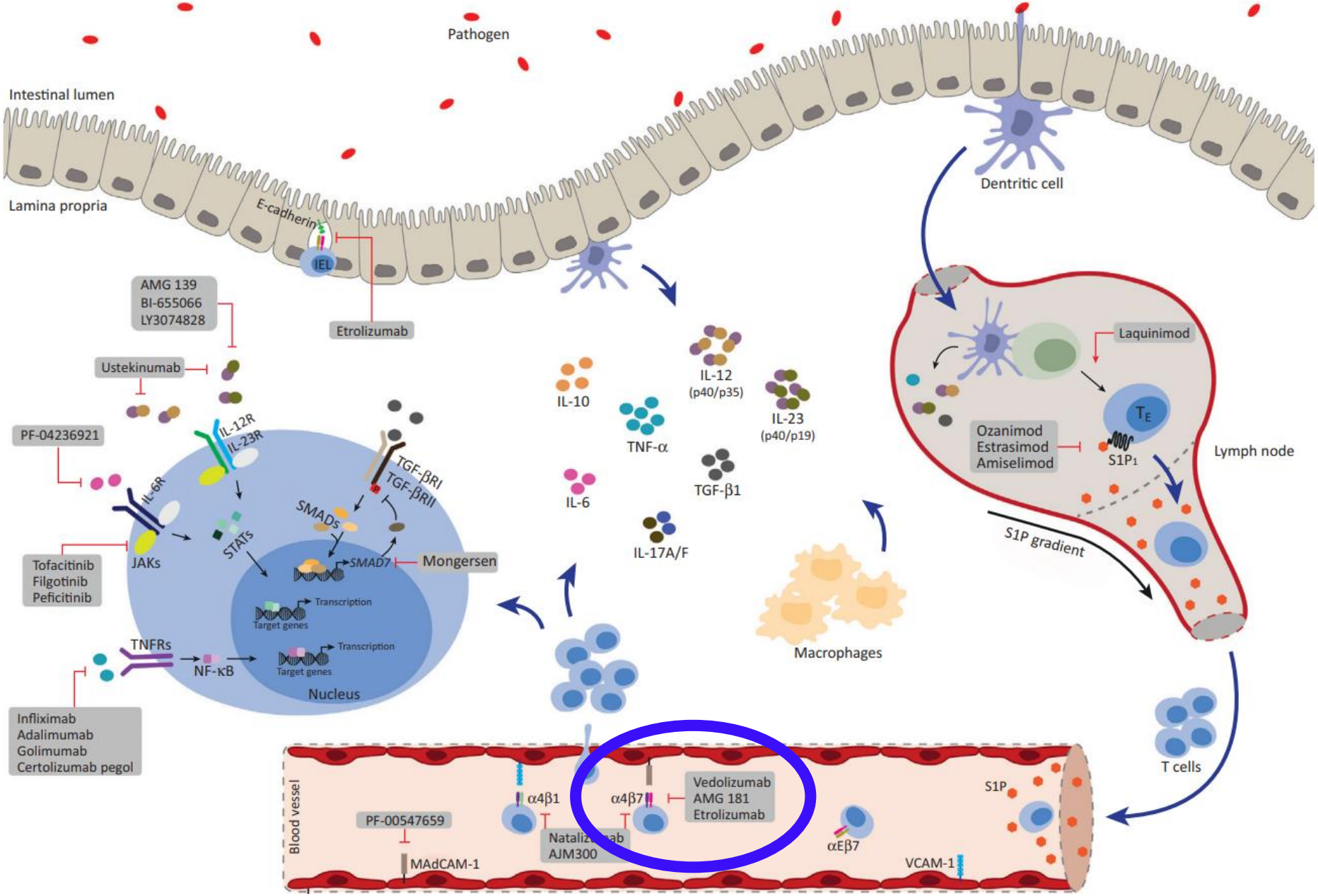
Wyant T, J Crohn´s Colitis. 2016;10:1437-1444.

Vedolizumab



Wyant T, J Crohn´s Colitis. 2016;10:1437-1444.

EII –Blancos terapéuticos



Coskun M, et al. Trends Pharmacol Sci. 2017;38:127–42.

Vedolizumab

Drug	Target	Indication	Gut selectivity[a]
Adalimumab	TNF α	UC, CD	No
Certolizumab pegol	TNF α	CD	No
Golimumab	TNF α	UC	No
Infliximab	TNF α	UC, CD	No
Natalizumab	α_4 integrin	CD	No
Vedolizumab	$\alpha_4\beta_7$ integrin	UC, CD	Yes

Wyant T, J Crohn´s Colitis. 2016;10:1437-1444.

Vedolizumab for Ulcerative Colitis: Treatment Outcomes from the VICTORY Consortium

Neeraj Narula, MD, MPH[1,2], Farhad Peerani, MD[1,3], Joseph Meserve, MD[4], Gursimran Kochhar, MD[5], Khadija Chaudrey, MD[6], Justin Hartke, MD[7], Prianka Chilukuri, MD[7], Jenna Koliani-Pace, MD[8], Adam Winters, MD[1], Leah Katta, MD[1], Eugenia Shmidt, MD[1], Robert Hirten, MD[1,9], David Faleck, MD[1], Malav P. Parikh, MD[5], Diana Whitehead, MD[8], Brigid S. Boland, MD[4], Siddharth Singh, MD, MS[4], Sashidhar Varma Sagi, MD[7], Monika Fischer, MD[7], Shannon Chang, MD[10], Morris Barocas, MD[11], Michelle Luo, MS, PhD[11], Karen Lasch, MD[11], Matthew Bohm, MD[7], Dana Lukin, MD[12], Keith Sultan, MD[9], Arun Swaminath, MD[13], David Hudesman, MD[10], Nitin Gupta, MD[14], Bo Shen, MD[5], Sunanda Kane, MD[6], Edward V. Loftus, MD[6], Corey A. Siegel, MD[8], Bruce E. Sands, MD[1], Jean-Frederic Colombel, MD[1], William J. Sandborn, MD[4] and Parambir S. Dulai, MD[4]

Inflammatory Bowel Diseases, 2022, **XX**, 1–7
https://doi.org/10.1093/ibd/izac035
Advance access publication 9 March 2022
Original Research Articles - Clinical

CROHN'S & COLITIS FOUNDATION

Ustekinumab and Vedolizumab Are Not Associated With Subsequent Cancer in IBD Patients with Prior Malignancy

Simon J. Hong, MD, Cameron Zenger, MD, Jillian Pecoriello, MD, Alice Pang, MD, Margaret Vallely, RN, David P. Hudesman, MD, Shannon Chang, MD, MBA, and Jordan E. Axelrad, MD, MS

Journal of Crohn's and Colitis, 2022, **XX**, 1–11
https://doi.org/10.1093/ecco-jcc/jjac009
Advance access publication 25 January 2022
Original Article

JCC JOURNAL OF CROHN'S AND COLITIS — OXFORD

Introduction of Subcutaneous Infliximab CT-P13 and Vedolizumab in Clinical Practice: A Multi-Stakeholder Position Statement Highlighting the Need for Post-Marketing Studies

Liselotte Fierens,[a] Claire Liefferinckx,[b] Eveline Hoefkens,[c] Triana Lobatòn,[d,e] Erwin Dreesen,[f] the DIAMOND Platform from the Belgian IBD Research and Development (BIRD) Group, João Sabino,[a,g] Marc Ferrante[a,g]

RESEARCH

pISSN 1598-9100 • eISSN 2288-1956
https://doi.org/10.5217/ir.2021.00091
Intest Res, Published online February 8, 2022

Vedolizumab for perianal fistulizing Crohn's disease: systematic review and meta-analysis

Fares Ayoub, Matthew Odenwald, Dejan Micic, Sushila R. Dalal, Joel Pekow, Atsushi Sakuraba

Journal of Crohn's and Colitis, 2021, 1–13
doi:10.1093/ecco-jcc/jjab058
Advance Access publication March 30, 2021
Original Article

OXFORD

JCC JOURNAL OF CROHN'S AND COLITIS

Original Article

Vedolizumab and Anti-Tumour Necrosis Factor α Real-World Outcomes in Biologic-Naïve Inflammatory Bowel Disease Patients: Results from the EVOLVE Study

Brian Bressler,[a] Andres Yarur,[b] Mark S. Silverberg,[c] Marielle Bassel,[d] Emanuelle Bellaguarda,[e] Chris Fourment,[f] Anthie Gatopoulou,[g] Pantelis Karatzas,[h] Uri Kopylov,[i] George Michalopoulos,[j] Spyridon Michopoulos,[k] Udayakumar Navaneethan,[l] David T. Rubin,[m] Jesse Siffledeen,[n] Andrew Singh,[o] Konstantinos Soufleris,[p] Dara Stein,[q] Dirk Demuth,[r] Gerassimos J. Mantzaris[s]

Gastroenterology 2021;161:1156–1167

Histologic Outcomes With Vedolizumab Versus Adalimumab in Ulcerative Colitis: Results From An Efficacy and Safety Study of Vedolizumab Intravenous Compared to Adalimumab Subcutaneous in Participants With Ulcerative Colitis (VARSITY)

Laurent Peyrin-Biroulet,[1] Edward V. Loftus Jr,[2] Jean-Frédéric Colombel,[3] Silvio Danese,[4] Raquel Rogers,[5] Jeffrey D. Bornstein,[5] Jingjing Chen,[5] Stefan Schreiber,[6] Bruce E. Sands,[3] and Richard A. Lirio[5]

Vedolizumab has longer persistence than infliximab as a first-line biological agent but not as a second-line biological agent in moderate-to-severe ulcerative colitis: real-world registry data from the Persistence Australian National IBD Cohort (PANIC) study

Aviv Pudipeddi, Yanna Ko, Sudarshan Paramsothy and Rupert W. Leong, for the PANIC Study Group – Persistence in Australian National IBD Cohort

Ther Adv Gastroenterol
2022, Vol. 15: 1–17
DOI: 10.1177/17562848221080793

Estudios
Gemini

Sistemáticas
Meta-análisis

Vedolizumab Cu-EC
Moderada – Severa
Eficacia y seguridad

Estudios
Mundo real

Lam MC, Immunotherapy 2014;6:963
Schcreiber S, J gastroenterol 2018;53:1048-63
Engel T, J Cronhs Colitis 2018;12:245-57

Vedolizumab Cu-EC Moderada – Severa 300 mg IV 0-2-6 semanas- C/ 8 semanas

- Respuesta Inadecuada
- Pérdida Respuesta Inmunosupresores Anti TNF
- Problemas Seguridad

Entyvio, EMA 2019

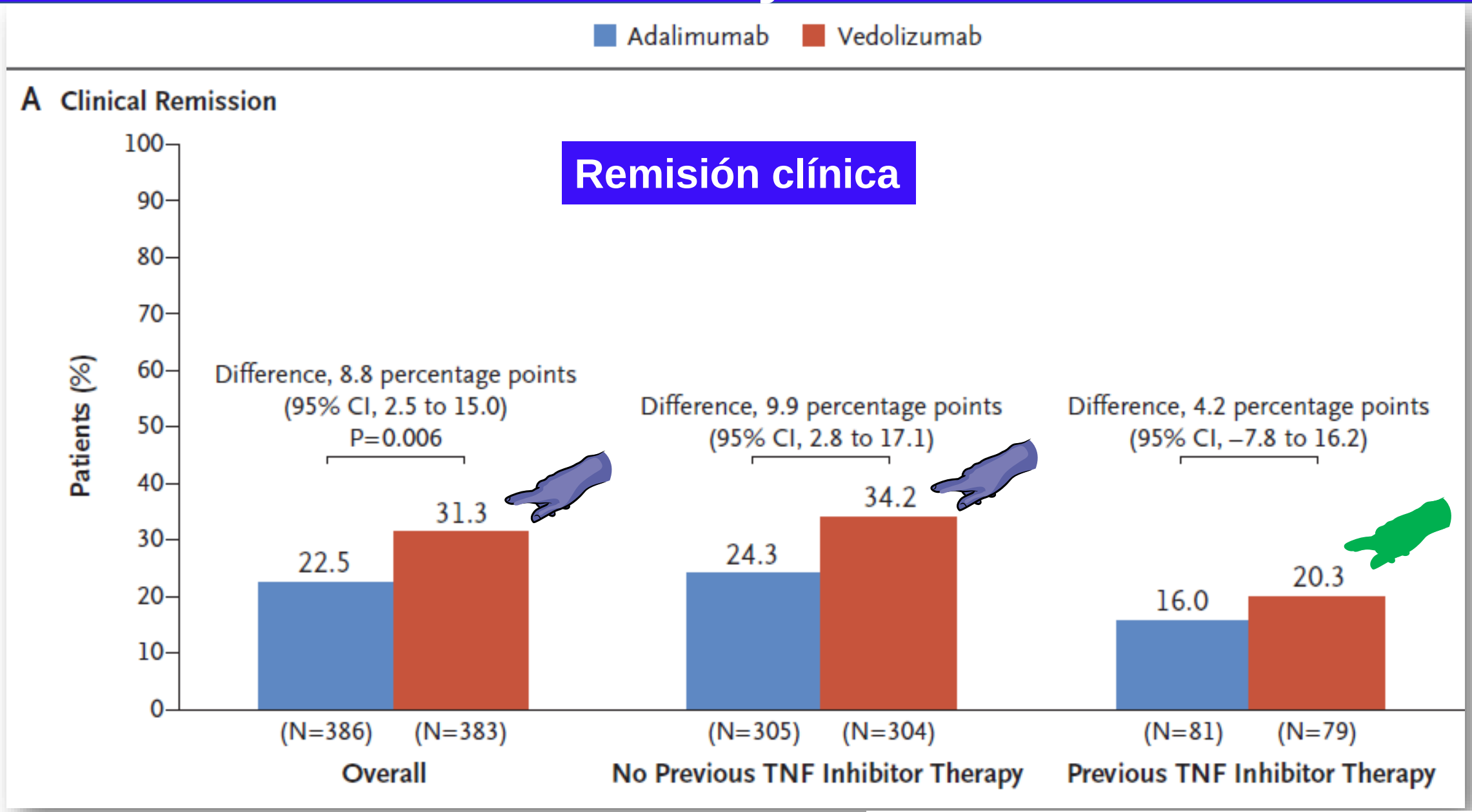
ORIGINAL ARTICLE

Vedolizumab versus Adalimumab for Moderate-to-Severe Ulcerative Colitis

Bruce E. Sands, M.D., Laurent Peyrin-Biroulet, M.D., Ph.D., Edward V. Loftus, Jr., M.D., Silvio Danese, M.D., Jean-Frédéric Colombel, M.D., Murat Törüner, M.D., Laimas Jonaitis, M.D., Ph.D., Brihad Abhyankar, F.R.C.S., Jingjing Chen, Ph.D., Raquel Rogers, M.D., Richard A. Lirio, M.D., Jeffrey D. Bornstein, M.D., and Stefan Schreiber, M.D., Ph.D., for the VARSITY Study Group*

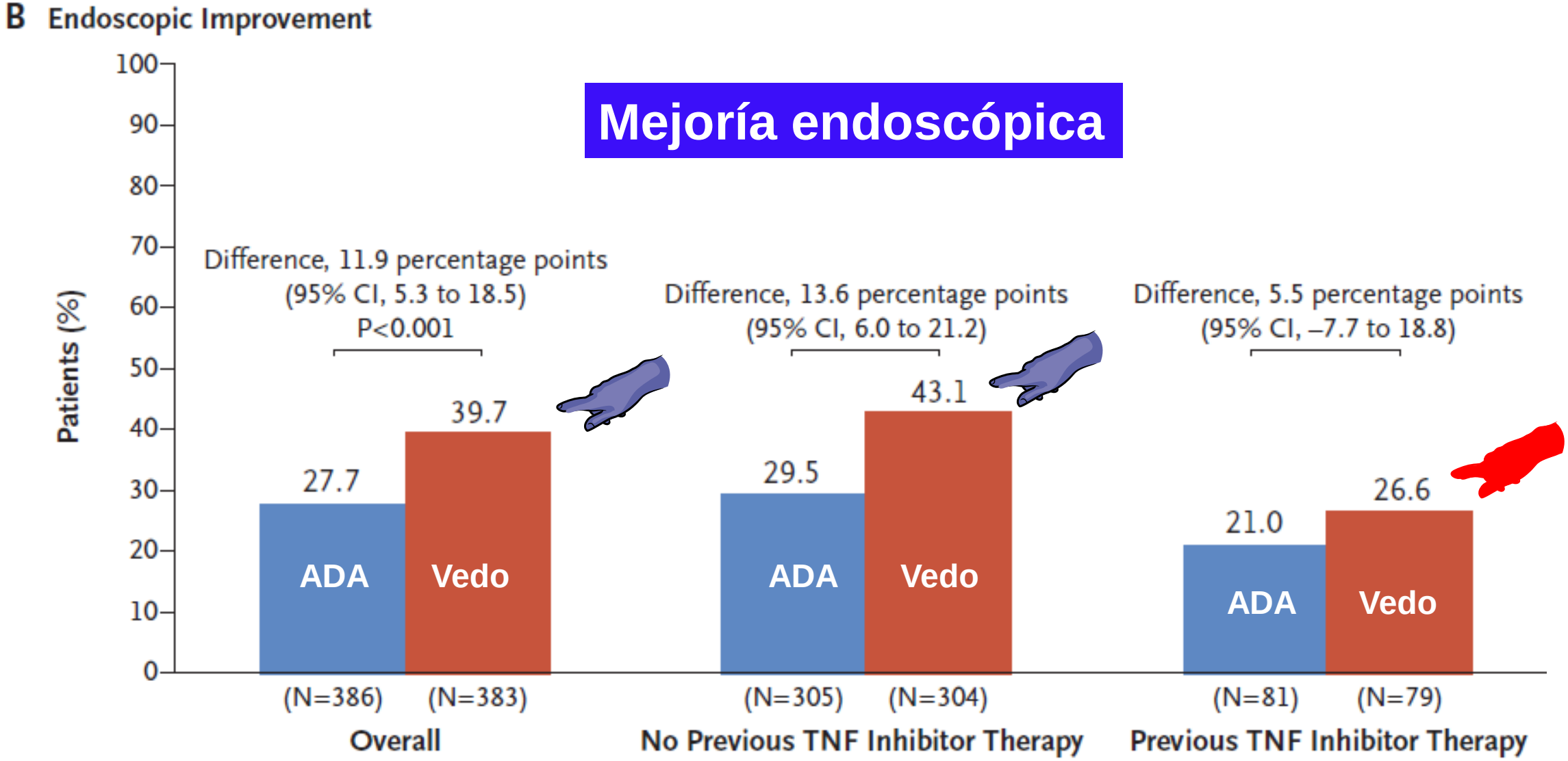
Sands BE, N Engl J Med 2019;381:1215-26.

Varsity



Sands BE, N Engl J Med 2019;381:1215-26.

Varsity



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Histologic Outcomes in Ulcerative Colitis from the VARSITY Study

Study Design

Study Duration 52 weeks

Randomized N=769

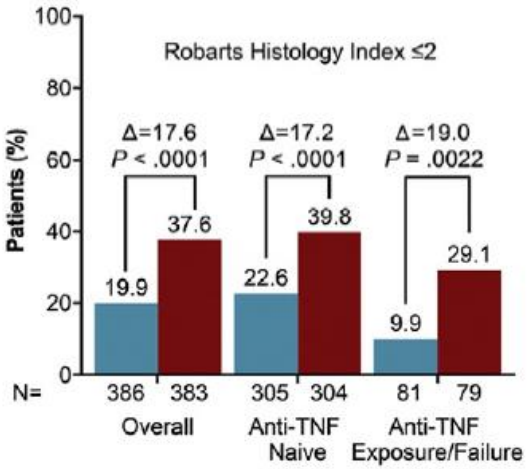
Adalimumab SC 40 mg Q2W n=386	Vedolizumab IV 300 mg Q8W n=383

Baseline Histologic Disease Activity

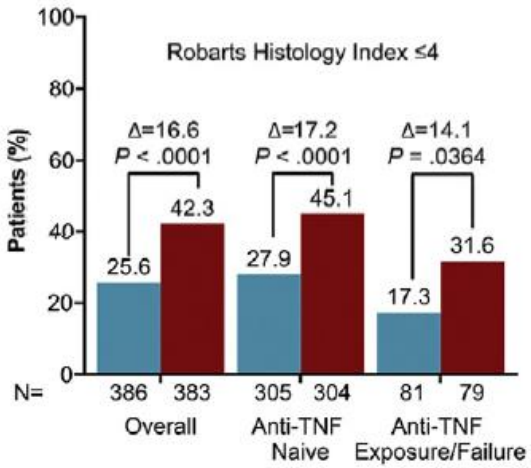
Robarts Histology Index

19.6 Adalimumab SC 40 mg Q2W	19.5 Vedolizumab IV 300 mg Q8W

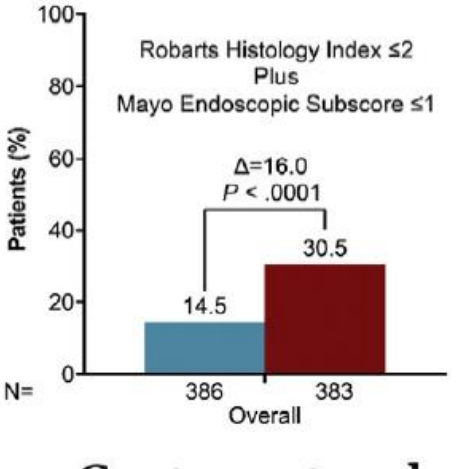
Vedolizumab-treated patients had higher rates of **histologic remission at Week 52**



Vedolizumab-treated patients had higher rates of **minimal histologic disease activity at Week 52**



Vedolizumab-treated patients had higher rates of **histologic remission plus endoscopic improvement at Week 52**



Gastroenterology

Peyrin-Biroulet L, Gastroenterology 2021;161:1156–1167

Journal of Crohn's and Colitis, 2021, 1694–1706
doi:10.1093/ecco-jcc/jjab058
Advance Access publication March 30, 2021
Original Article

OXFORD

JCC JOURNAL of CROHN'S and COLITIS

Original Article

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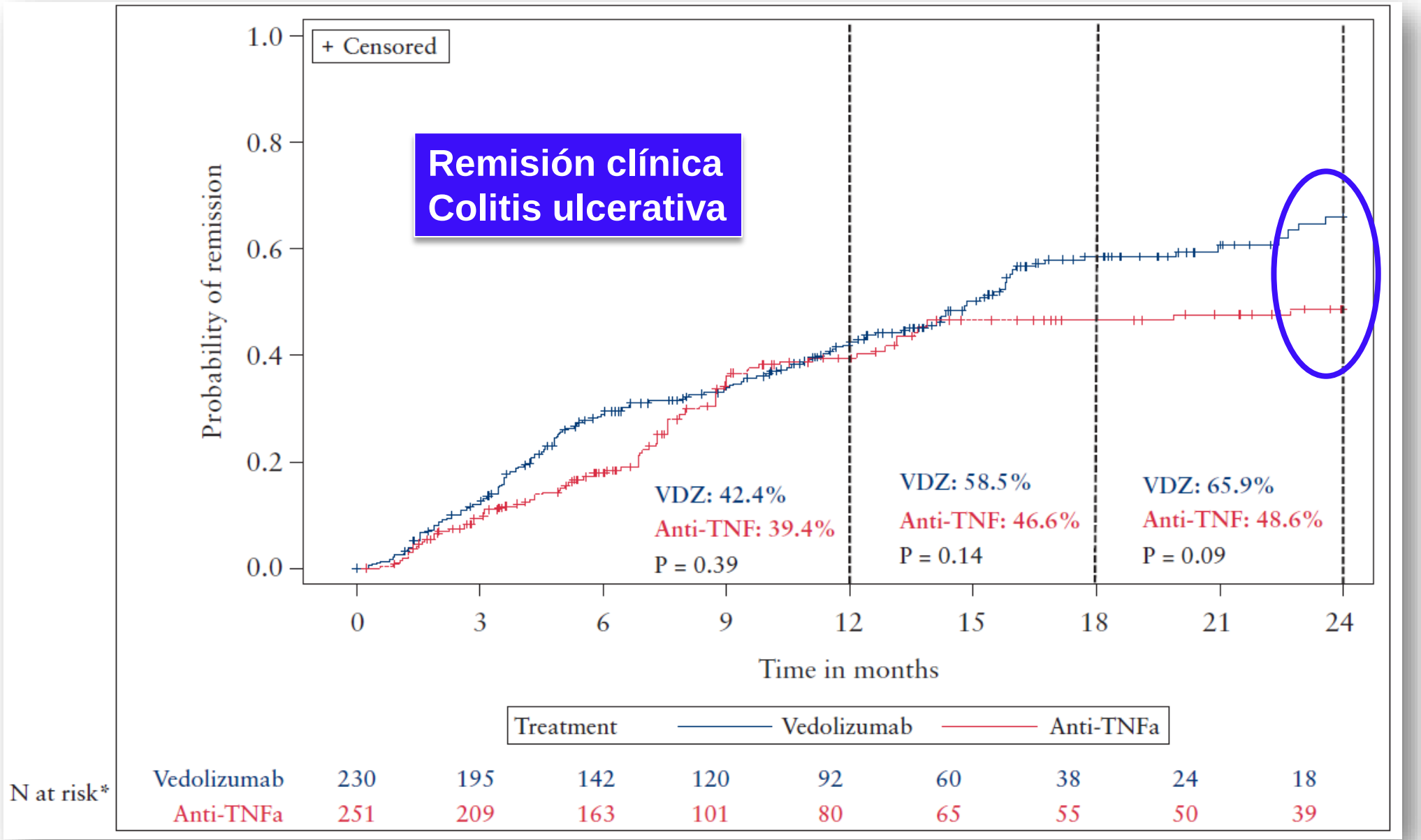
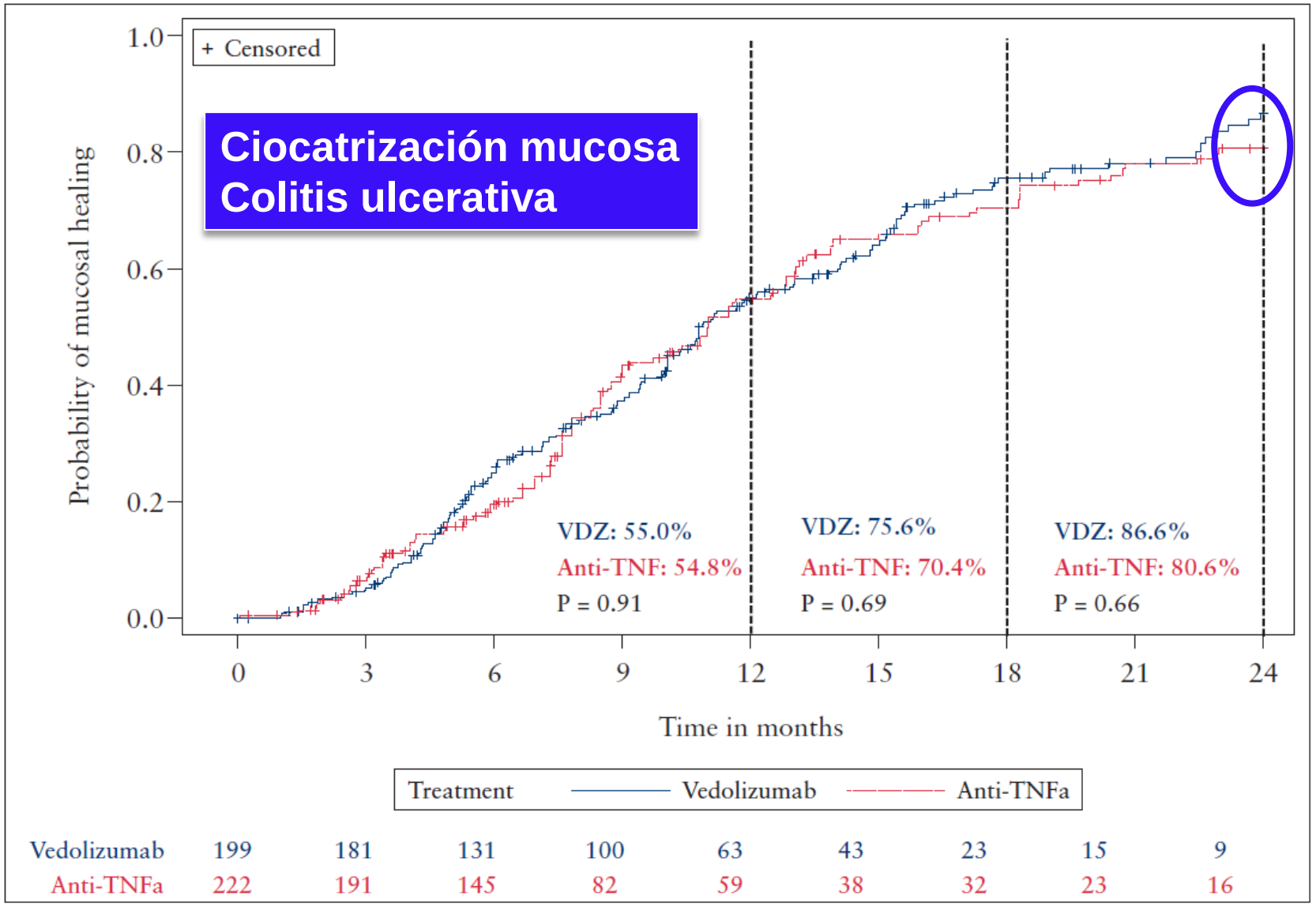
USA
Canadá
Grecia

Estudio EVOLVE



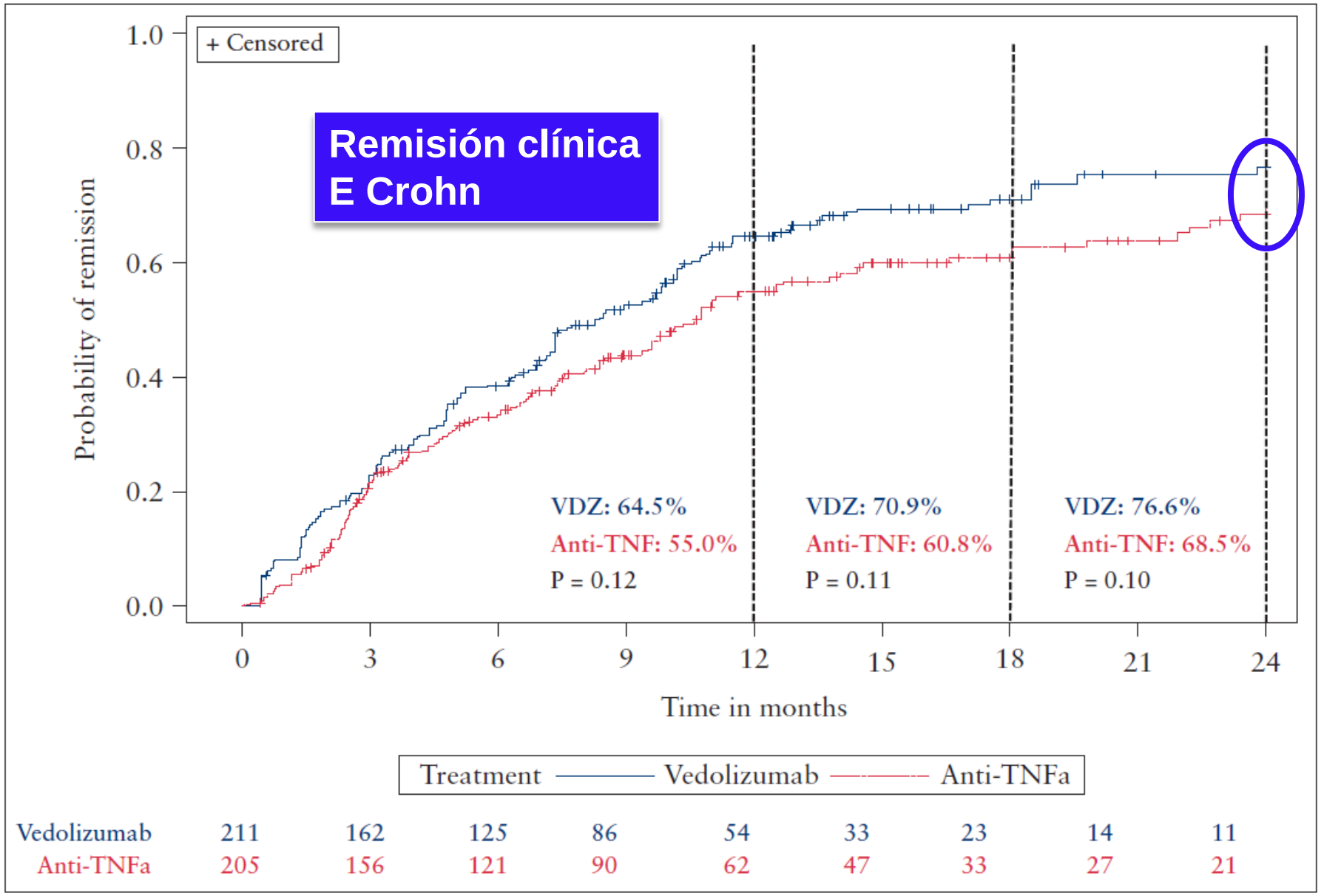
Bressler B, J Crohn´s Colitis. 2021;15:1694-1706.

Estudio EVOLVE



Bressler B, J Crohn´s Colitis. 2021;15:1694-1706.

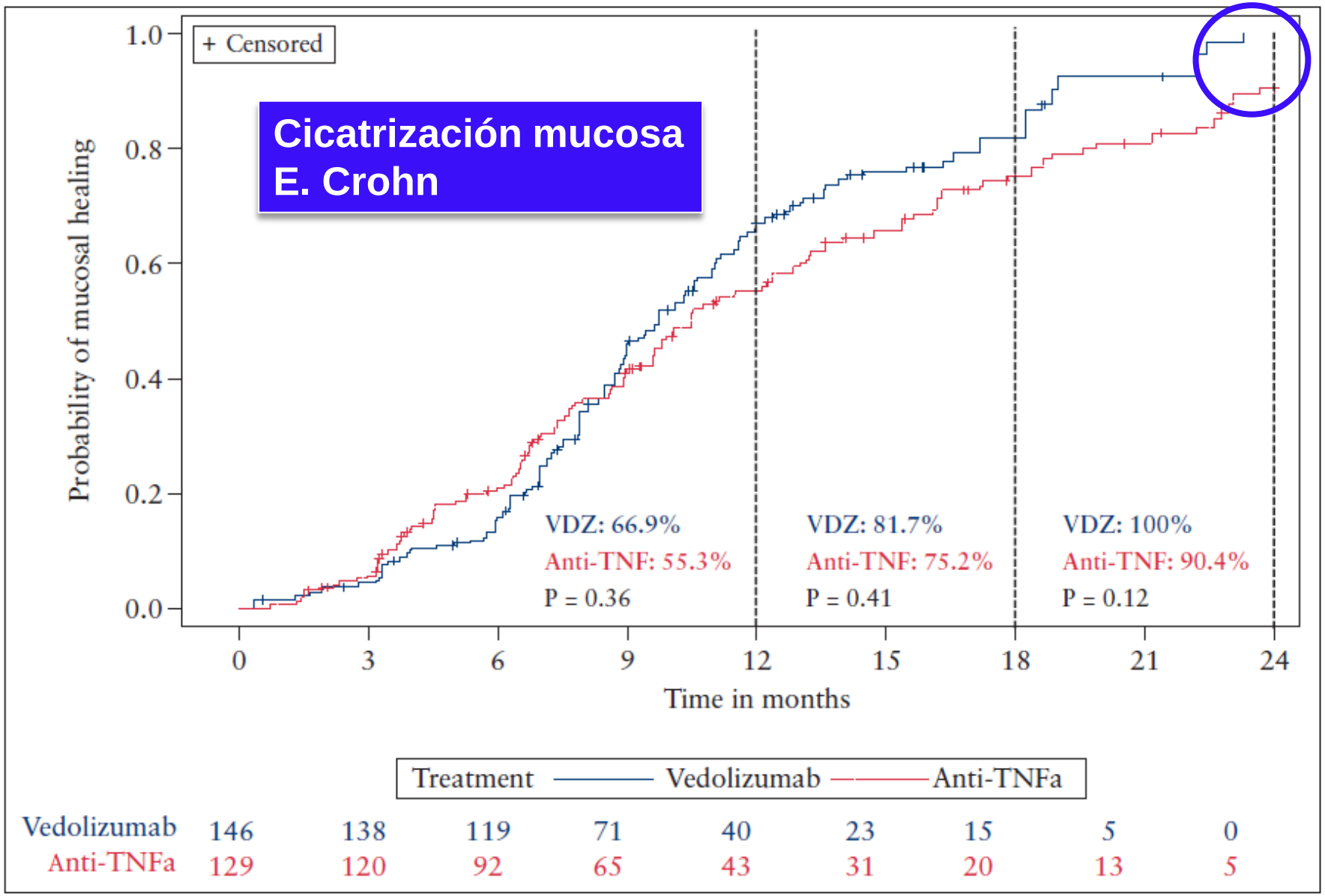
Estudio EVOLVE



Bressler B, J Crohn´s Colitis. 2021;15:1694-1706.

Remisión clínica E Crohn

Estudio EVOLVE



Bressler B, J Crohn´s Colitis. 2021;15:1694-1706.

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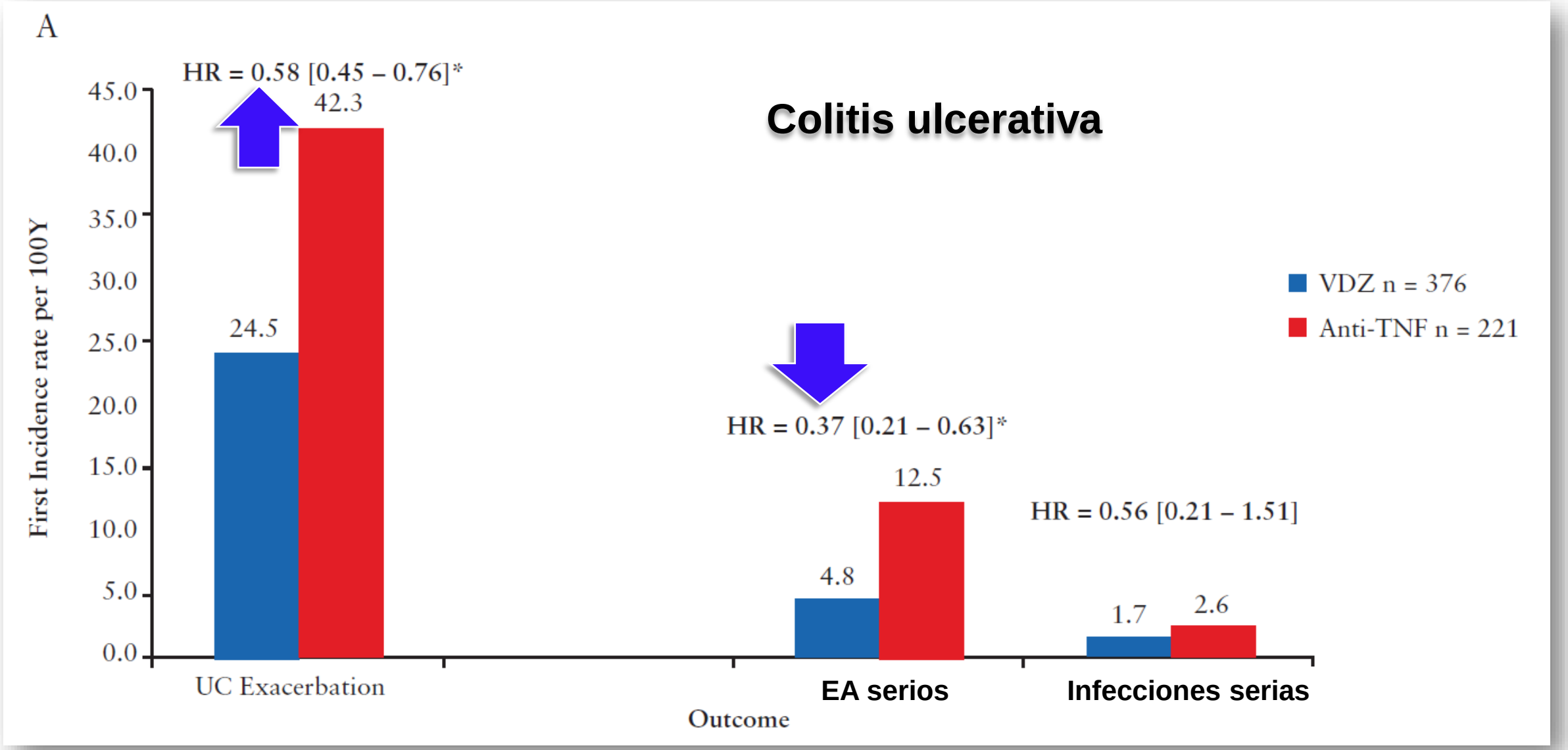
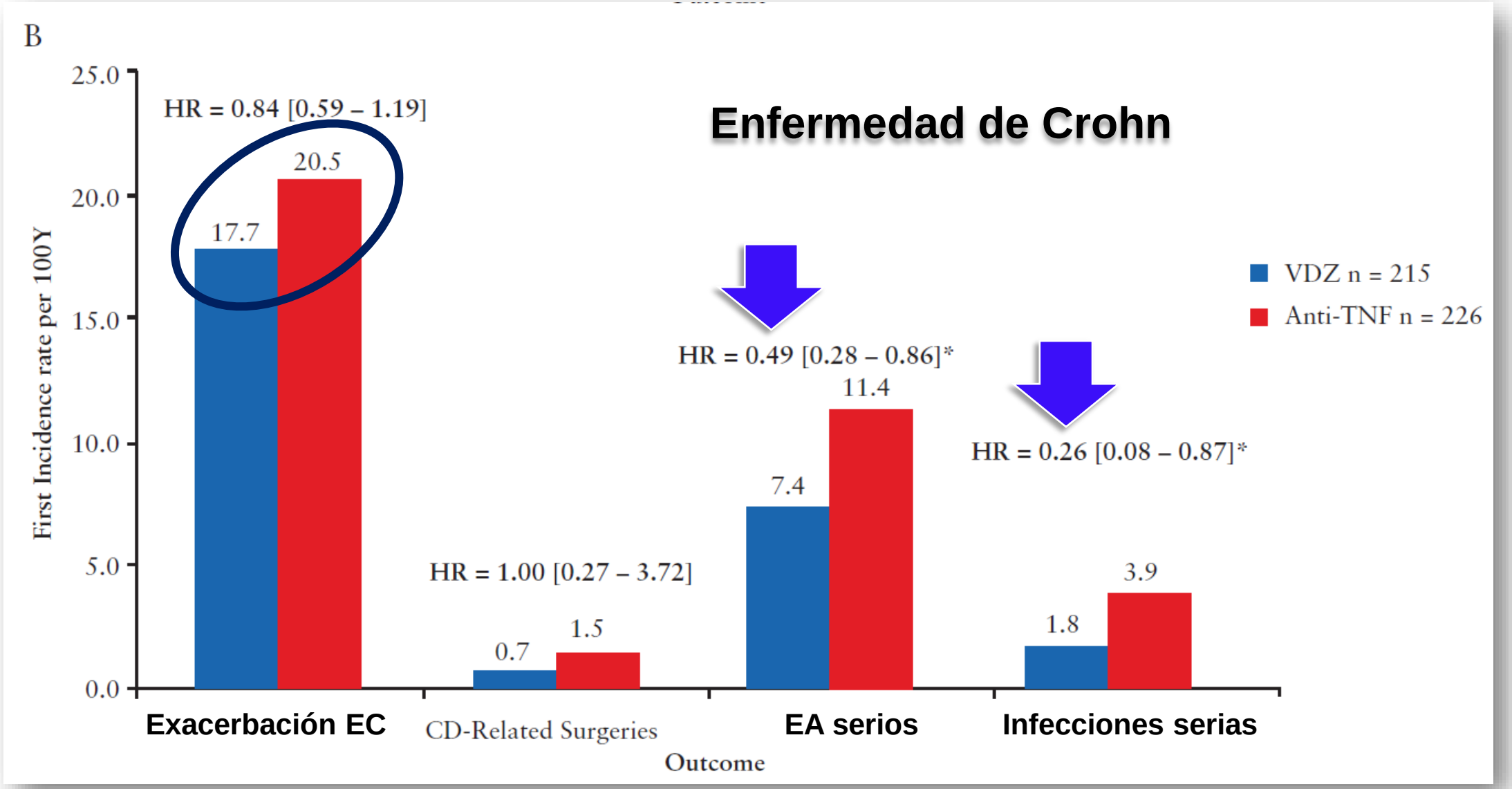


Bressler B, J Crohn´s Colitis. 2021;15:1694-1706.

Estudio EVOLVE



Bressler B, J Crohn´s Colitis. 2021;15:1694-1706.

Vedolizumab superior

Adalimumab en múltiples Objetivos terapéuticos

Remisión clínica
Remisión endoscópica
Remisión histológica

Vedolizumab for Ulcerative Colitis: Treatment Outcomes from the VICTORY Consortium

Neeraj Narula, MD, MPH[1,2], Farhad Peerani, MD[1,3], Joseph Meserve, MD[4], Gursimran Kochhar, MD[5], Khadija Chaudrey, MD[6], Justin Hartke, MD[7], Prianka Chilukuri, MD[7], Jenna Koliani-Pace, MD[8], Adam Winters, MD[1], Leah Katta, MD[1], Eugenia Shmidt, MD[1], Robert Hirten, MD[1,9], David Faleck, MD[1], Malav P. Parikh, MD[5], Diana Whitehead, MD[8], Brigid S. Boland, MD[4], Siddharth Singh, MD, MS[4], Sashidhar Varma Sagi, MD[7], Monika Fischer, MD[7], Shannon Chang, MD[10], Morris Barocas, MD[11], Michelle Luo, MS, PhD[11], Karen Lasch, MD[11], Matthew Bohm, MD[7], Dana Lukin, MD[12], Keith Sultan, MD[9], Arun Swaminath, MD[13], David Hudesman, MD[10], Nitin Gupta, MD[14], Bo Shen, MD[5], Sunanda Kane, MD[6], Edward V. Loftus, MD[6], Corey A. Siegel, MD[8], Bruce E. Sands, MD[1], Jean-Frederic Colombel, MD[1], William J. Sandborn, MD[4] and Parambir S. Dulai, MD[4]

Table 2 Overall cumulative rates of treatment outcomes stratified by TNFα antagonist exposure

	Overall		TNFα antagonist naive		1 TNFα antagonist		≥2 TNFα antagonists	
	6 mo	12 mo	6 mo	12 mo	6 mo	12 mo	6 mo	12 mo
Response	54%	75%	63%	74%	52%	78%	45%	70%
Remission	36%	51%	51%	61%	31%	48%	28%	44%
CSF-REM	21%	37%	25%	44%	17%	32%	18%	33%
EI	29%	62%	36%	65%	28%	60%	23%	43%
ER	18%	41%	24%	51%	16%	45%	14%	28%
Deep remission	14%	30%	20%	40%	13%	35%	9%	19%
Colectomy	6%	13%	0%	2%	6%	19%	11%	18%

Deep remission defined as achieving both clinical remission and endoscopic remission
CSF-REM corticosteroid-free remission, *EI* endoscopic improvement, *ER* endoscopic remission

Am J Gastroenterol 2018;113:1345-54

Gastroenterology 2020;158:1450–1461

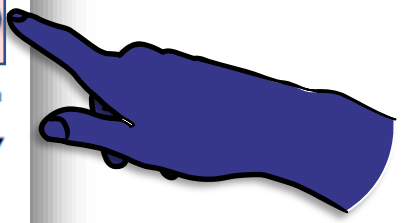
CLINICAL PRACTICE GUIDELINES

AGA Clinical Practice Guidelines on the Management of Moderate to Severe Ulcerative Colitis

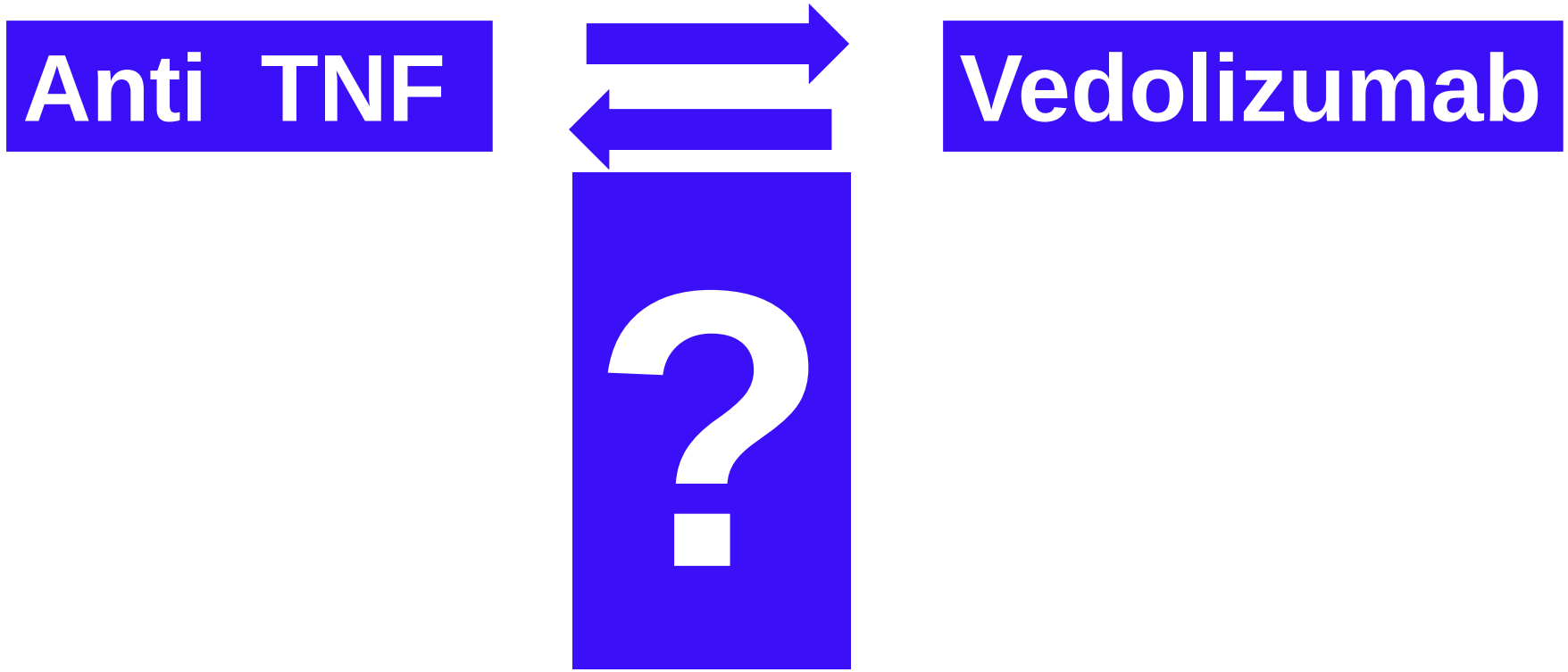
Joseph D. Feuerstein,[1] Kim L. Isaacs,[2] Yecheskel Schneider,[3] Shazia Mehmood Siddique,[3] Yngve Falck-Ytter,[4,5] and Siddharth Singh,[6] on behalf of the AGA Institute Clinical Guidelines Committee

2a. In adult outpatients with moderate to severe ulcerative colitis who are naïve to biologic agents, the AGA suggests using infliximab or vedolizumab rather than adalimumab, for induction of remission. *(Conditional recommendation, moderate quality evidence)*

Comment: Patients, particularly those with less severe disease, who place higher value on the convenience of self-administered subcutaneous injection, and a lower value on the relative efficacy of medications, may reasonably chose adalimumab as an alternative.

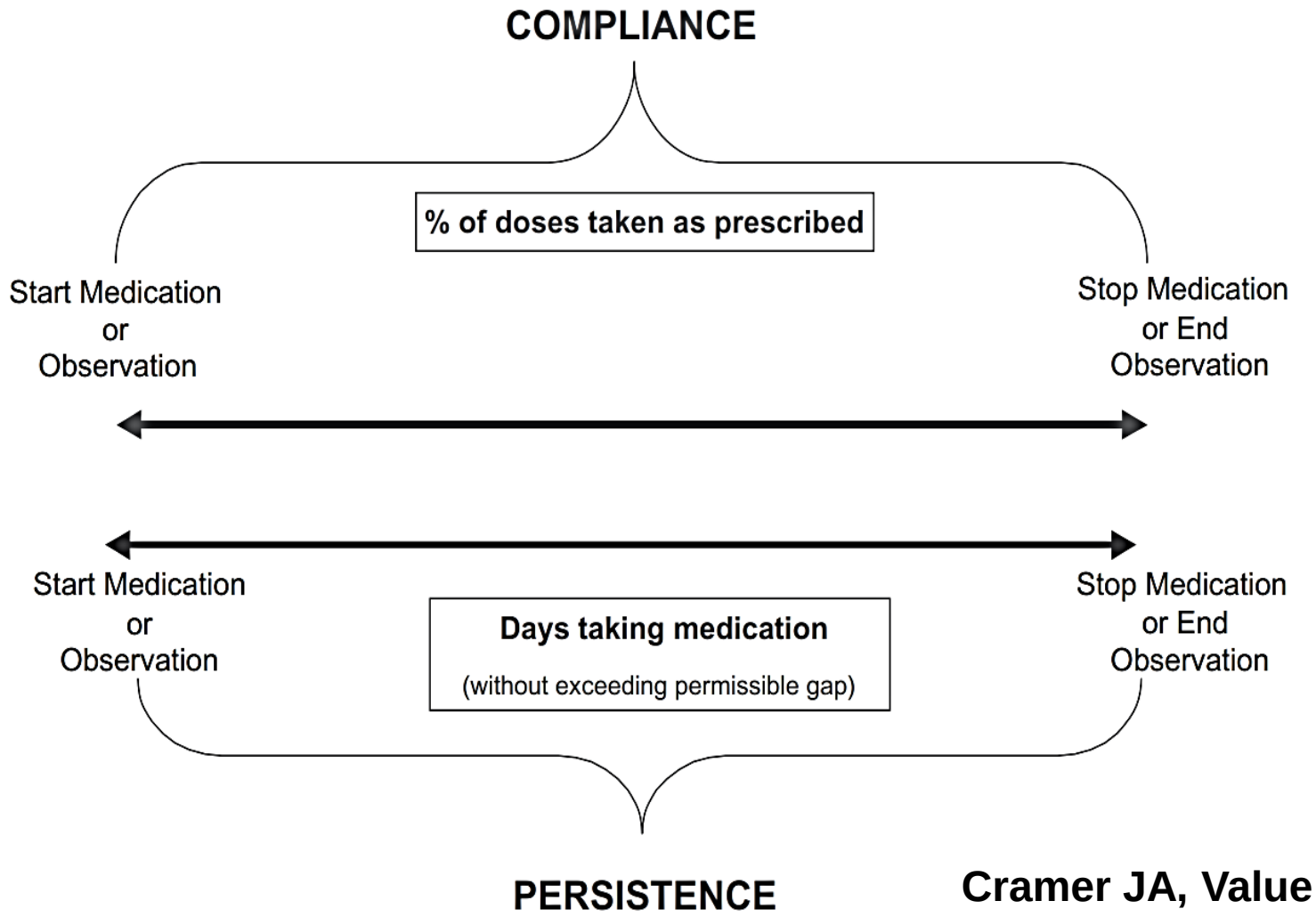


Colitis ulcerativa



Medication Compliance and Persistence: Terminology and Definitions

Joyce A. Cramer, BS,[1] Anuja Roy, MBA, MSc,[2] Anita Burrell, MBA,[3] Carol J. Fairchild, PhD,[4]
Mahesh J. Fuldeore, PhD, RPh, MBA,[5] Daniel A. Ollendorf, MPH,[6] Peter K. Wong, PhD, RPh, MS, MBA[7]



Cramer JA, Value Health. 2008;11:44-7

AP&T Alimentary Pharmacology & Therapeutics WILEY

Superior treatment persistence with ustekinumab in Crohn's disease and vedolizumab in ulcerative colitis compared with anti-TNF biological agents: real-world registry data from the Persistence Australian National IBD Cohort (PANIC) study

Yanna Ko[1,2] | Sudarshan Paramsothy[1,2,3] | Yunki Yau[1] | Rupert W. Leong[1,2,3]

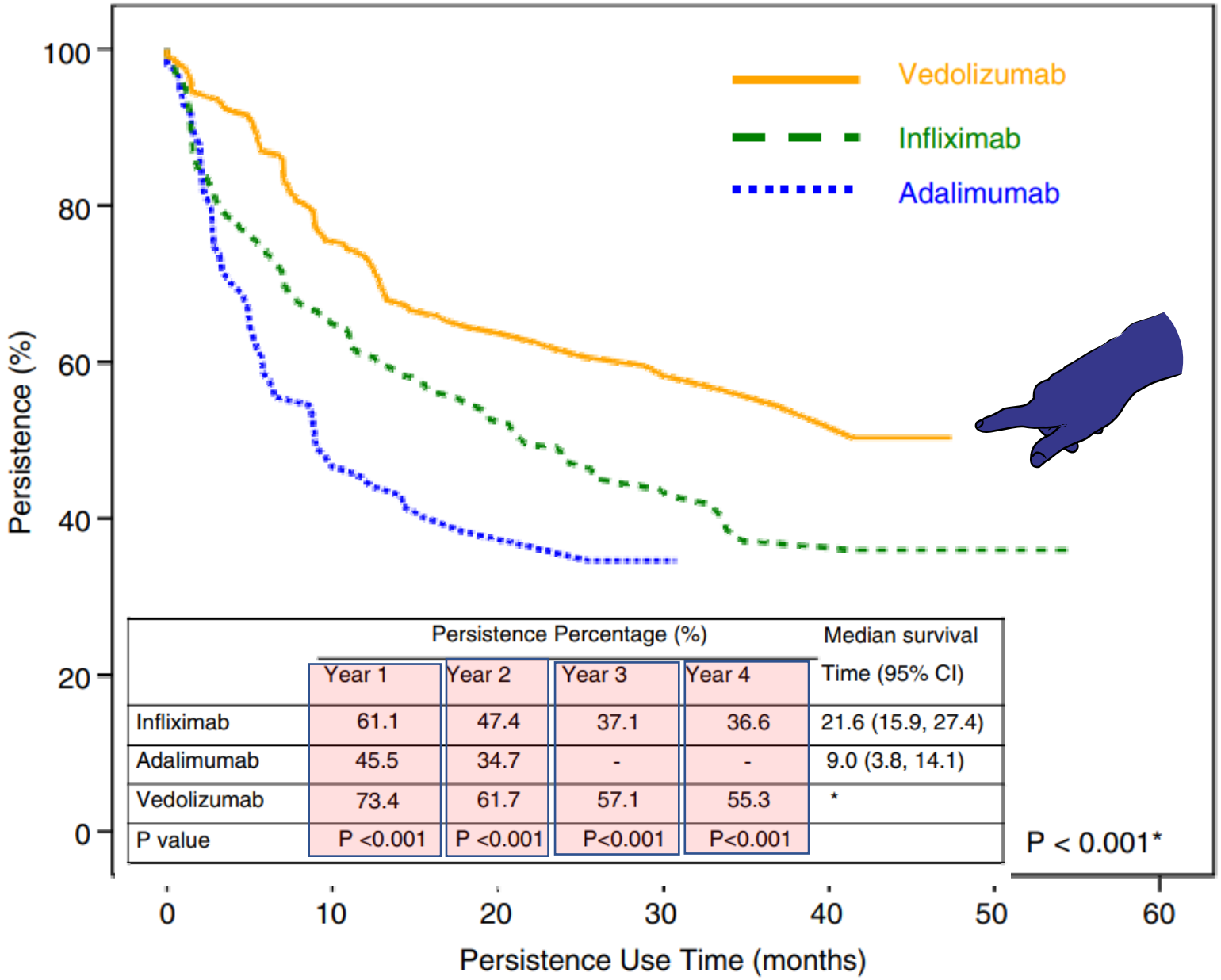
Ko Y, Aliment Pharmacol Ther. 2021;54:292–301

Persistencia de Biológicos CU Moderada-Severa

Persistencia
Proporción de
Pacientes continúan
Con medicación

Marcador
Subrogado

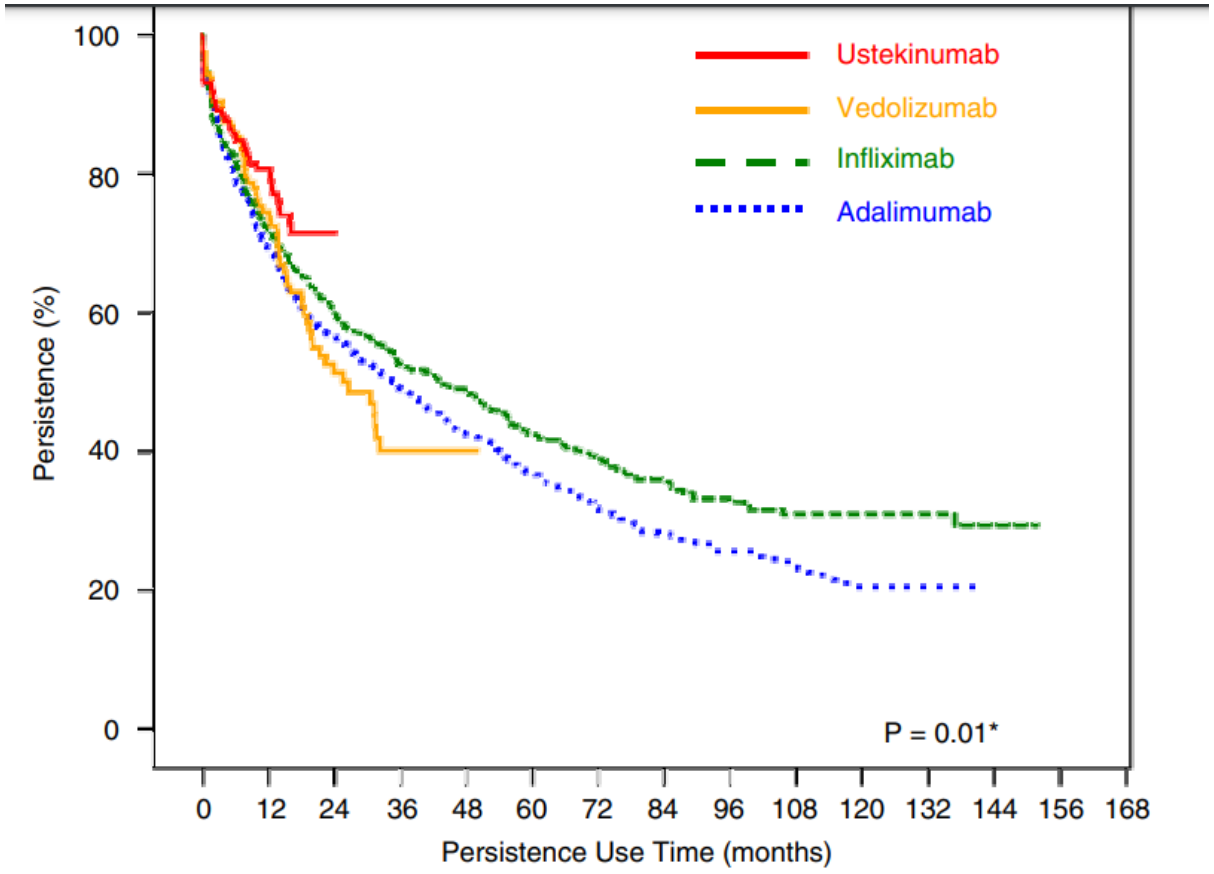
Eficacia
Efectos adversos
Mundo real



	Persistence Percentage (%)				Median survival
	Year 1	Year 2	Year 3	Year 4	Time (95% CI)
Infliximab	61.1	47.4	37.1	36.6	21.6 (15.9, 27.4)
Adalimumab	45.5	34.7	-	-	9.0 (3.8, 14.1)
Vedolizumab	73.4	61.7	57.1	55.3	*
P value	P <0.001	P <0.001	P<0.001	P<0.001	

Ko Y, Aliment Pharmacol Ther. 2021;54:292–301

Persistencia de Biológicos Enfermedad de Crohn



	Persistence Percentage (%)					Median survival
	Year 1	Year 2	Year 3	Year 4	Year 5	Time (95% CI)
Infliximab	68.1	59.1	51.1	46.8	40.9	40.5 (33.0, 48.0)
Adalimumab	64.2	56.1	48.9	42.3	36.4	34.4 (28.7, 40.0)
Vedolizumab	73.5	51.4	40.2	40.2	-	26.5 (16.7, 36.3)
Ustekinumab	80.0	71.6	-	-	-	*
P value	P <0.001	P<0.001	P=0.31	P=0.03	P=0.15	

Ko Y, Aliment Pharmacol Ther. 2021;54:292–301

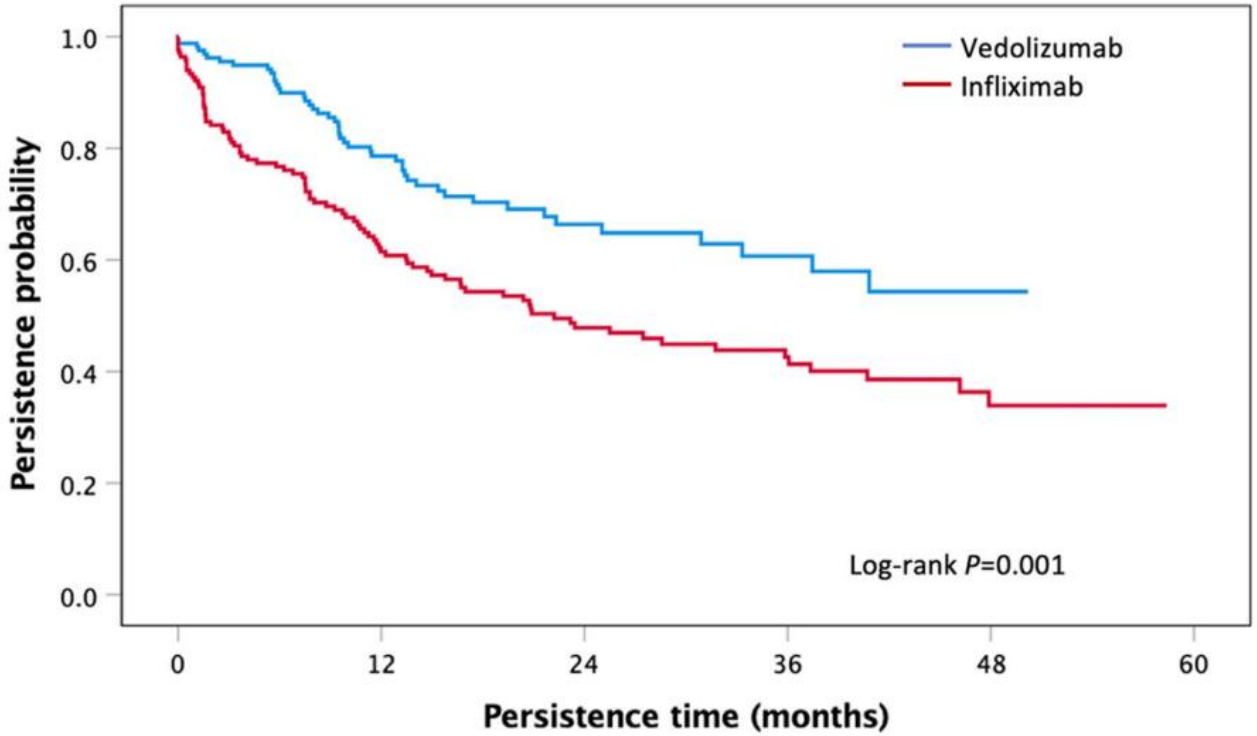
Therapeutic Advances in Gastroenterology

Vedolizumab has longer persistence than infliximab as a first-line biological agent but not as a second-line biological agent in moderate-to-severe ulcerative colitis: real-world registry data from the Persistence Australian National IBD Cohort (PANIC) study

Aviv Pudipeddi, Yanna Ko, Sudarshan Paramsothy and Rupert W. Leong, for the PANIC Study Group – Persistence in Australian National IBD Cohort

Pudipeddi A, Ther Adv Gastroenterol 2022;15: 1-17

Primera línea



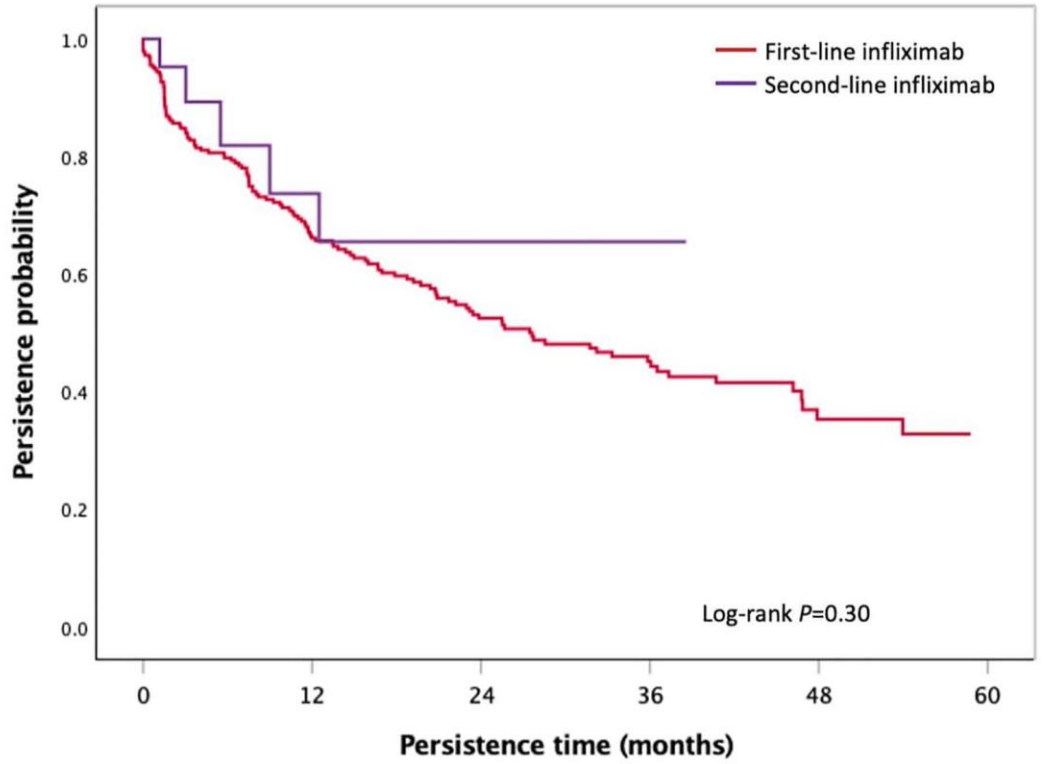
	Persistence Percentage (95%CI) (%)				Median survival
	12 months	24 months	36 months	48 months	time in months (95% CI)
Infliximab	61.5 (52.0-71.0)	47.9 (38.1-57.7)	43.8 (34.1-53.5)	33.9 (24.6-43.2)	22.2 (12.7–31.7)
Vedolizumab	78.6 (72.3-84.8)	66.4 (59.3-73.5)	60.7 (53.3-68.1)	54.3 (46.8-61.8)	> 50.2*
P-value†	<0.001‡	<0.001‡	<0.001‡	<0.001‡	

CI, confidence interval

Pudipeddi A, Ther Adv Gastroenterol 2022;15: 1-17

Infliximab de Segunda línea

No se modifica la Persistencia



	Persistence Percentage (95%CI) (%)				Median survival time in months (95% CI)
	12 months	24 months	36 months	48 months	
First-line IFX	66.1 (60.2-71.9)	52.5 (46.3-58.7)	45.1 (38.9-51.3)	35.3 (29.4-41.2)	27.6 (18.7–36.6)
Second-line IFX	73.7 (55.3-92.1)	65.5 (45.6-85.4)	65.5 (45.6-85.4)	-	> 38.6*
P-value†	0.53	0.32	0.09	n/a	

CI, confidence interval; IFX, infliximab; n/a, not applicable

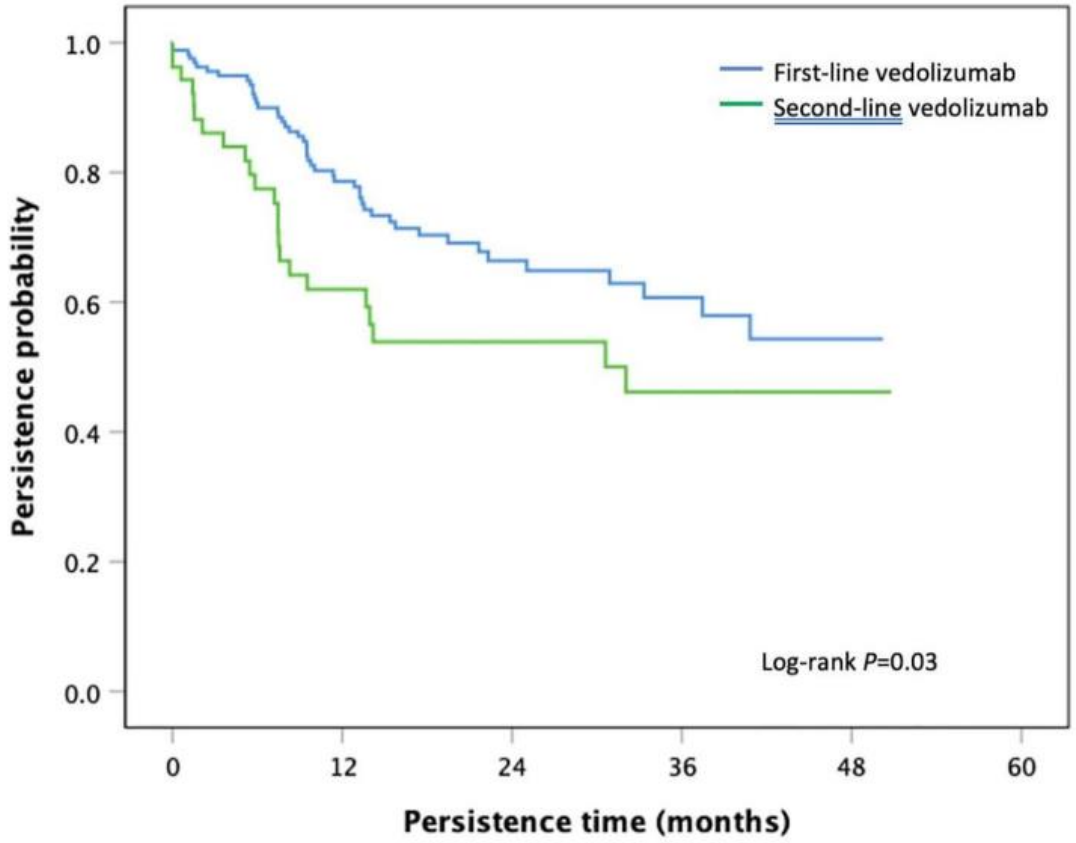
*The median survival or its confidence interval cannot be exactly calculated when event rate is higher than 50%.

†Based on Bonferroni correction, statistical significance defined as $P<0.017$

Pudipeddi A, Ther Adv Gastroenterol 2022;15:1-17

Vedolizumab de Segunda línea

Disminuye la Persistencia



	Persistence Percentage (95%CI) (%)				Median survival
	12 months	24 months	36 months	48 months	Time in months (95% CI)
First-line VED	78.6 (72.4-84.8)	66.4 (59.3-73.5)	60.7 (53.3-68.1)	54.3 (46.8-61.8)	> 50.2*
Second-line VED	62.0 (48.9-75.1)	53.9 (40.5-67.3)	46.2 (32.8-59.6)	-	32.0^
P-value†	0.02	0.13	0.04	n/a	

CI, confidence interval; VED, vedolizumab; n/a, not applicable

Pudipeddi A, Ther Adv Gastroenterol 2022;15:1-17

Effectiveness and Safety of Vedolizumab in Anti-TNF-Naïve Patients With Inflammatory Bowel Disease—A Multicenter Retrospective European Study

Uri Kopylov, MD,[,a] Bram Verstockt, MD,[†,a] Luc Biedermann, MD,[‡] Shaji Sebastian, MD,[§] Daniela Pugliese, MD,[¶] Elena Sonnenberg, MD,[‖] Peter Steinhagen, MD,[**] Naila Arebi, MD,[††] Yulia Ron, MD,[‡‡] Torsten Kucharzik, MD,[§§] Xavier Roblin, MD,[¶¶] Bella Ungar, MD,[*] Ariella Bar-Gil Shitrit, MD,[‖‖] Sandro Ardizzone, MD,[***] Pauliina Molander, MD,[†††] Marina Coletta, MD,[‡‡‡] Laurent Peyrin-Biroulet, MD,[§§§] Peter Bossuyt, MD,[¶¶¶] Irit Avni-Biron, MD,[‖‖‖] Emmanouela Tsoukali, MD,[****] Mariangela Allocca, MD,[††††] Konstantinos Katsanos, MD,[‡‡‡‡] Tim Raine, MD,[§§§§] Taina Sipponen, MD,[†††] Gionata Fiorino, MD,[¶¶¶¶] Shomron Ben-Horin, MD,[*] Rami Eliakim, MD,[*] Alessandro Armuzzi, MD,[¶] Britta Siegmund, MD,[‖] Daniel C. Baumgart, MD,[**] Nikolaos Kamperidis, MD,[††] Nitsan Maharshak, MD,[‡‡] Christian Maaser, MD,[§§] Gerassimos Mantzaris, MD,[****] Henit Yanai, MD,[‖‖‖] Dimitrious K. Christodoulou, MD,[‡‡‡‡] Iris Dotan, MD,[‖‖‖,a] and Marc Ferrante, MD[†,a]*

Pérdida de respuesta es menor en “Naive” versus Exposición previa Anti TNF

Kopylov U, Inflamm Bowel Dis. 2018;24:2442-2451

Ann Clin Lab Sci. 2021 Sep;51(5):678-685.

Alterations in MAdCAM1-Positive Mucosal Capillaries and Integrin a4b7-Positive Lymphocytes in Crohn's Disease Treated with Anti-TNFα Biologics

Mamoun Younes [1], Andrew W DuPont [2], Brooks D Cash [2], Atilla Ertan [2]

Objective: To elucidate the reasons for the decreased effectiveness of Vedolizumab (VDZ) treatment in patients with Crohn's disease (CD) previously treated (CD-T) with anti-TNF-α biologics.

Methods: Immunohistochemical staining was performed on sections of formalin-fixed paraffin-embedded ileocolonic biopsies using antibodies for the mucosal addressin molecule (MAdCAM-1) and Etrolizumab.

Results: The mean number of MAdCAM-1 positive capillaries (MAdCAM-1-C) was 3 in controls, 8.5 in CD, 5.37 in CD-T, 5.7 in ulcerative colitis (UC), and 3.1 in lymphocytic colitis (LC) (p=0.0032). When all biopsies with inflammatory bowel disease (IBD) in this series were considered together, the number of MAdCAM-1-C increased with an increased histologic activity score (HAS) (p<0.001). The mean MAd-CAM-1-C was lower in CD-T than CD (5.37 vs. 8.5, p=0.0362), even in cases with high HAS (6.46 vs. 9.5, p=0.073). Two of 6 (33%) controls, 4 of 6 (67%) CD, 9 of 16 (56%) CD-T, 6 of 7 (86%) UC, and 0 of 8 (0%) LC showed Etrolizumab-positive lymphocytes (E-Ly, p=0.0106). IBD biopsies positive for E-Ly were associated with higher HAS (p=0.0546). MAdCAM-1-C was heterogenous in some IBD cases.

Conclusions: Our results suggest that treatment with anti-TNF-α reduces the number of MAdCAM-1-C in CD, even in biopsies with high HAS. This suggests that high inflammation in such cases obviously failed to respond to anti-TNF-α, may be less dependent on the migration of a4b7-lymphocytes to the inflamed mucosa, and therefore may not optimally respond to VDZ treatment.Presented in part at the Digestive Diseases Week meeting, San Diego, CA, May 2019. Supported by Takeda Pharmaceuticals.

Menos eficacia Vedolizumab pos ANTI TNF

Farmacocinética Vedolizumab

Menor expresión MAdCAM1

Niveles 22.5 vs 36.0 µgr//ml

Liefferinckx C, Eur J Gastroenterol Hepatol 2019;31:478-85
Biancheri P, Inflamm Bowel Dis 2013;19:259-64

Background: The efficacy and safety of vedolizumab in bio-naïve patients with ulcerative colitis (UC) and Crohn's disease (CD) remain unknown.
Aims: To perform a meta-analysis regarding vedolizumab as first line of biological therapy for UC or CD.
Methods: A systematic review of Medline, EMBASE, and Cochrane databases per December 2020 was undertaken. Meta-analysis was conducted using random-effects models.
Results: This systematic review identified 79 eligible studies with 4,520 and 3,494 bio-naïve patients with UC and CD, respectively, and 8,105 and 11,140 bio-exposed patients. Among bio-naïve patients with UC, a total of 40.0% (95%CI 27.0–54.0, I^2=86%) and 63.9% (95%CI 47.0–79.2, I^2=36%) achieved clinical remission at weeks 14 and 52, respectively. The corresponding rates in CD were 54.0% (95%CI 42.0–66.0, I^2=23%), and 61.7% (95%CI 55.2–68.1, I^2=0%). Bio-naïvety was associated with a higher probability of clinical remission at week 52 in UC (relative risk (RR)=1.32 (95%CI 1.14–1.53)), while this was only apparent until week 26 in CD (RR=1.60 (95%CI 1.30–1.95)). Finally, bio-naïve UC patients had a lower risk of serious adverse events (RR=0.29 (95%CI 0.09–0.95)).
Conclusion: Vedolizumab was found to have a favorable efficacy and safety profile in bio-naïve patients with UC and CD. The findings have implications in the management of IBD.

Mohamed Attauabi[a,b,c,*], Gorm Roager Madsen[b,c], Flemming Bendtsen[b,c], Jakob Benedict Seidelin[a], Johan Burisch[b,c]

79 estudios
4520 CU, 3494 EC Bio "naive"
8105 y 11.140 Expuestos

Dig Liver Dis 2021 On line Dic 20

Best Practice & Research Clinical Gastroenterology 32-33 (2018) 17–25

Contents lists available at ScienceDirect

Best Practice & Research Clinical Gastroenterology

journal homepage: https://ees.elsevier.com/ybega/default.asp

Should we use anti-tumor necrosis factor agents or vedolizumab as first-line biological therapy in ulcerative colitis?

Lieven Pouillon [a, b, *], Johan Van Stappen [c], Peter Bossuyt [b], Silvio Danese [d], Laurent Peyrin-Biroulet [a]

Treatment comparison of different biological agents versus placebo as induction therapy in biological-naïve UC patients [13].

	Clinical response	Clinical remission	Mucosal healing
Infliximab vs. placebo, OR (95% CI)	3.56 (2.65–4.79)	4.03 (2.75–5.89)	3.05 (2.26–4.10)
Adalimumab vs. placebo, OR (95% CI)	1.77 (1.36–2.29)	1.92 (1.29–2.86)	1.63 (1.25–2.13)
Golimumab vs. placebo, OR (95% CI)	2.13 (1.55–2.94)	2.81 (1.69–4.69)	1.74 (1.25–2.41)
Vedolizumab vs. placebo, OR (95% CI)	3.17 (1.71–5.86)	4.26 (1.58–11.52)	2.91 (1.56–5.42)

CI: confidence interval, OR: odds ratio.

Costo eficacia

Cost-effectiveness of vedolizumab compared with conventional therapy for ulcerative colitis patients in the UK

Results: Vedolizumab had incremental cost-effectiveness ratios of £4,095/quality-adjusted life-year (QALY), £4,423/QALY, and £5,972/QALY compared with conventional therapy in the intent-to-treat, anti-TNF-naïve, and anti-TNF-failure populations, respectively. Patients on vedolizumab accrued more QALYs while incurring more costs than patients on conventional therapy. The sensitivity analyses showed that the results were most sensitive to induction response and transition probabilities for each treatment.

Conclusion: The results suggest that vedolizumab results in more QALYs and may be a cost-effective treatment option compared with conventional therapy for both anti-TNF-naïve and anti-TNF-failure patients with moderately-to-severely active UC.

Wilson MR, Clinicoecon Outcomes Res. 2017;9:641-52

Eur J Health Econ
DOI 10.1007/s10198-017-0879-5

ORIGINAL PAPER

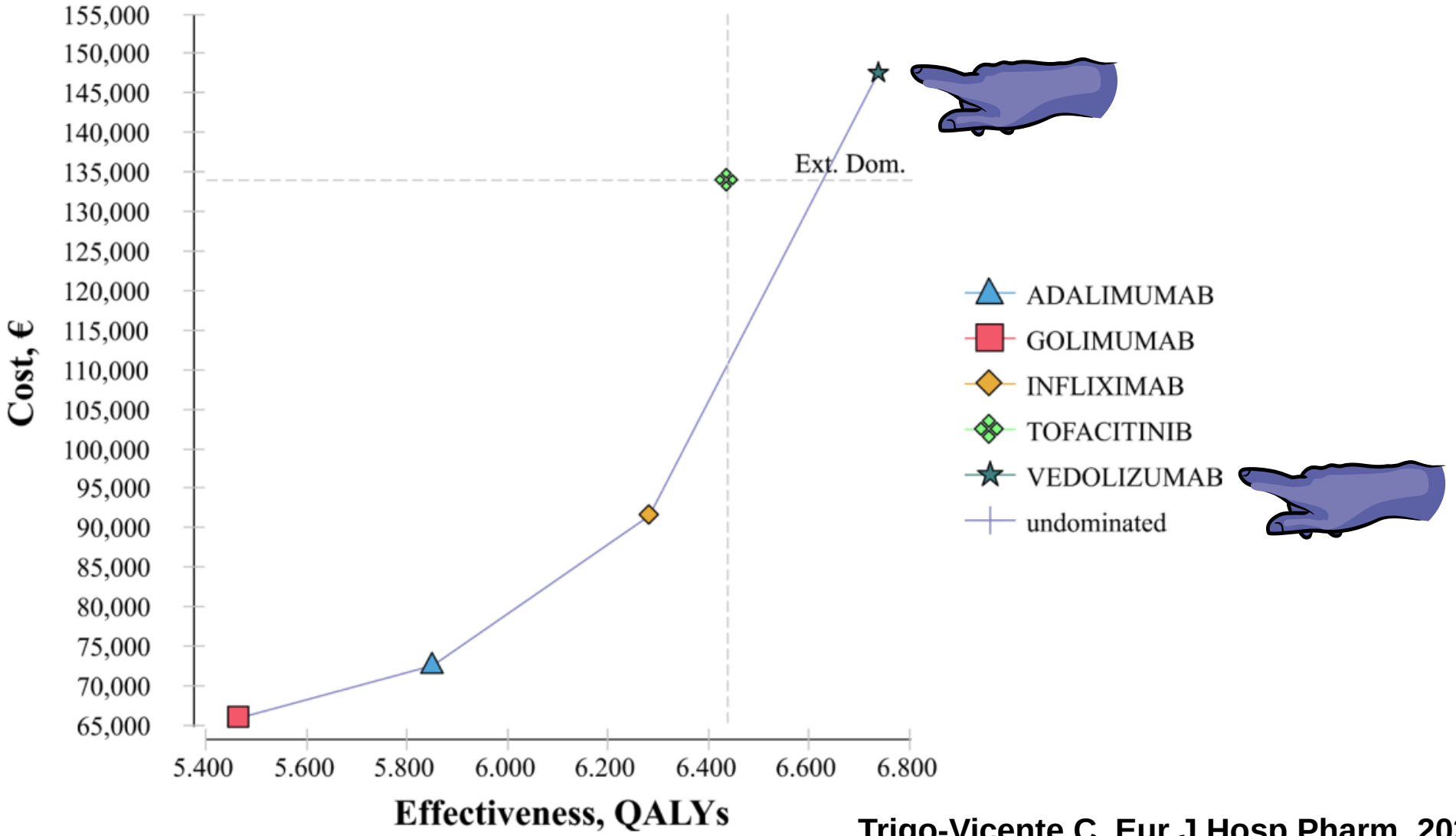
Cost-effectiveness of vedolizumab compared with infliximab, adalimumab, and golimumab in patients with ulcerative colitis in the United Kingdom

Michele R. Wilson[1] · Annika Bergman[2] · Helene Chevrou-Severac[2] · Ross Selby[3] · Michael Smyth[4] · Matthew C. Kerrigan[5]

Wilson MR, Eur J Health Econ. 2018 ;19:229-240

Cost-effectiveness analysis of infliximab, adalimumab, golimumab, vedolizumab and tofacitinib for moderate to severe ulcerative colitis in Spain

Cristina Trigo-Vicente,[1] Vicente Gimeno-Ballester,[2] Alejandro López-Del Val[3]



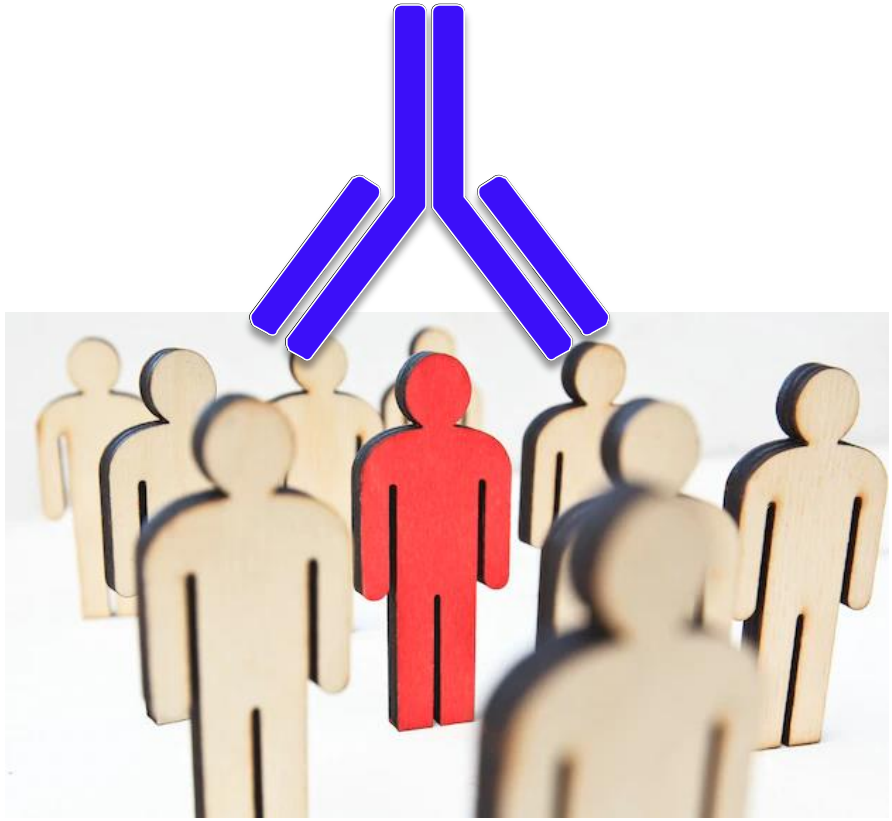
Trigo-Vicente C, Eur J Hosp Pharm. 2020;27:355-60

Mensajes para la casa

Vedolizumab en “bionaive” superior anti TNF
Vedo inicial no disminuye eficacia anti TNF
Vedo 2da línea disminuye su eficacia
Persistencia de Vedo supera anti TNF
Mejor estrategia CU Vedo --- Anti TNF
Costo eficacia vedolizumab necesita estudios

Cuál es el paciente Candidato parta Vedolizumab

William Otero R MD, FAGA, FACP
Profesor Titular de Medicina,
Coordinador de Gastroenterología
Universidad Nacional de Colombia
Hospital Universitario Nacional de Colombia



Predictores de respuesta

Predictors of response in Crohn's disease	Anti-TNF alpha	Vedolizumab	Ustekinumab
Patient-related factors			
Young age at initiation	Positive	Insufficient	Insufficient
Smoking	Negative	Negative	Not examined
High BMI	Negative	Insufficient	Not examined
Disease-related factors			
Shorter duration of disease	Positive	Insufficient	Insufficient
Severe disease activity at induction	Negative	Negative	Negative
Complicated phenotype (stricturing, penetrating)	Negative	Negative	Negative
History of intestinal resection	Negative	Not examined	Negative
Ileocolonic disease	Positive	Not examined	Positive
Elevated inflammatory biomarkers	Positive	Negative	Insufficient
No recent hospitalisation (12 months)	Not examined	Positive	Not examined
Treatment-related factors			
Early response	Positive	Positive	Positive
Mucosal healing	Positive	Not examined	Not examined
Low trough level of biologic	Negative	Negative	Negative
Anti-drug antibodies	Negative	Insufficient	Insufficient
No prior anti-TNF exposure	Positive	Positive	Not examined
Concomitant steroid use	Not examined	Negative	Not examined
Concomitant immunomodulator use	Positive	Insufficient	Positive
Others			
Genetic: Fas-ligand-843 TT, caspase-9 93 CC/CT	Negative	Not examined	Not examined
Microbiome: higher alpha diversity	Not examined	Positive	Not examined

Predictors of response in ulcerative colitis	Anti-TNF alpha	Vedolizumab
Patient-related factors		
Young age	Positive	Not examined
High BMI	Negative	Insufficient
Disease-related factors		
Severe disease activity at induction	Negative	Negative
Disease extent	Negative	Not examined
Elevated inflammatory biomarkers	Insufficient	Negative
High hemoglobin at baseline	Positive	Not examined
Low serum albumin	Negative	Insufficient
pANCA +	Negative	Not examined
Treatment-related factors		
Early response	Positive	Positive
Mucosal healing	Positive	Not examined
Low trough level of biologic	Negative	Negative
Anti-drug antibodies	Negative	Insufficient
No prior anti-TNF exposure	Positive	Positive
Concomitant steroid use	Not examined	Negative
Concomitant immunomodulator use	Positive	Not examined
Others		
Genetic: high expression oncostatin M, TNF receptor 1 36G	Negative	Not examined

Positive predictor
Negative predictor
Insufficient data or controversy
Not examined

Barré A, Aliment Ther Pharmacol 2018;47:896-905

Vitamin D Is Associated with α4β7+ Immunophenotypes and Predicts Vedolizumab Therapy Failure in Patients with Inflammatory Bowel Disease

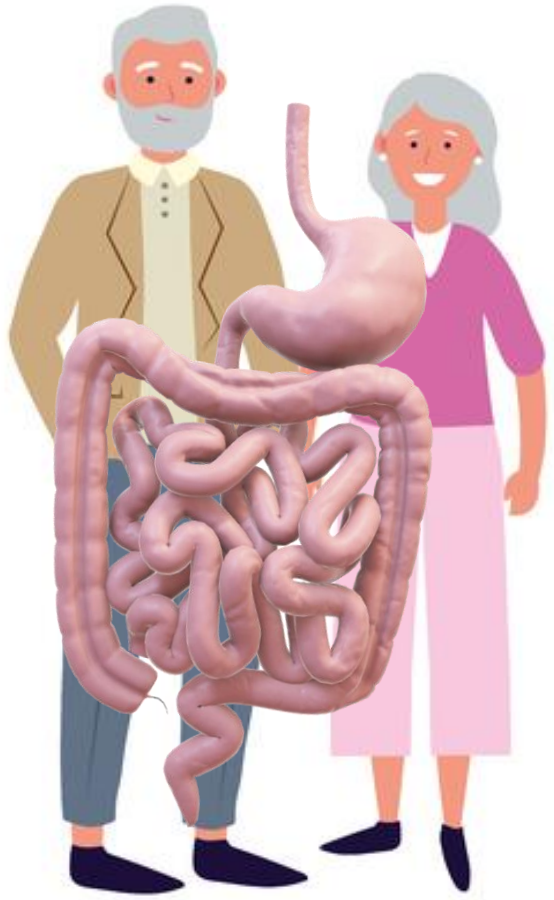
John Gubatan,[a,b] Samuel J. S. Rubin,[a,c] Lawrence Bai,[a,c] Yeneneh Haileselassie,[a] Steven Levitte,[a] Tatiana Balabanis,[a] Akshar Patel,[a] Arpita Sharma,[a] Sidhartha R. Sinha,[a] Aida Habtezion[a,c]

Predictores de No respuesta y de respuesta

Clinical variables	All IBD patients, N = 252					
	Univariate			Multivariate		
	Odds ratio	95% CI	p-Value	Odds ratio	95% CI	p-Value
IBD disease duration ≥ 2years	0.77	0.22–1.12	0.080			
Fistulising disease	1.97	0.85–4.56	0.112			
Low serum 25[OH]D	24.87	10.60–58.35	<0.001	26.10	14.30–48.90	<0.001
Albumin [g/L]	0.56	0.30–1.05	0.071			
C-reactive protein [mg/dL]	0.98	0.92–1.05	0.604			
Active endoscopic inflammation	3.34	1.55–7.17	0.002	2.51	0.87–7.29	0.090
Previous bowel surgery	7.88	3.13–19.80	<0.001	9.45	4.62–28.87	<0.001
Previous anti-TNF failure	2.48	1.04 –5.91	0.041	1.48	0.50–4.41	0.482
Current vitamin D supplementation	0.64	0.33–1.25	0.192	0.36	0.14–0.95	0.039

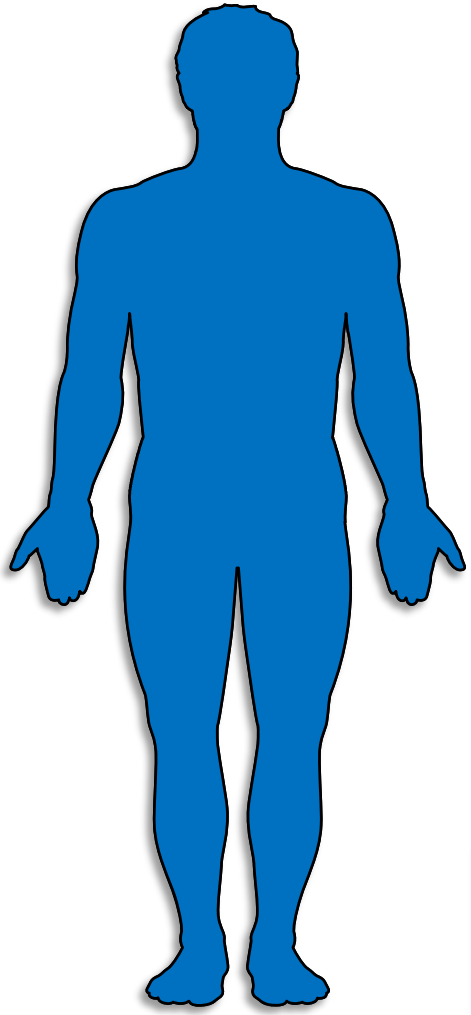
Gubatan J, J Crohns Colitis. 2021;15:1980-1990

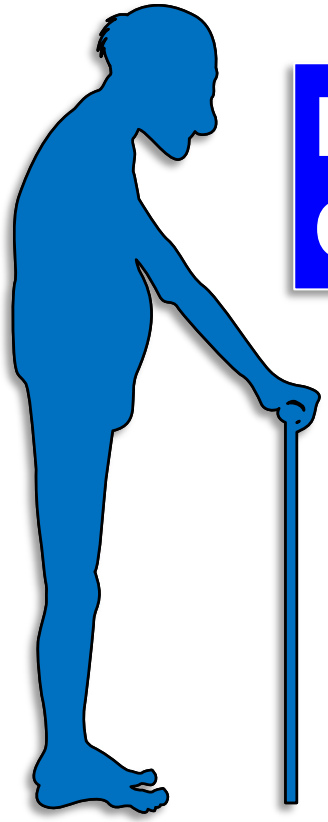
Enfermedad inflamatoria intestinal en el adulto mayor



Próximas décadas 30% de pacientes con EII serán Adultos mayores!!

Adulto
Pequeño





Nueva biología
Geriatría

Colombia	60 años
En general	≥65 años
Japón	>75 años

Cottone M, Clin Gastroenterol Hepatol
Ouchi Y, Ger Gerontol Int 2017;17:1045-7

Aumento
Grasa corporal

Disminución
Masa muscular

Disminución
Agua total

Cambios en la
Función hepática

Menor filtración
Glomerular

Hipoproteinemia

Alteración Farmacocinética
Metabolismo medicamentos

Hruz P, Digestion. 2020;101(Suppl 1):105-119
Hong S, Ther Adv Gastroenterol 2021;14:1-15

Therapeutic Advances in Gastroenterology Review

The elderly IBD patient in the modern era: changing paradigms in risk stratification and therapeutic management

Simon J. Hong and Seymour Katz

Ther Adv Gastroenterol
2021, Vol. 14: 1–15
DOI: 10.1177/17562848211023399

J Gastroenterol (2019) 54:571–586
https://doi.org/10.1007/s00535-019-01580-y

The Japanese Society of Gastroenterology

REVIEW

Management of elderly ulcerative colitis in Japan

Masaaki Higashiyama[1] · Akira Sugita[2] · Kazutaka Koganei[2] · Kenji Wanatabe[3] · Yoko Yokoyama[3] · Motoi Uchino[4] · Masakazu Nagahori[5] · Makoto Naganuma[6] · Shigeki Bamba[7] · Shingo Kato[8] · Ken Takeuchi[9] · Teppei Omori[10] · Tomohisa Takagi[11] · Satohiro Matsumoto[12] · Mitsuo Nagasaka[13] · Shintaro Sagami[14] · Kazuya Kitamura[15] · Takehiko Katsurada[16] · Ken Sugimoto[17] · Noritaka Takatsu[18] · Masayuki Saruta[19] · Toshiyuki Sakurai[19] · Kazuhiro Watanabe[20] · Shiro Nakamura[3] · Yasuo Suzuki[21] · Ryota Hokari[1]

Inflammatory Bowel Disease in the Older Adult

Shirley Cohen-Mekelburg, MD, MS[a,b,c,*], Akbar K. Waljee, MD, MSc[a,b,c,d]

Gastroenterology 2021;160:445–451

AGA Clinical Practice Update on Management of Inflammatory Bowel Disease in Elderly Patients: Expert Review

Ashwin N. Ananthakrishnan,[1] Geoffrey C. Nguyen,[2] and Charles N. Bernstein[3]

Digestion

Review

Digestion
DOI: 10.1159/000503099

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Accepted: September 2, 2019
Published online: January 14, 2020

Management of the Elderly Inflammatory Bowel Disease Patient

Petr Hruz[a] Pascal Juillerat[b] Gerd-Achim Kullak-Ublick[c] Alain M. Schoepfer[d] Gerassimos J. Mantzaris[e] Gerhard Rogler[f] on behalf of the Swiss IBDnet, an official working group of the Swiss Society of Gastroenterology

Current Gastroenterology Reports (2019) 21:60
https://doi.org/10.1007/s11894-019-0720-7

GASTROENTEROLOGY IN GERIATRIC PATIENTS (S CHOKHAVATIA, SECTION EDITOR)

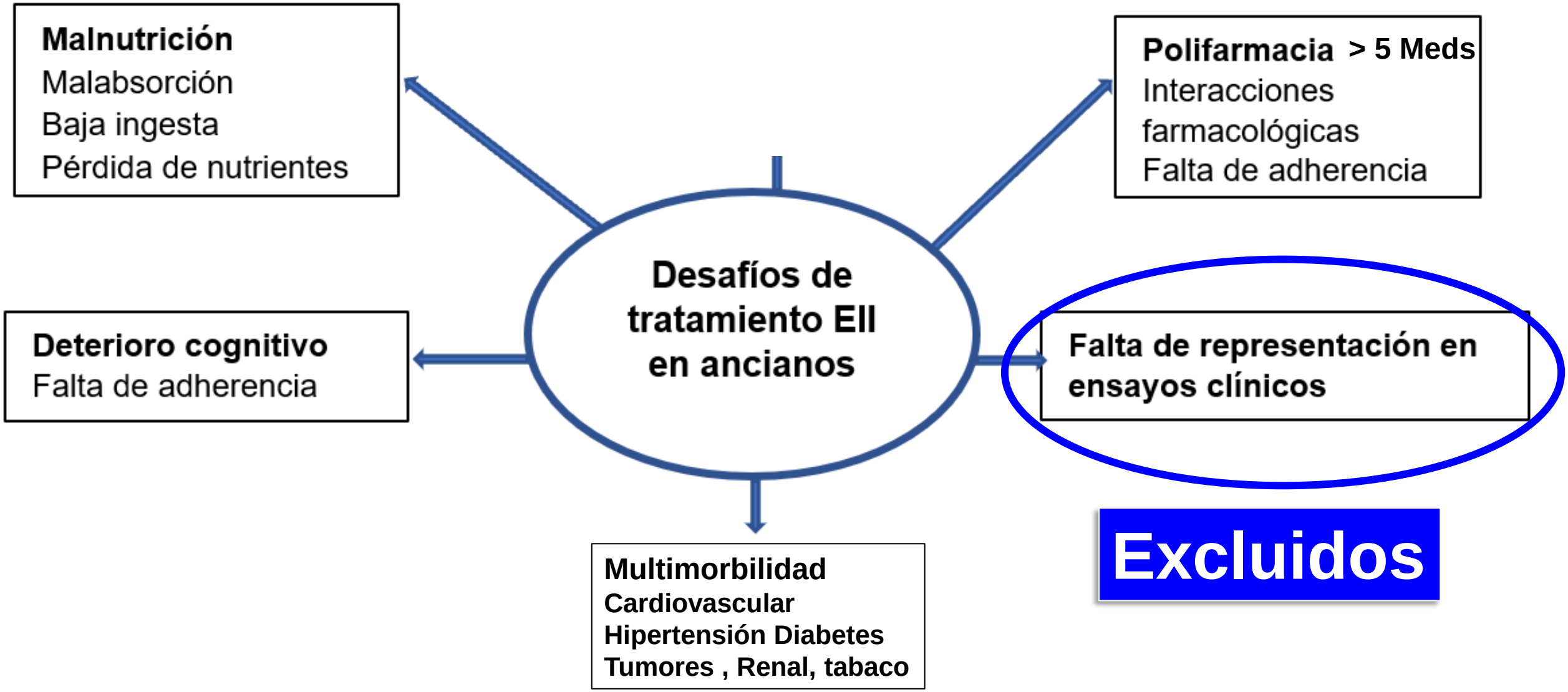
IBD in the Elderly: Management Challenges and Therapeutic Considerations

Vivy Tran[1] · Berkeley N. Limketkai[1,2,3] · Jenny S. Sauk[1,2,3]

Factores característicos
EII de comienzo anciano

Hong SJ, Ther Adv Gastroenterol 2021;14:1-15

Adulto mayor y Tratamiento de EII



Otero W, Rodriguez J, López V, En: Juliao F, Situaciones Especiales en EII 2022 en prensa

Tratamiento CU en el anciano

No hay estudios específicos en ancianos
Ancianos subrepresentados en ECA
Recomendaciones inferidas de no ancianos
Tratamiento individualizado
Polifarmacia: Interacciones medicamentosas
Comorbilidades: Índice de comorbilidad Charlson

Hruz P, Digestion. 2020;101(Suppl 1):105-119

EII

Conceptos claves en el manejo del adulto mayor

Privilegiar remisión síntomas sobre remisión profunda
Evitar combos IM + biológicos Infecciones
Empezar dosis bajas ir lentamente
Desafiante transferir resultados ECC población menor
Consultas presenciales familiar escuche recomendaciones
Vacunación actualizada Herpes Zoster (Riesgo1.5-2 veces)
Con Inmunosupresión No vacunas vivas (HZ recombinate)

Katz S, En Pitchumoni CS, (Ed) Geriatric Gastroenterology 2021:1675-90

Medicamentos en el adulto mayor con EII

5 ASA Piedra angular
Filtración glomerular
Tópicos Incontinencia
Interacción tiopurinas

Anti TNF
Infección
Falla cardíaca
Menor eliminación
Vacunas vivas

Tiopurinas
Toxicidad hematológica
Linfoma no Hodgkin RR15
Cáncer piel no melanoma
Warfarina
AINES
IECA

Esteroides
Osteoporosis
Fractura cadera
Siquiatria
Glaucoma
Cataratas
Infecciones

Tofacitinib, datos limitados Reumatología
Mayor riesgo Herpes Zoster 100 p/año
10 mg 5,5, 5mg 3.1 placebo 0. Leve >90%
Mayor riesgo trombosis venosa y TEP
10 mg 2v/d u otros factores riesgo
HA, Diabetes, Tabaco, Coronaria

Ustekinumab, (P40 IL12/L23
Datos limitados
Favorable
Menor riesgo infecciones

Vedolizumab; Datos limitados?
Favorable
Menor riesgo infecciones

Ananthakrishnan AN, Gastroenterology 2021;160:445-51
Hong S, Ther Adv Gastroenterol 2021;14:1-15

Efficacy of Vedolizumab in a Nationwide Cohort of Elderly Inflammatory Bowel Disease Patients

Nabeel Khan, MD,*,†,‖, Tyler Pernes, BA,*,‖ Alexandra Weiss, MD,‡ Chinmay Trivedi, MBBS,* Manthankumar Patel, MS,* Elina Medvedeva, MS,* Dawei Xie, PhD,§ and Yu-Xiao Yang, MD*,†,¶

Cohorte retrospectivo
N=568, EC 56.7% CU 43.3%

	Jóvenes	Viejos	p
Libre de esteroides 6-12 meses inicio VDZ	46.8%	40.1%	0.23
Hospitalización relacionada con EII 1 año VDZ	11.2	11.3	0.37
Tasas de cirugía dentro de 1 año de VDZ	3.9%	3.9%	0.51

Khan N, Inflamm Bowel Dis 2021, Octubre 28

DDW 2021 cohorte retrospectiva

INCIDENCE OF INFECTIONS AND MALIGNANCY AMONG ELDERLY IBD PATIENTS EXPOSED TO VEDOLIZUMAB, PREDNISONE, AND MESALAMINE

Alexandra Weiss, Chinmay Trivedi, Tyler Pernes, Manthankumar Patel, Nabeel H. Khan

Table 1. Primary outcomes and incidence rates by exposure group

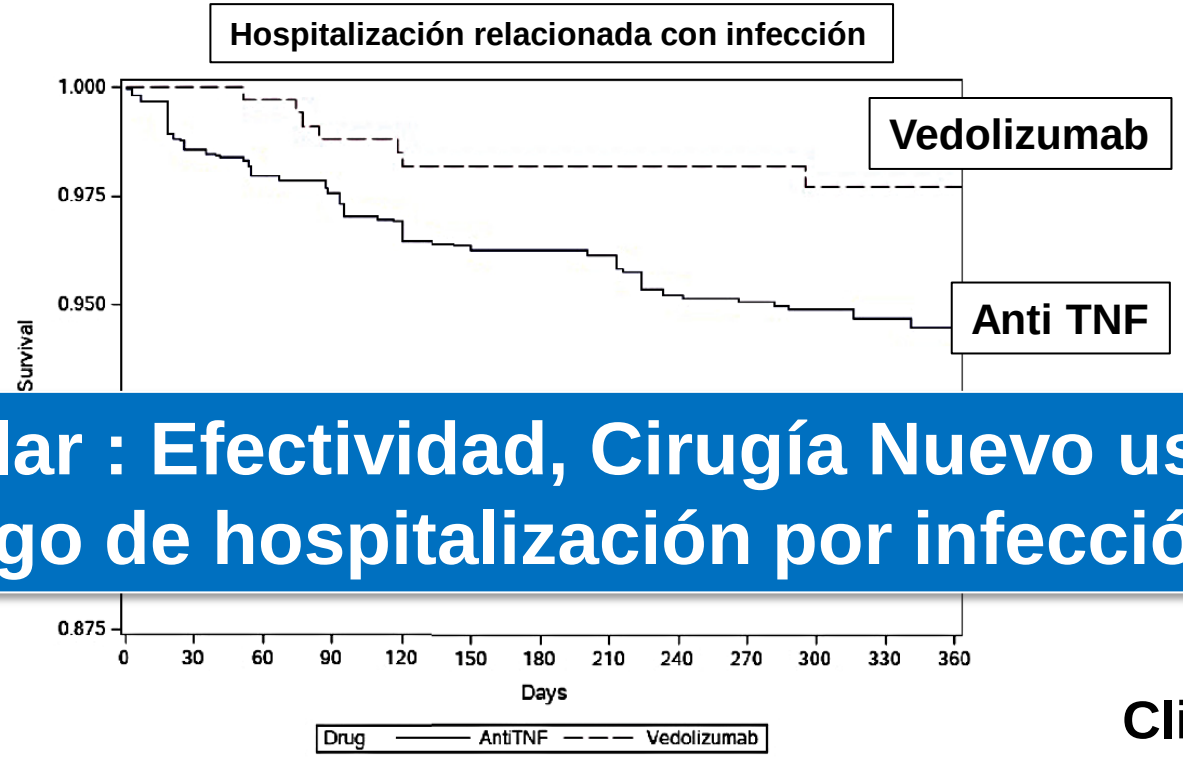
Outcome	VDZ group			5ASA group			Steroid group		
	Number	PYs	Per 1,000 PYs	Number	PYs	Per 1,000 PYs	Number	PYs	Per 1,000 PYs
Mild Infection	34	365	93.1	61	533	114.4	35	226	155.1
Severe Infection	15	390	38.5	19	621	30.6	19	282	67.4
Malignancy (exc. NMSC)	7	399	17.6	10	641	15.6	12	281	42.6
C piel no melanoma	14	386	36.3	3	651	4.6	11	282	39.0

Weiss A, Gastroenterology 2021;160:S-339

Vedolizumab Is Associated With a Lower Risk of Serious Infections Than Anti-TNF Agents in Older Adults

Bharati Kochar,[*,‡,§] Virginia Pate,[||] Michael D. Kappelman,[¶,#] Millie D. Long,[#,**] Ashwin N. Ananthakrishnan,[*,‡,§] Andrew T. Chan,[*,‡,§] and Robert S. Sandler[#,**]

Cohortes retrospectivas 65 años Edad promedio 71 años, inicio Anti TNF, VDZ
Índice de Chalson ≥ 2



Similar : Efectividad, Cirugía Nuevo uso esteroides
Riesgo de hospitalización por infección VDZ 0.47 (IC95% 0.25-0.85)

Clin Gastroenterol Hepatol 2021, Sept 21

Paciente Candidato para Vedolizumab

Colitis ulcerativa o EC moderada a severa

Vedolizumab

Corta evolución
Infecciones previas
Cáncer extraintestinal
No exposición Anti TNF
Vitamina D normal
PCR Baja
Adulto mayor ≥ 65 años

Anti TNF

Colitis aguda severa
Extraintestinales
Embarazo

Pouillon L, Best Pract Res Clin Gastroenterol 2018;32-33:17-25
Gubatan J, J Crohns Colitis. 2021;15:1980-199

Muchas gracias!
Fue un honor!

Safety and Efficacy of Tumor Necrosis Factor Antagonists in Older Patients With Ulcerative Colitis: Patient-Level Pooled Analysis of Data From Randomized Trials

David Cheng,[*,‡,a] Kelly C. Cushing,[‡,§,‖,a] Tianxi Cai,[*,‡] and Ashwin N. Ananthakrishnan[‡,§]

N=2257
Análisis combinado de ECCA CU moderada-severa

Efectos avers
Muerte
Evento que ar
Hospitalizació
Significativa i

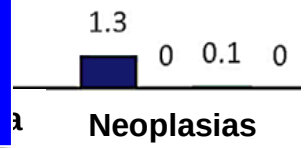
Eficacia similar ancianos y no anciano

Inducción **OR 1.05 (IC95% 0.33 - 3.39)**

Mantenimiento **OR 0.49 (IC95% 0.18 - 1.33)**

Ancianos mayor riesgo de efectos adveros severos y no se aumenta con Anti TNF

Controvierte concepto clásico de > riesgos con Anti TNF viejos!



Clin Gastroenterol Hepatol 2021;19:939-46