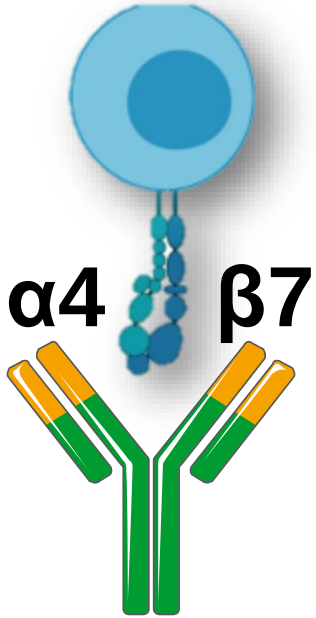
Conflicto de intereses

Abbott *Rifax, Izinova, Nedox, probioticos*
Procaps *Ezolium, Rifaximina , Menta Oleosa*
Tecnoforma *Nulytely, Contumax*
Tecnoquímica,
Menarini *Salofalk, spasmomen*
Biotoscana
Takeda *Vedolizumab*

Vedolizumab: Persistencia
Como terapia inicial o de segunda lìnea



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

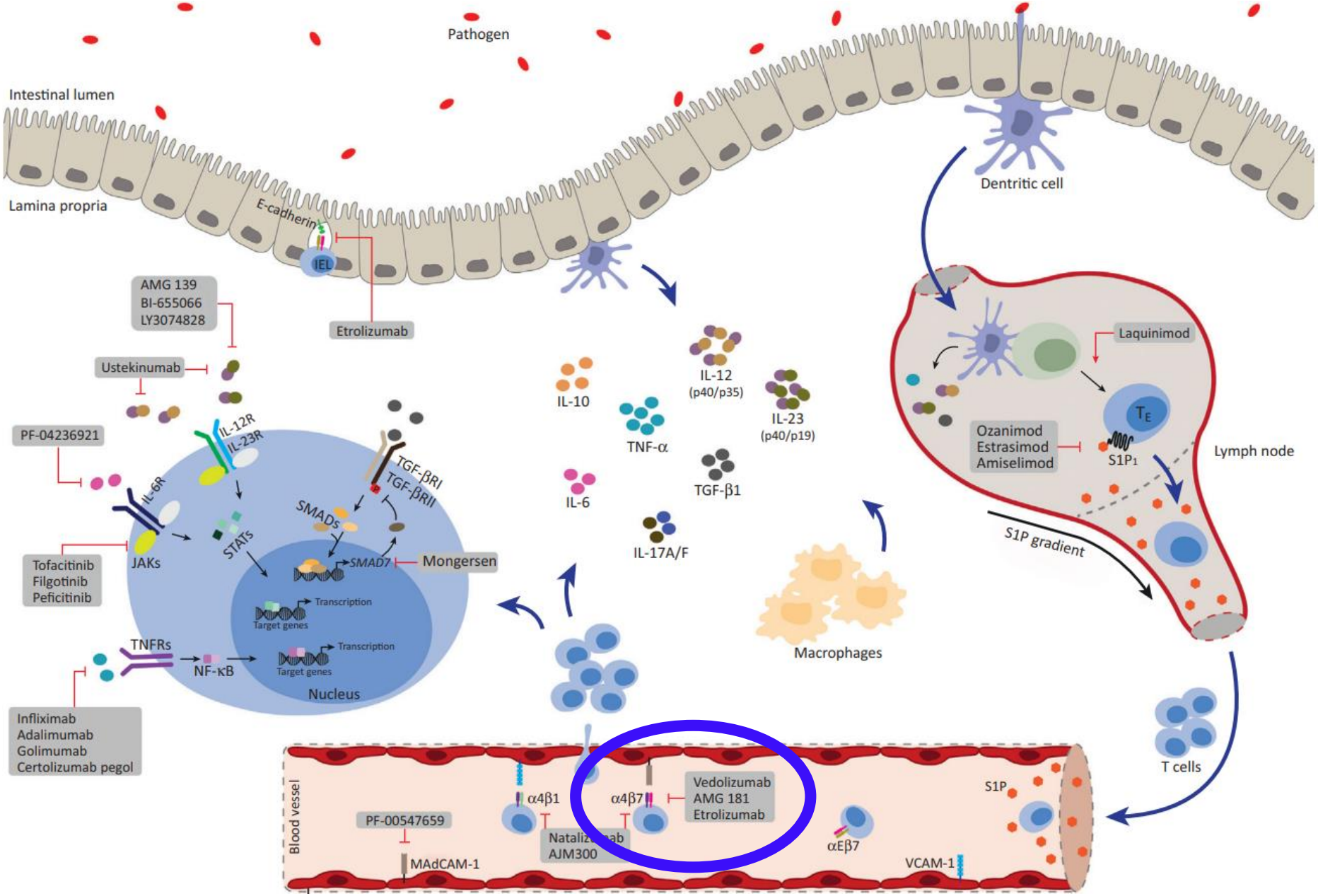
GASTROENTEROLOGY 1996;111:1373–1380

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

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.

Gastroenterology 2020;158:1450–1461

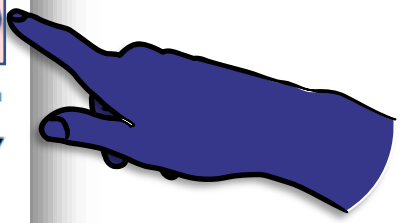
CLINICAL PRACTICE GUIDELINES

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.

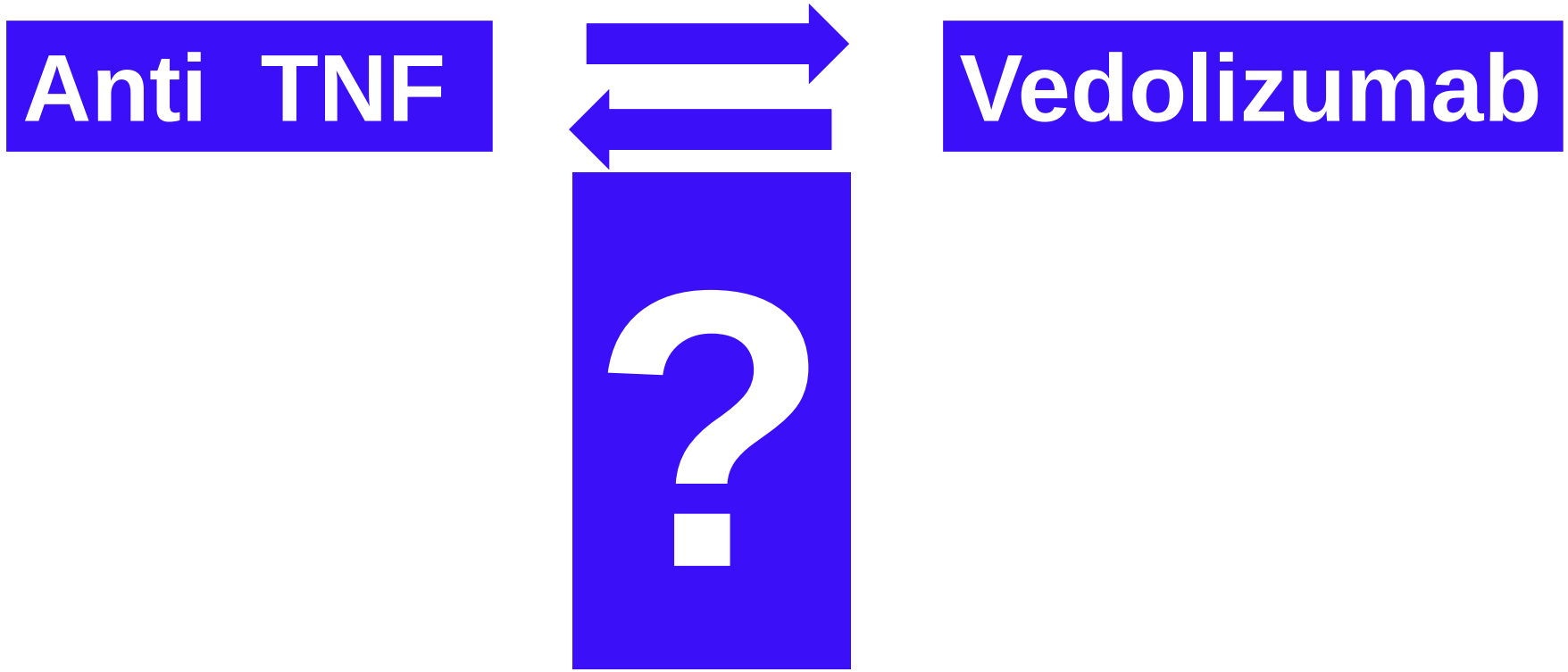


Vedolizumab USA

>261.000 pacientes
> 36.000 mèdicos

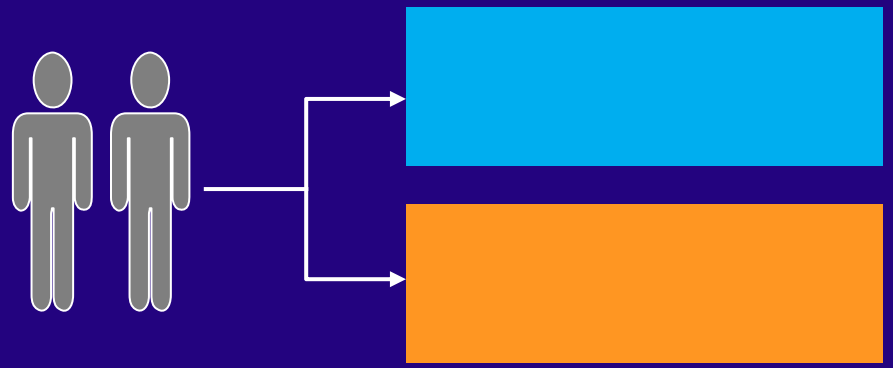
Takeda 2022

Colitis ulcerativa

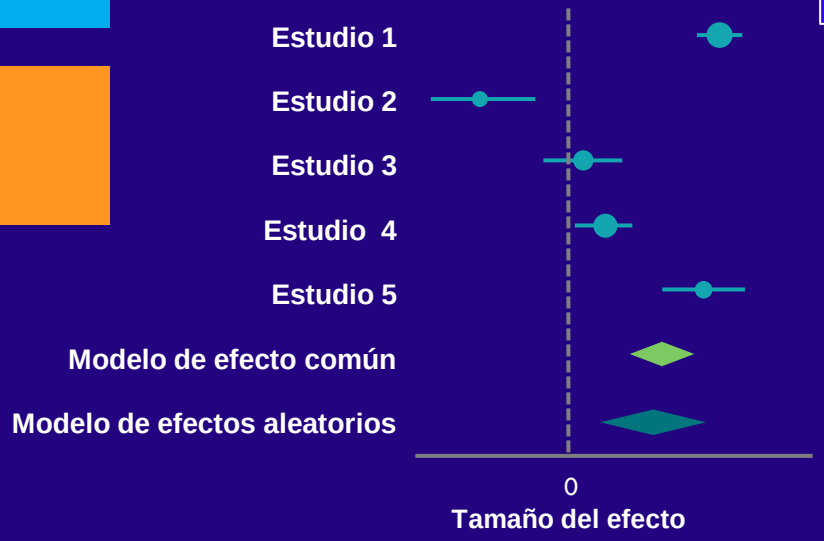


Investigaciones científicas

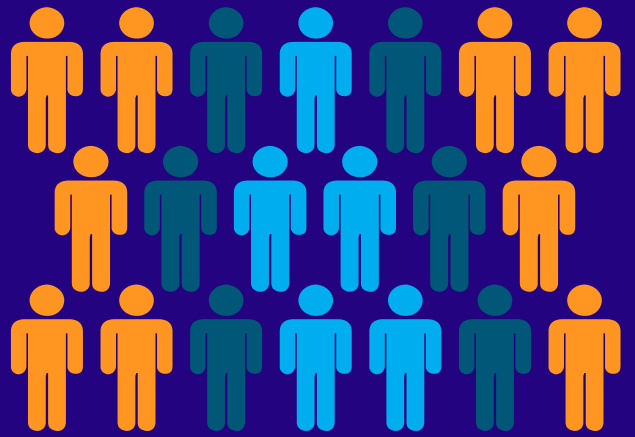
ECC



Meta-análisis



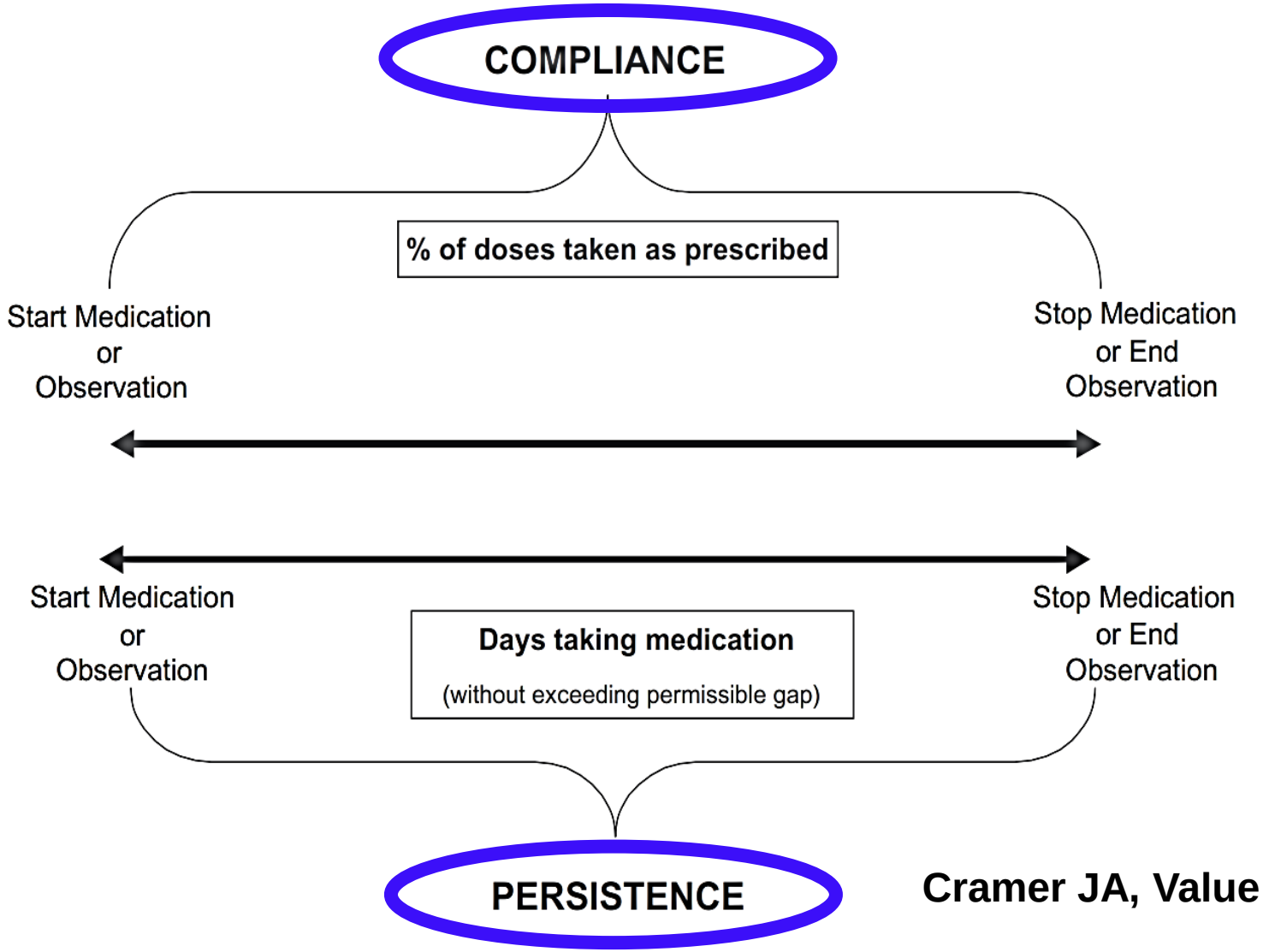
Estudios del mundo real



Gurevitch J, et al. *Nature* 2018;555:175–182
Corrigan-Curay J, et al. *JAMA* 2018;320:867–868;
Peyrin-Biroulet L, et al. *J Crohns Colitis* 2017;S567–S775
Favalli E, et al. *BioMed Res Int* 2014;2014:831603

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

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

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

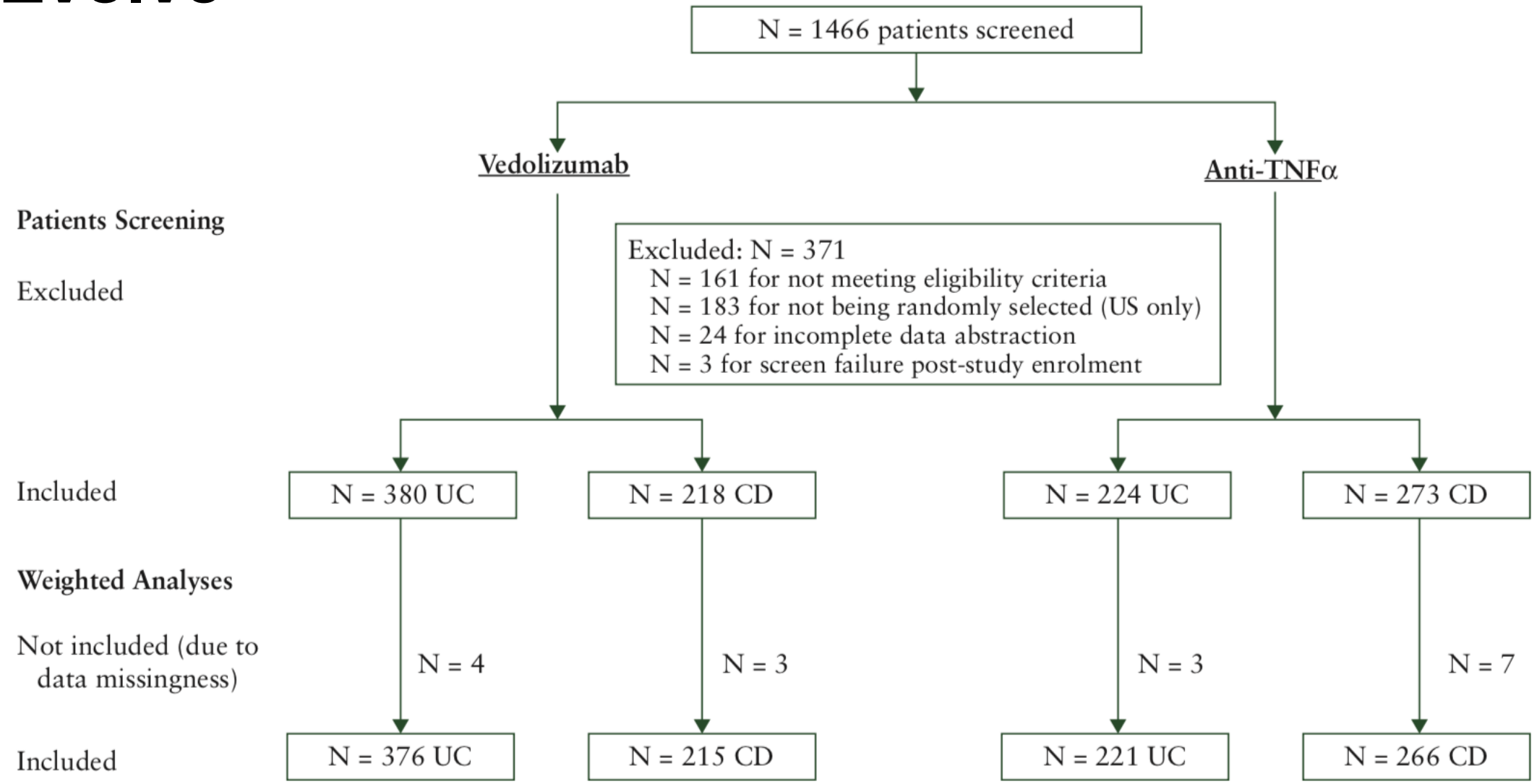
Original Article

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]

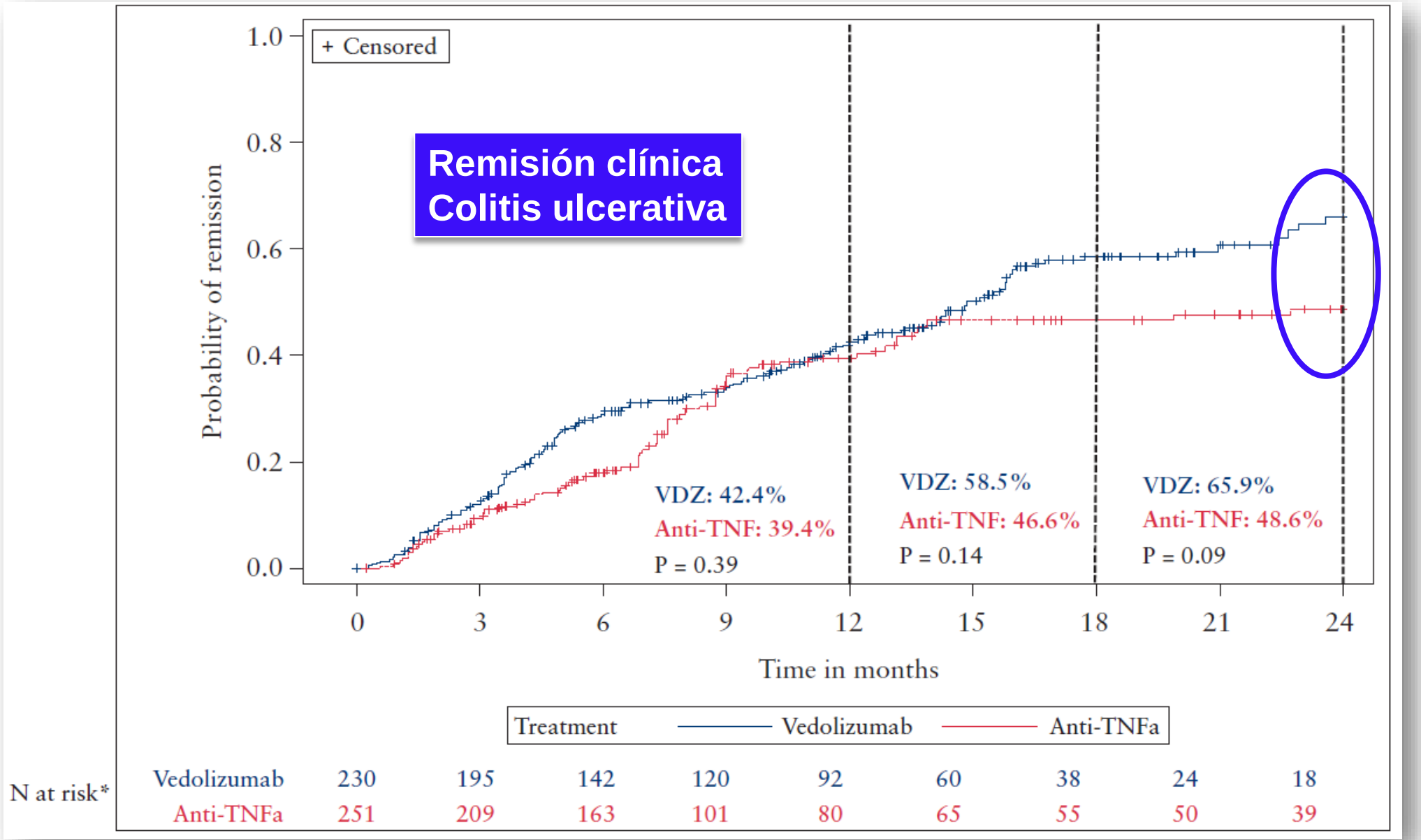
USA
Canadá
Grecia

Evolve



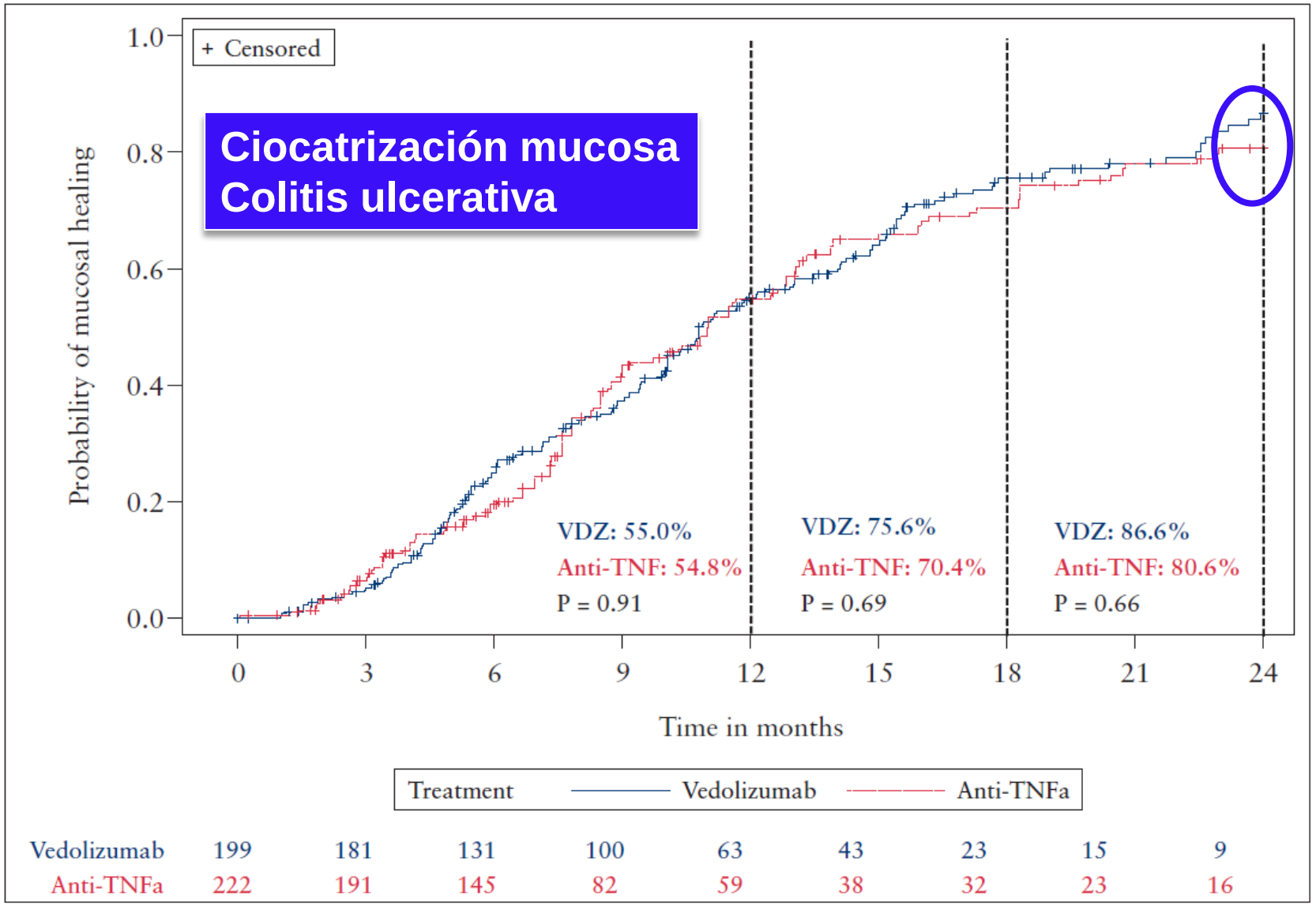
Bressler B, J Crohn´s Colitis. 2021;15:1694-1706.

Estudio EVOLVE



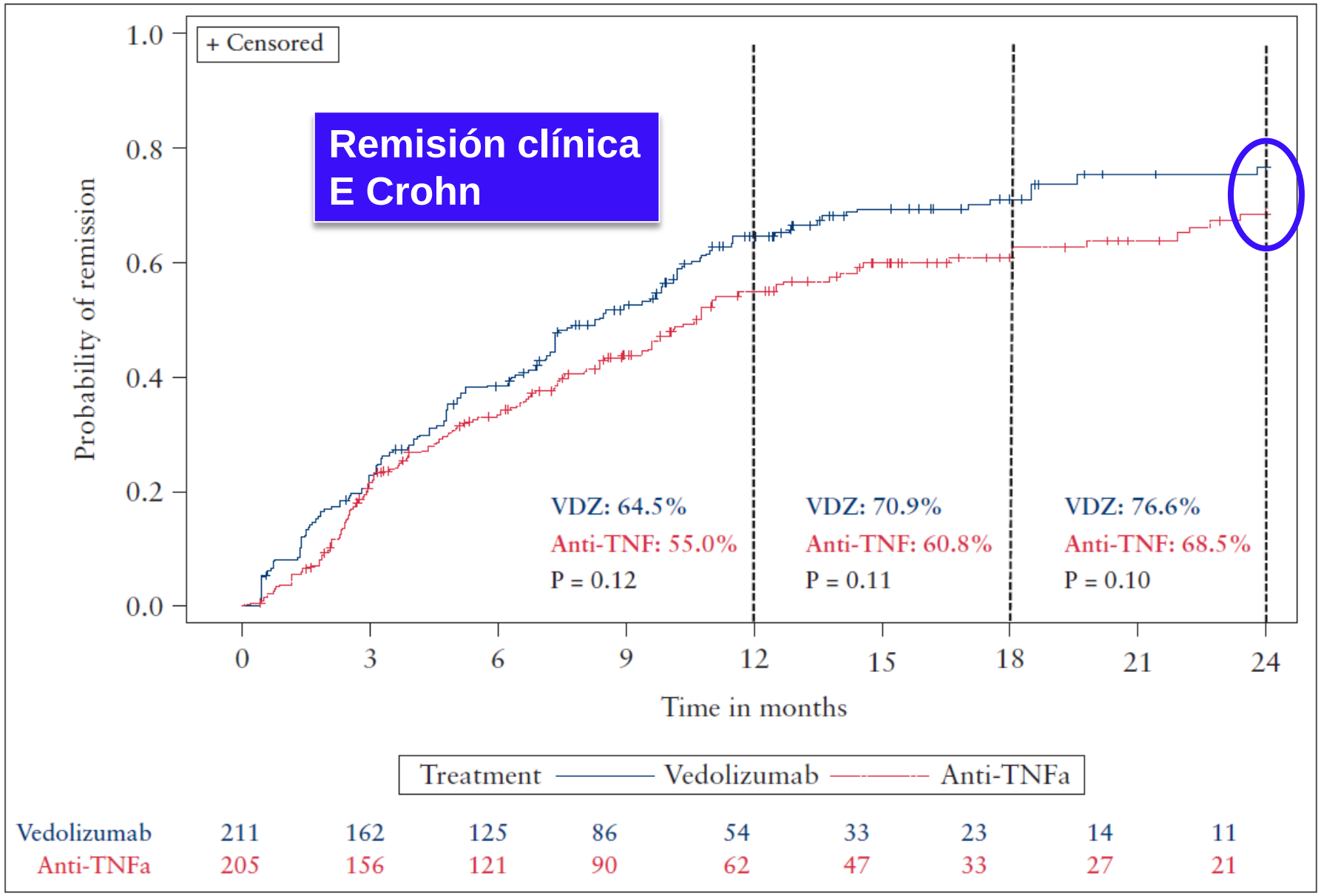
Bressler B, J Crohn´s Colitis. 2021;15:1694-1706.

Estudio EVOLVE



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

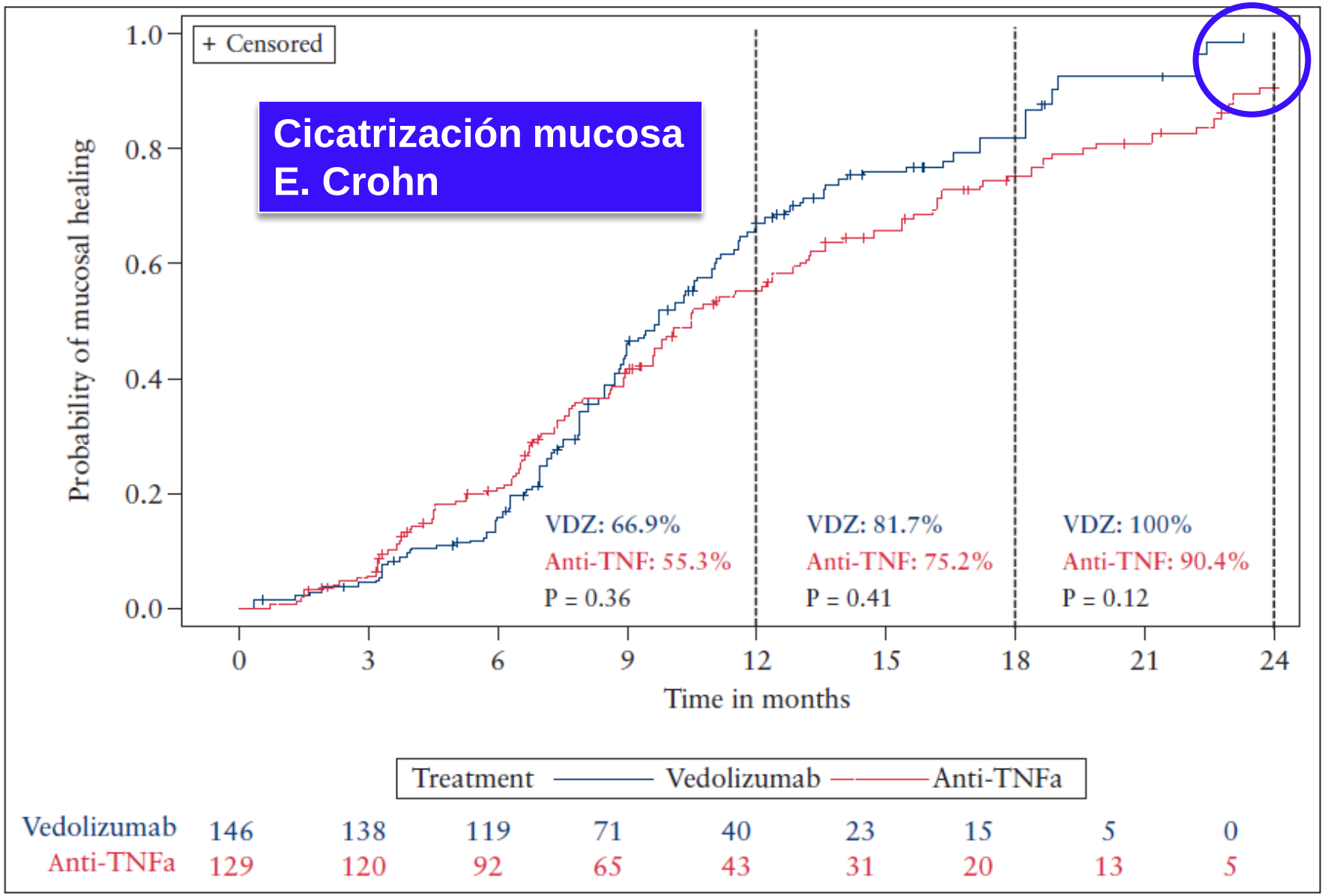
Estudio EVOLVE



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

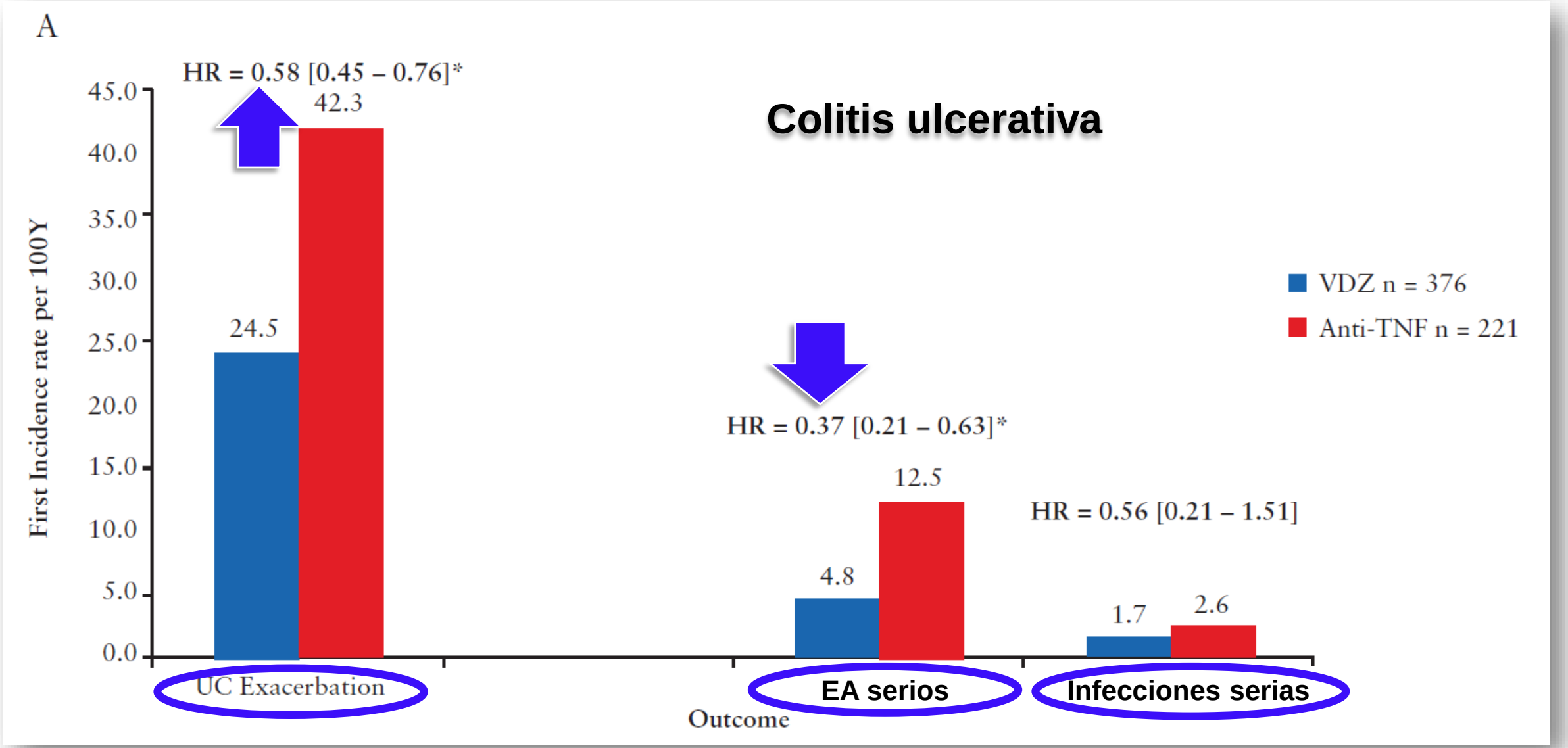
Remisión clínica E Crohn

Estudio EVOLVE



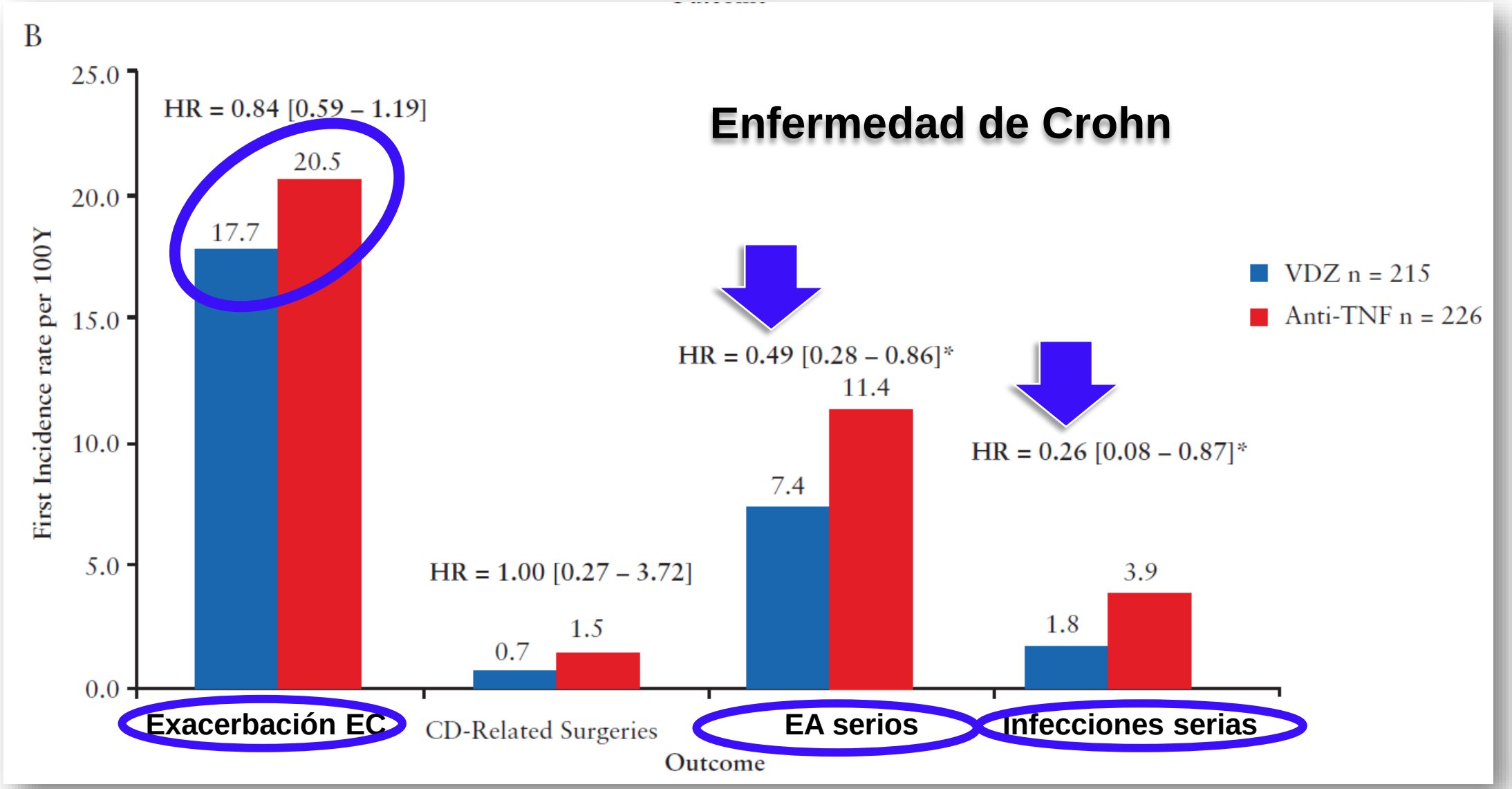
Bressler B, J Crohn´s Colitis. 2021;15:1694-1706.

Estudio EVOLVE



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

Estudio EVOLVE



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

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

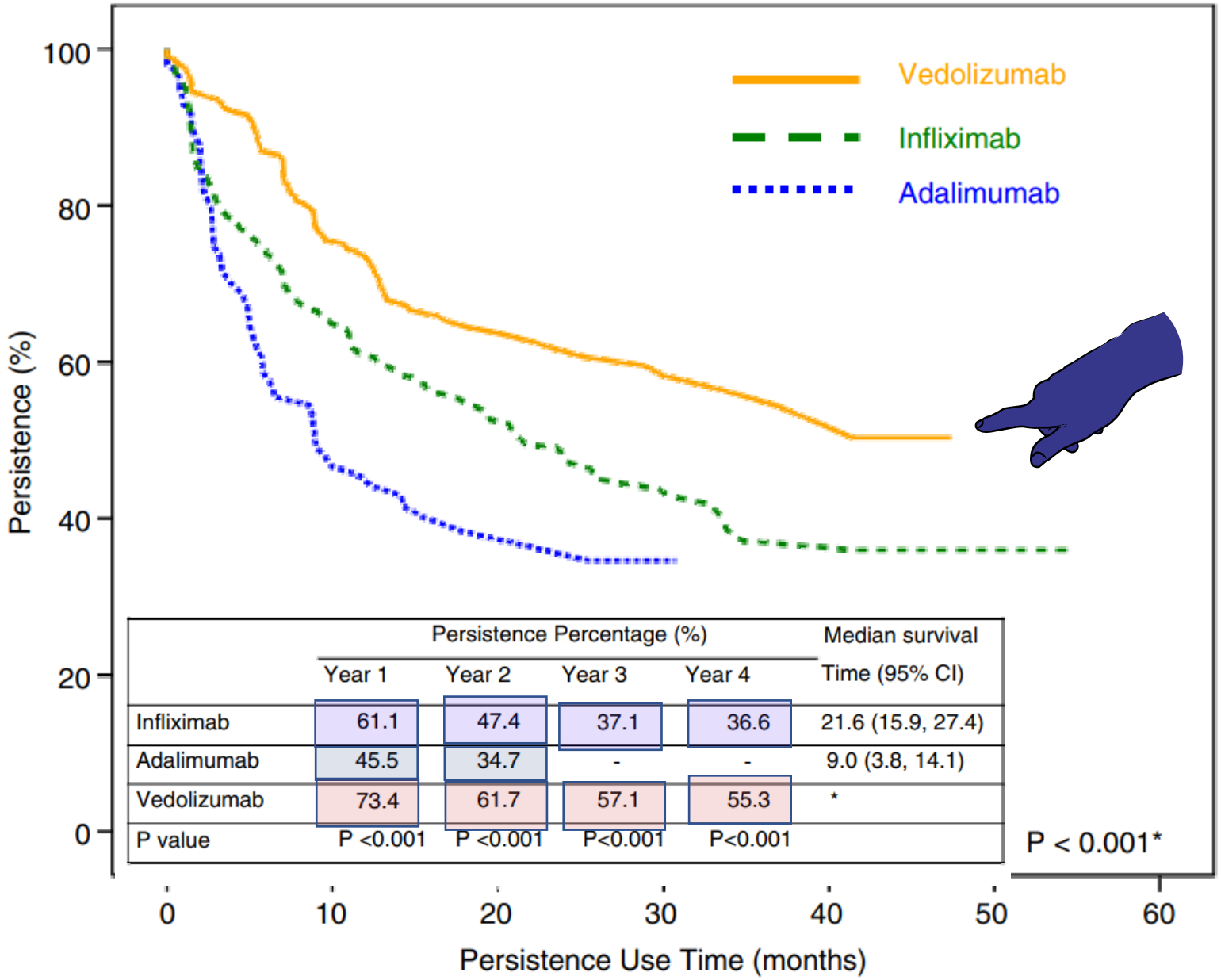
Persistencia de Biológicos CU Moderada-Severa

Persistencia

Proporción de Pacientes continúan Con medicación

Marcador Subrogado

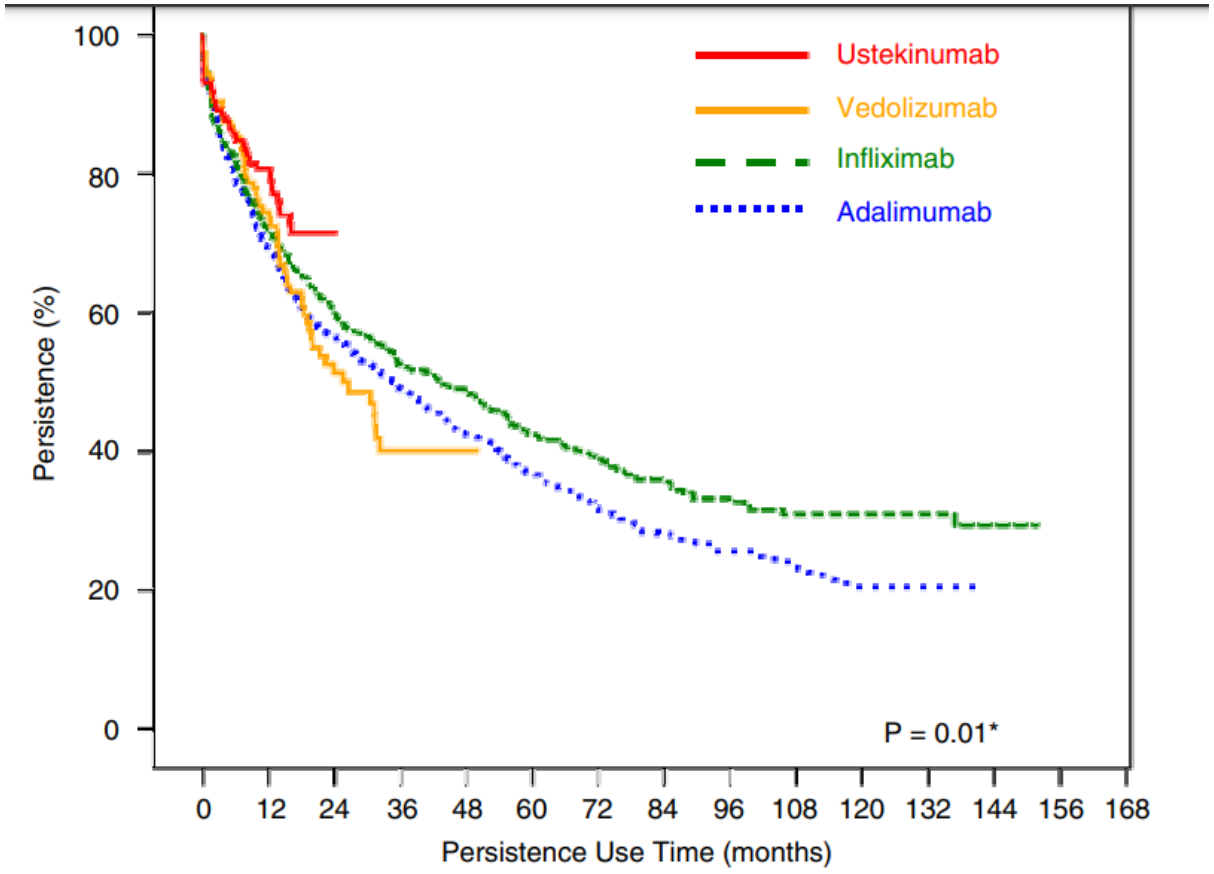
Efectividad Tolerabilidad Aeptación Mundo real



	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

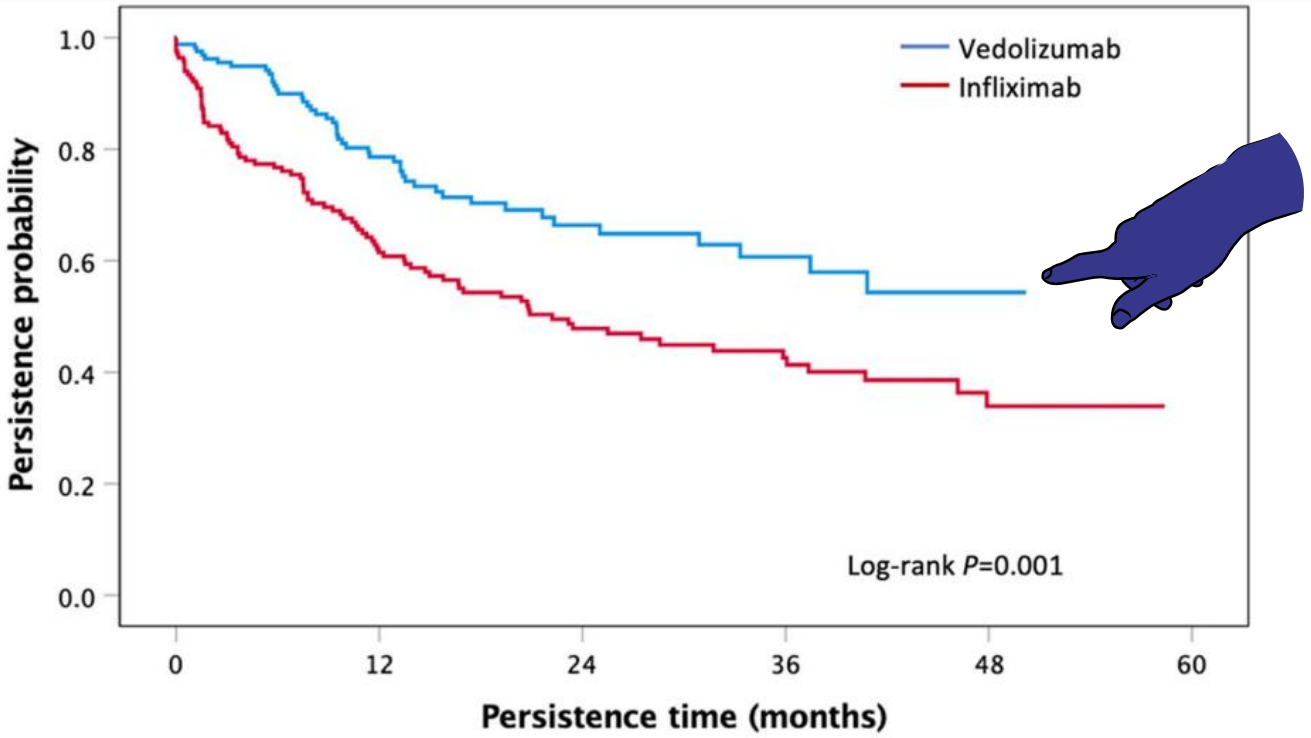
Vedolizumab has longer persistence than infliximab as a first-line biological agent but not as a second-line biological agent in moderate-to-severe ulcerative colitis: real-world registry data from the Persistence Australian National IBD Cohort (PANIC) study

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

PANIC : Persistence Australian National IBD Cohort study

Primera línea



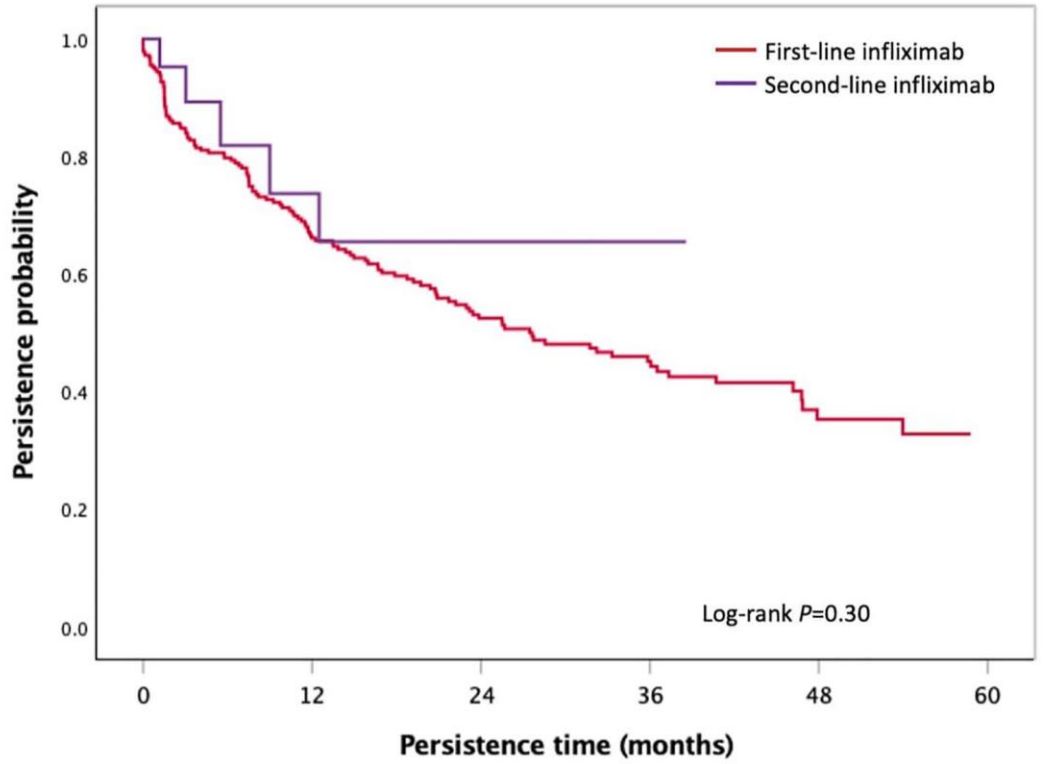
	Persistence Percentage (95%CI) (%)				Median survival
	12 months	24 months	36 months	48 months	time in months (95% CI)
Infliximab	61.5 (52.0-71.0)	47.9 (38.1-57.7)	43.8 (34.1-53.5)	33.9 (24.6-43.2)	22.2 (12.7–31.7)
Vedolizumab	78.6 (72.3-84.8)	66.4 (59.3-73.5)	60.7 (53.3-68.1)	54.3 (46.8-61.8)	> 50.2*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

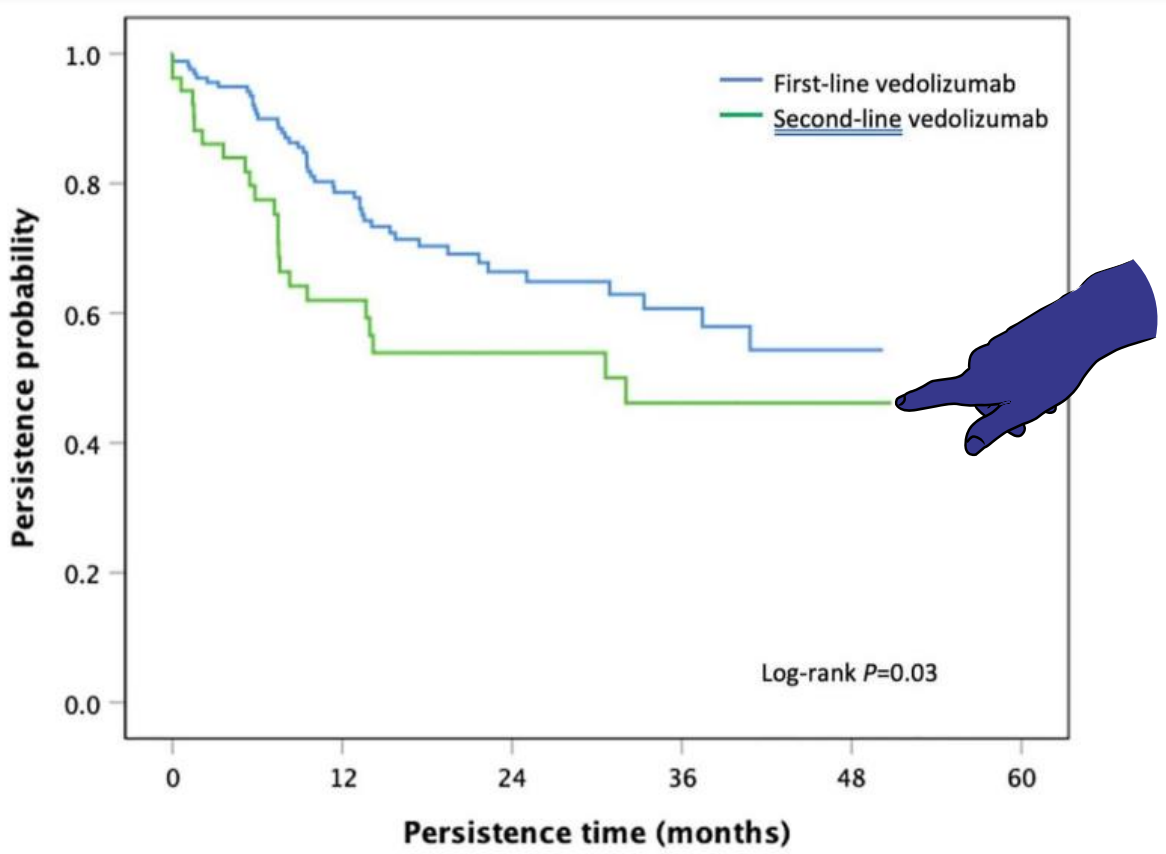
*The median survival or its confidence interval cannot be exactly calculated when event rate is higher than 50%.

†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

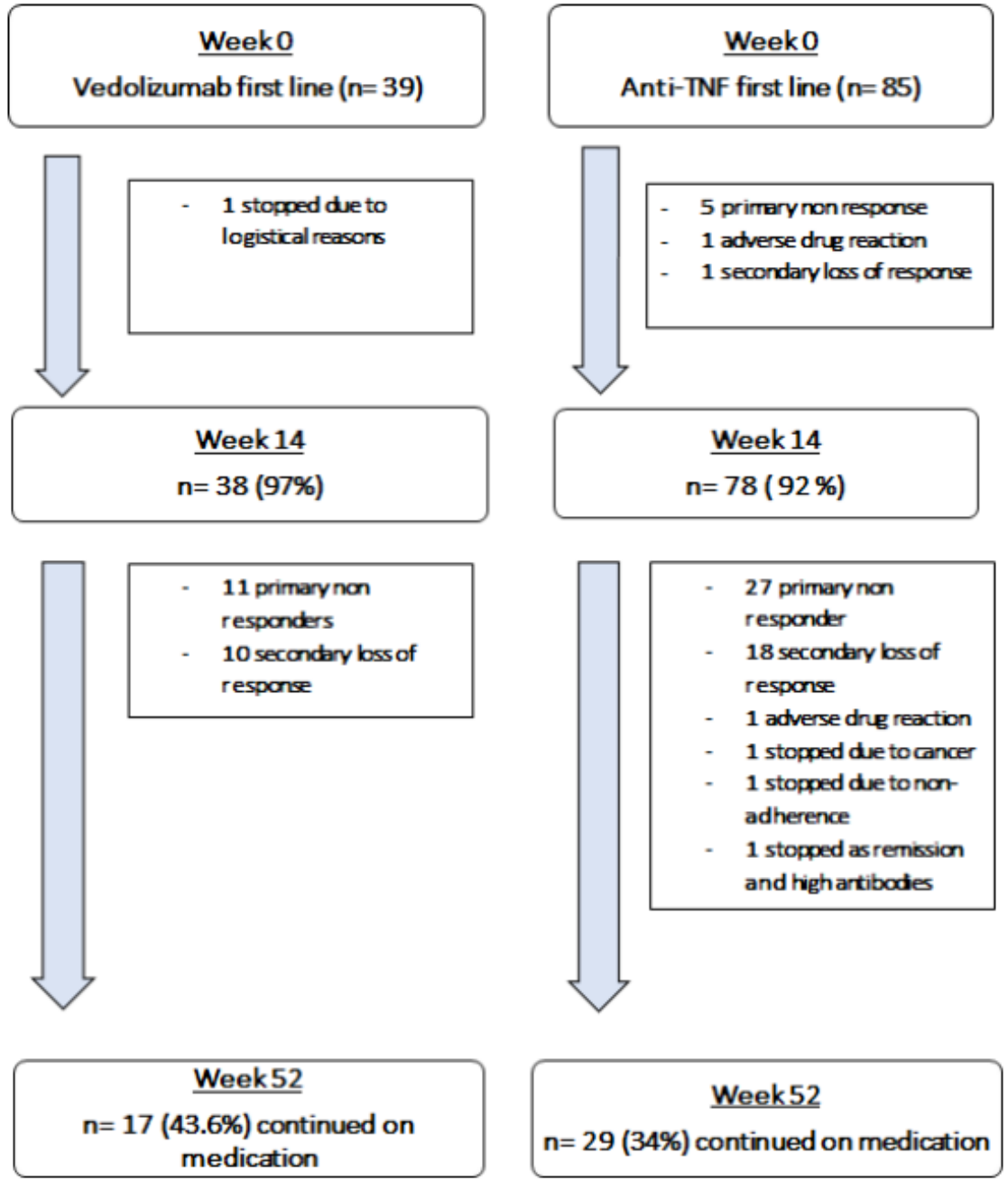
Liefferinckx C, Eur J Gastroenterol Hepatol 2019;31:478-85
Biancheri P, Inflamm Bowel Dis 2013;19:259-64

Original research

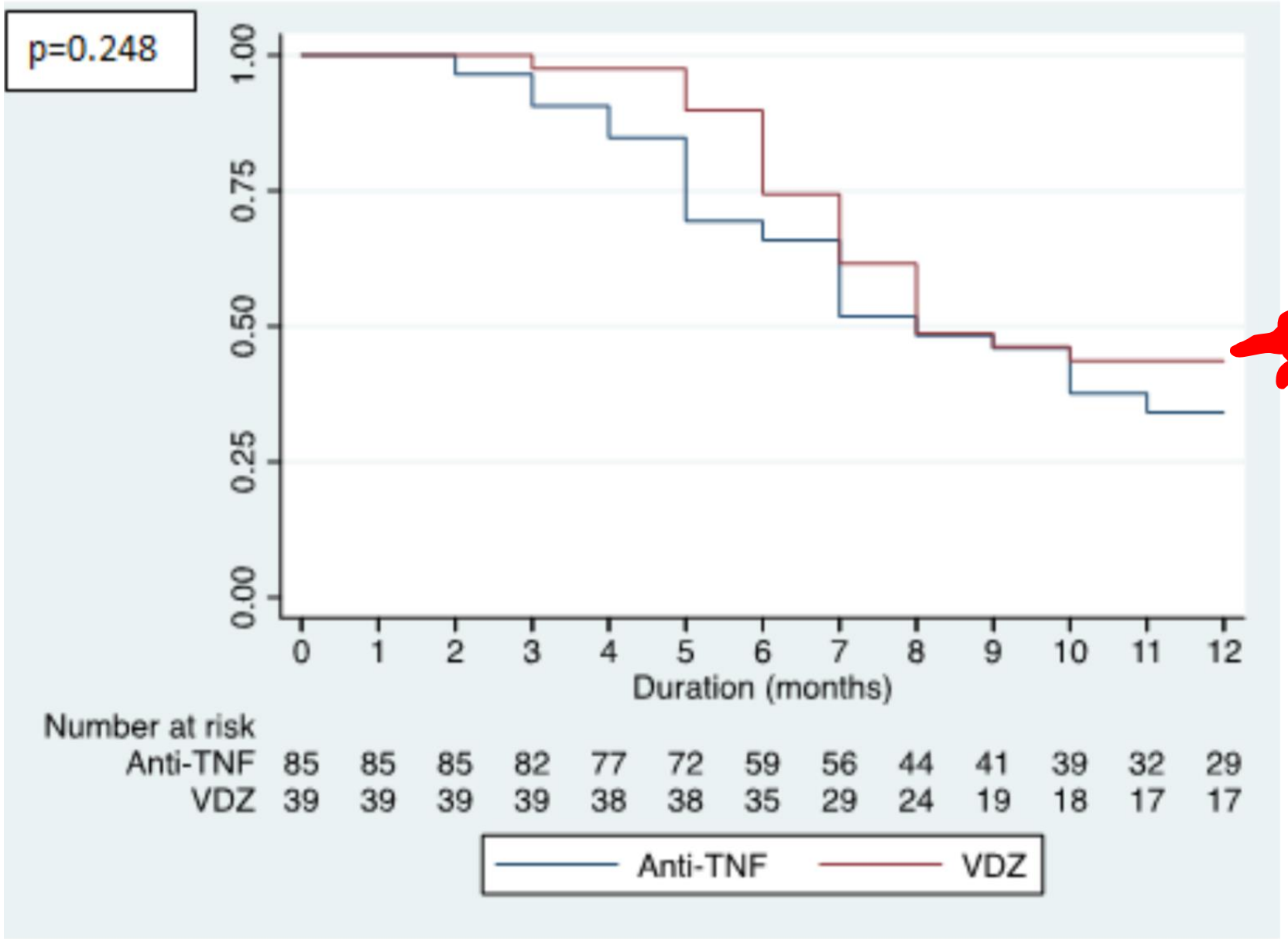
Comparative effectiveness of a second-line biologic in patients with ulcerative colitis: vedolizumab followed by an anti-TNF versus anti-TNF followed by vedolizumab

Charles Miller ,[1] Hanson Kwok,[1] Paul Harrow,[1] Roser Vega,[1] Edward Seward ,[1] Shameer Mehta,[1] Farooq Rahman,[1] Sara McCartney ,[1] Ioanna Parisi,[1] Samuel Hsiang Lim,[2] Esha Sharma,[2] Mark A Samaan,[2] Aaron Bancil,[3] Klaartje Bel Kok,[3] Ahmed Shalabi,[4] Emma L Johnston,[4] Dev Katarey,[5] Nina Taherzadeh,[5] Charles Murray,[5] Mohammed Tauseef Sharip,[6] Martyn J Carter,[6] Shiva T Radhakrishnan ,[7] Simon Peake,[7] Imran Khakoo,[8] Mahmood Wahed,[8] Sebastian Povlsen,[9] Mehul Patel,[9] Patrick DuBois,[9] Jemima Finkel,[10] Clive Onnie,[10] Stuart Bloom[1]

Miller C, et al. Frontl Gastroenterol 2022, on line Sept 12

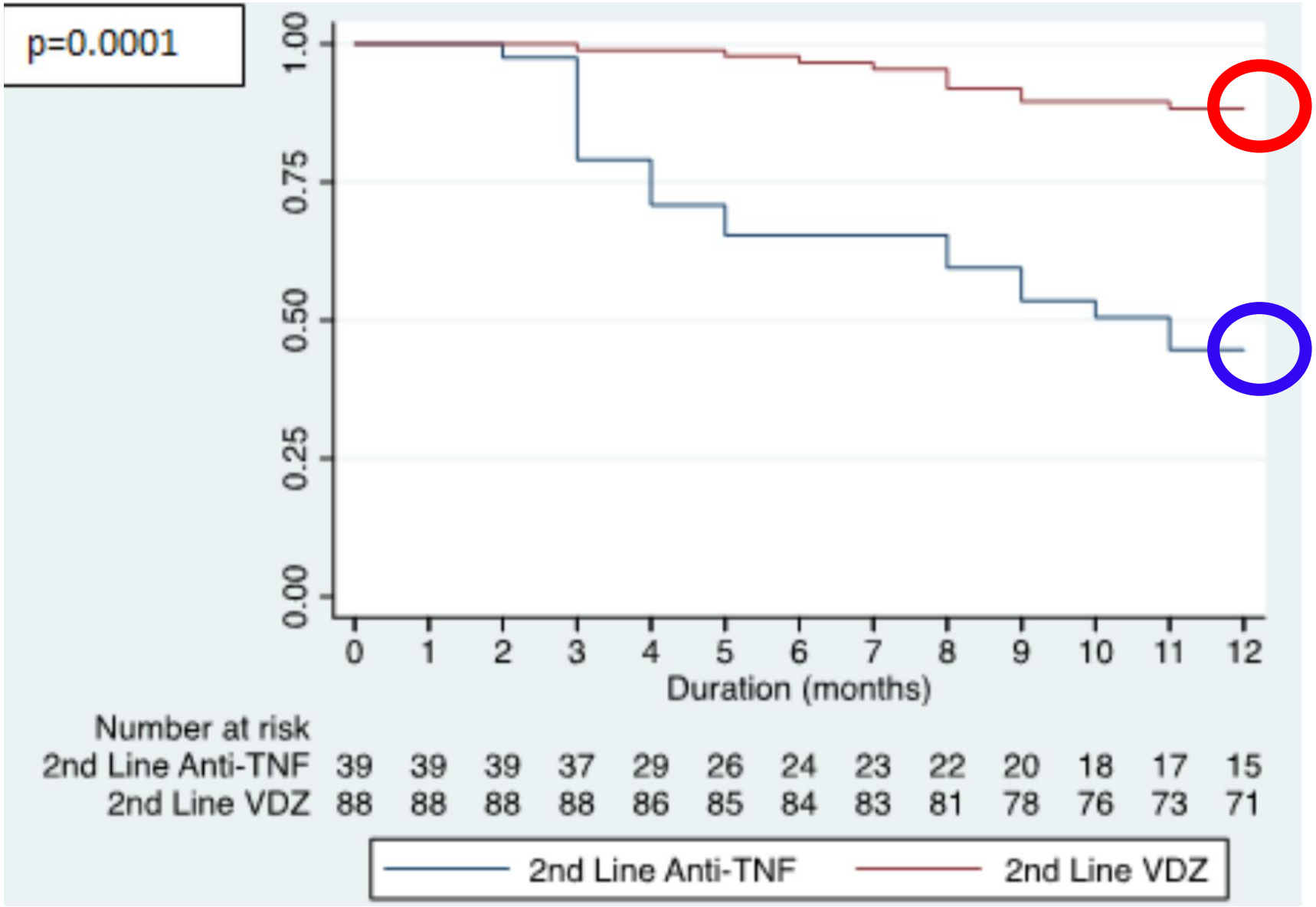

Week 0
Vedolizumab first line (n= 39)
- 1 stopped due to logistical reasons
Week 14
n= 38 (97%)
- 11 primary non responders
- 10 secondary loss of response
Week 52
n= 17 (43.6%) continued on medication
Week 0
Anti-TNF first line (n= 85)
- 5 primary non response
- 1 adverse drug reaction
- 1 secondary loss of response
Week 14
n= 78 (92 %)
- 27 primary non responder
- 18 secondary loss of response
- 1 adverse drug reaction
- 1 stopped due to cancer
- 1 stopped due to non-adherence
- 1 stopped as remission and high antibodies
Week 52
n= 29 (34%) continued on medication

Persistencia en primera lìnea Anti TNF vs Vedolizumab



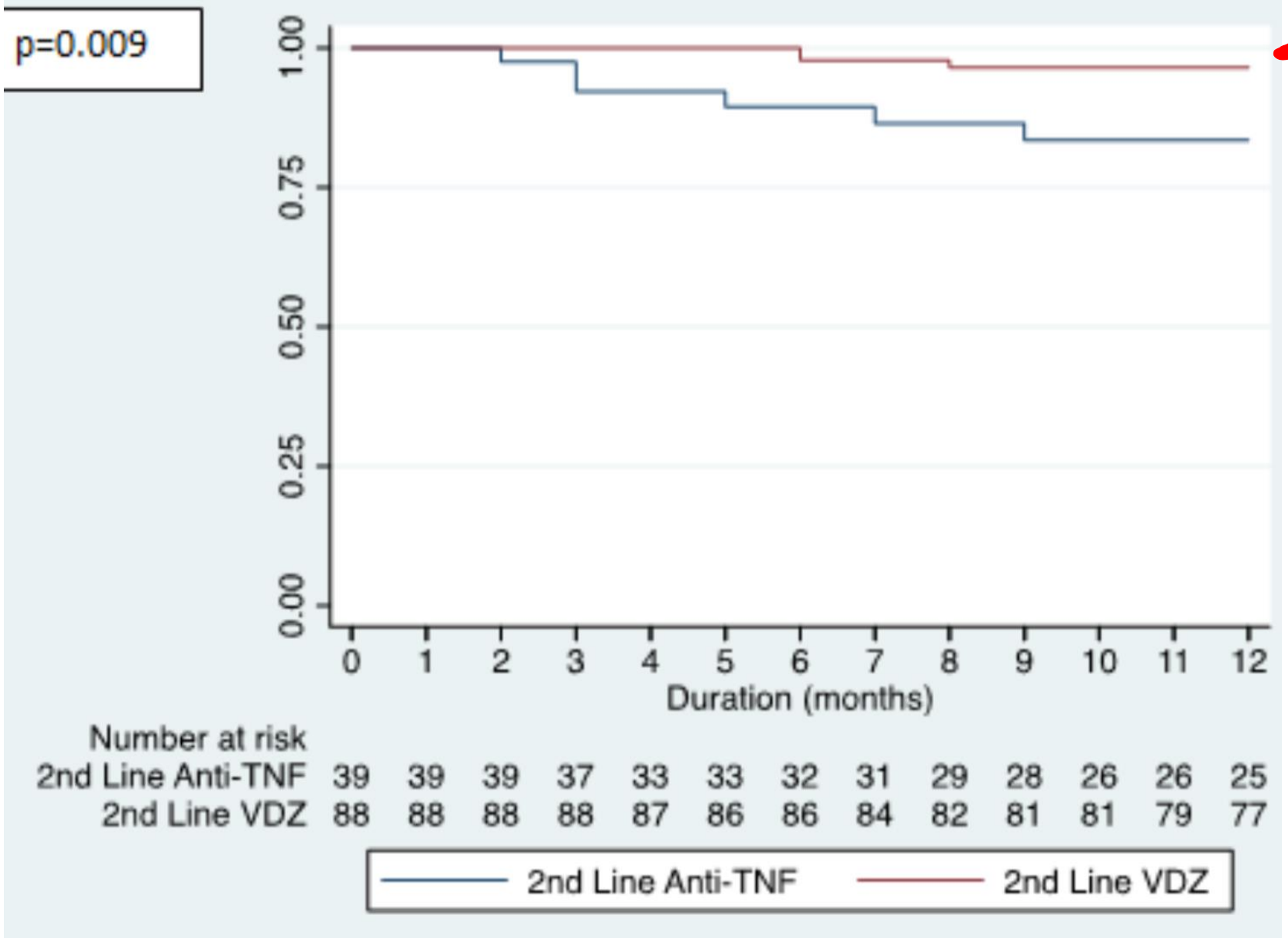
Miller C, et al. Frontl Gastroenterol 2022, on line Sept 12

Persistencia en segunda lìnea Anti TNF vs Vedolizumab

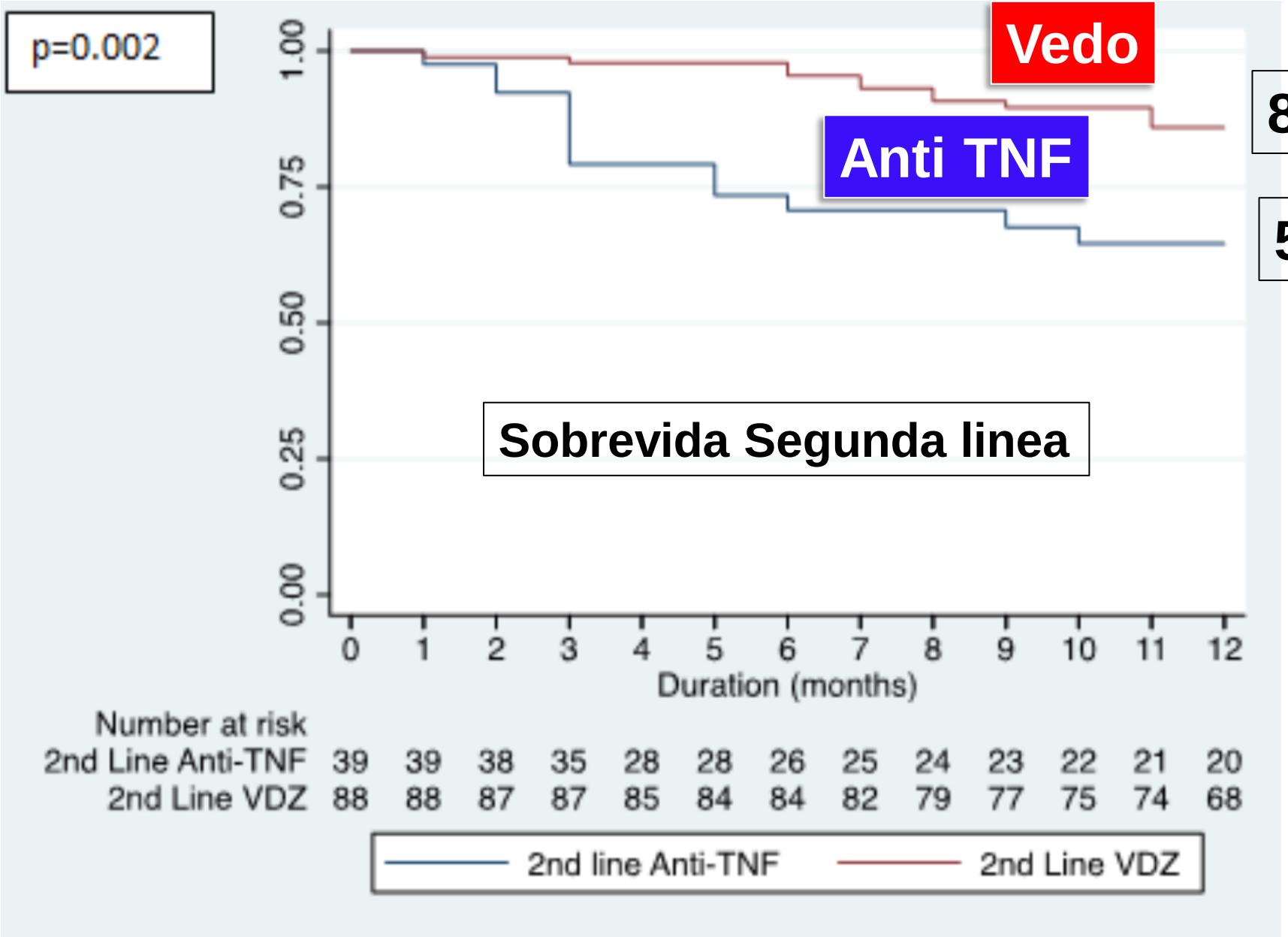


Miller C, et al. Frontl Gastroenterol 2022, on line Sept 12

Tasa de sobrevida libre de colectomìa



Miller C, et al. Frontl Gastroenterol 2022, on line Sept 12



81% (68/84)

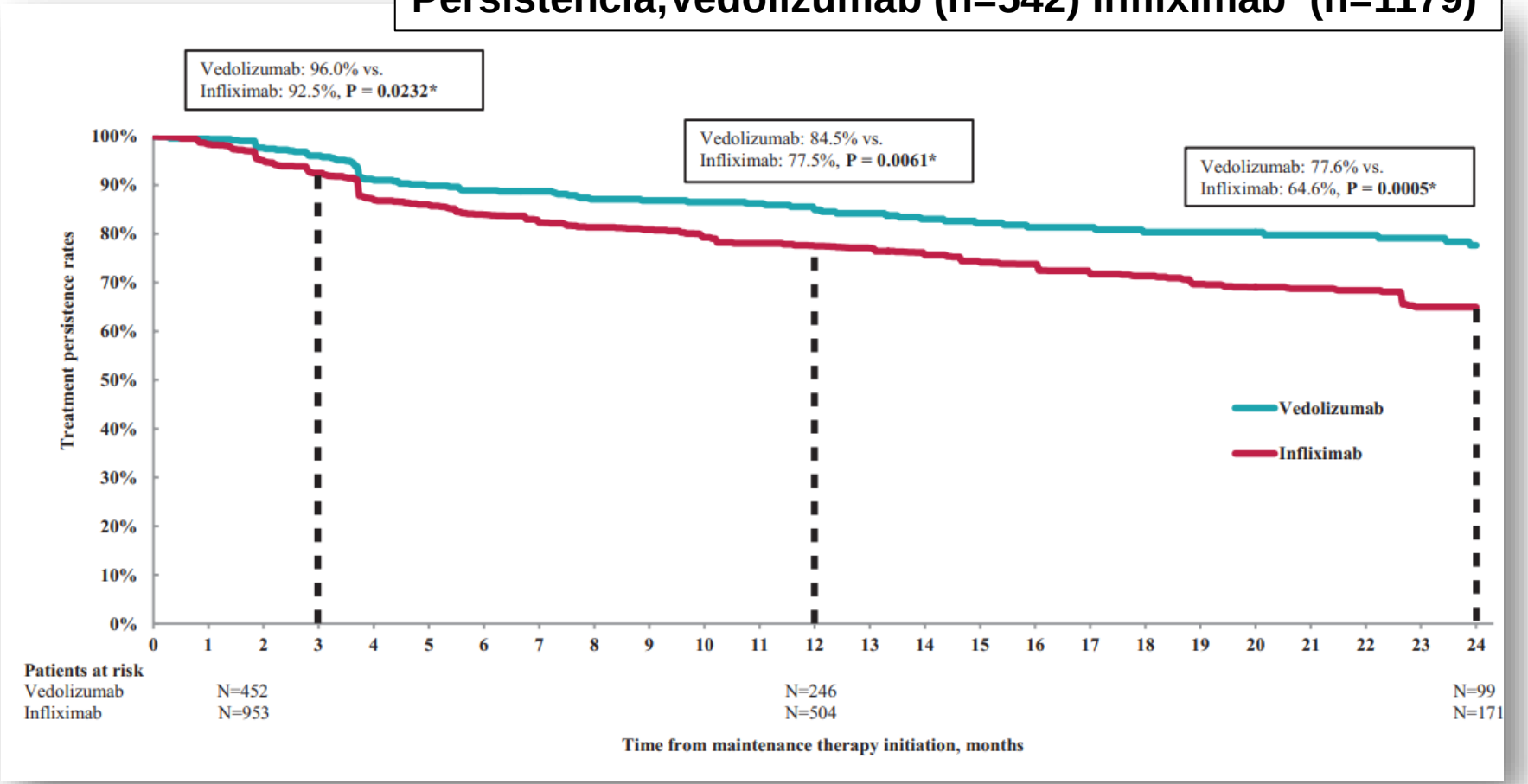
59% (20/34)

Miller C, et al. Frontl Gastroenterol 2022, on line Sept 12

Comparison of Real-World Treatment Outcomes With Vedolizumab Versus Infliximab in Biologic-Naive Patients With Inflammatory Bowel Disease

Haridarshan Patel, PharmD,[*] Dominick Latremouille-Viau, MA,[†] Rebecca Burne, PhD,[†] Sherry Shi, MSc,[†] and Shashi Adsul, MD, MBA[‡]

Persistencia,Vedolizumab (n=542) Infliximab (n=1179)



Patel H, Crohn`s Colitis 2029;1:1-9

Intensificaciòn de la dosis

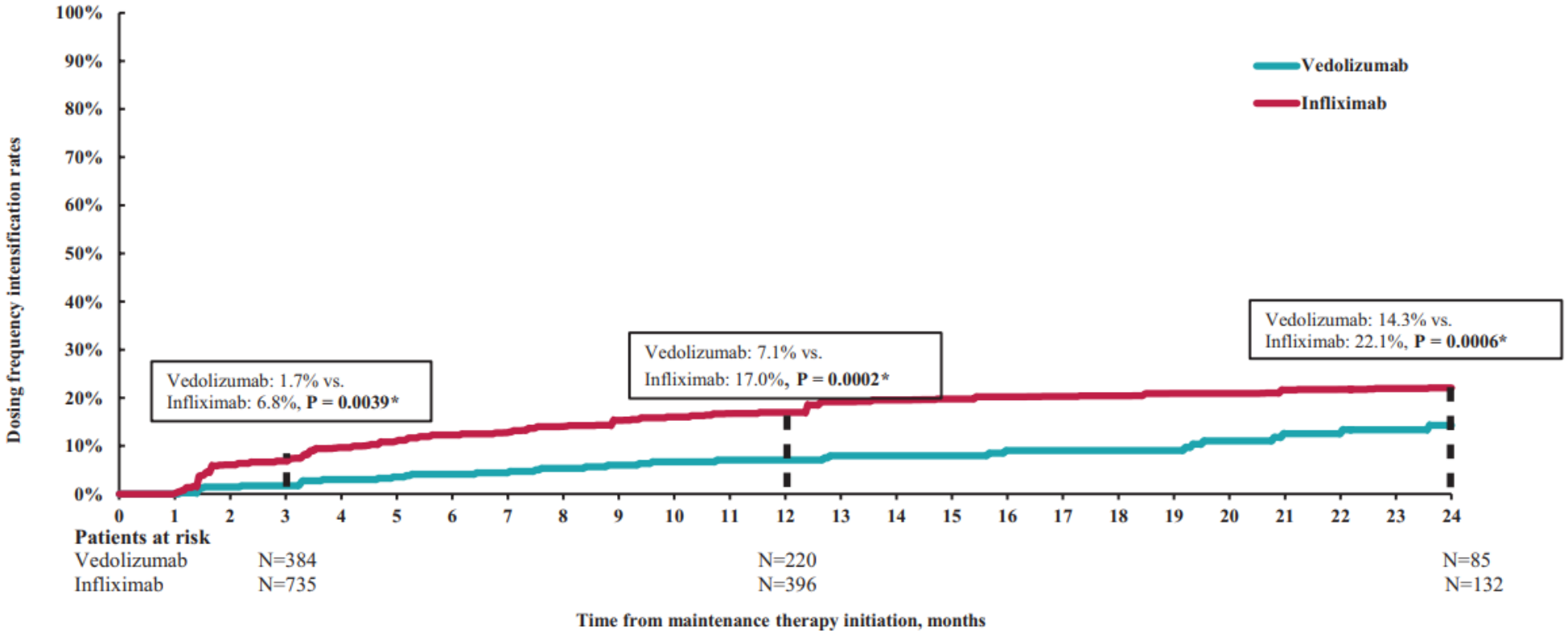


FIGURE 2. Weighted Kaplan–Meier curves of dosing frequency intensification in IBD patients (vedolizumab, N = 407; infliximab, N = 911). *Statistically significant at the 5% level. Dose escalation via increased dose is not included in this end point. Only dose escalation via intensification of dosing frequency is included.

Patel H, Crohn`s Colitis 2029;1:1-9

Paciente Candidato para Vedolizumab

Colitis ulcerativa o EC moderada a severa

Vedolizumab

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

Anti TNF

Colitis aguda severa
Embarazo
Extraintestinales

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

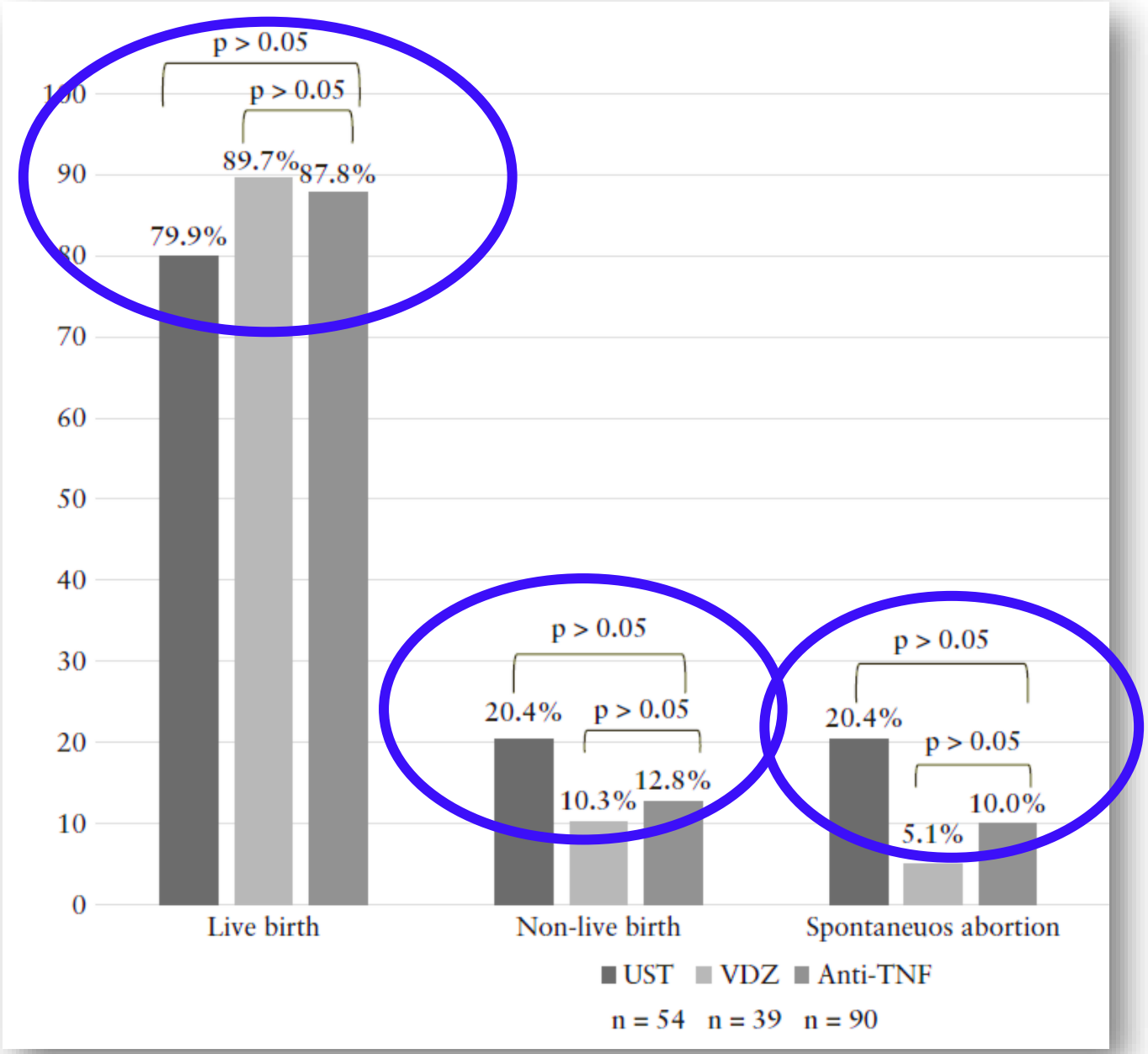
Journal of Crohn's and Colitis, 2022, **XX**, 1–8
https://doi.org/10.1093/ecco-jcc/jjac086
Advance access publication 16 June 2022
Original Article

Safety of Ustekinumab and Vedolizumab During Pregnancy—Pregnancy, Neonatal, and Infant Outcome: A Prospective Multicentre Study

Katarina Mitrova,[a,b] Barbora Pipek,[c,d,e] Martin Bortlik,[f,g,h] Ludek Bouchner,[i] Jan Brezina,[j] Tomas Douda,[k] Tomas Drasar,[l] Pavel Klvana,[m] Pavel Kohout,[n] Vaclav Leksa,[o] Petra Minarikova,[h] Ales Novotny,[p] Pavel Svoboda,[e] Jan Skorpik,[q] Jan Ulbrych,[r,s], Marek Veinfurt,[t] Blanka Zborilova,[t] Milan Lukas,[a] Dana Duricova[a,g]; the Czech IBD Working Group

Mitrova K, J Crohn´s Colitis 2022 Online Sept 2,

Embarazo



Mitrova K, J Crohn´s Colitis 2022 Online Sept 2,

EII manifestaciones extraintestinales

Paralelas
Actividad
Intraluminal

- Artritis periférica tipo 1
- Eritema nodoso
- Estomatitis aftosa
- Epiescleritis

Independientes
Actividad
Intraluminal

- Artritis periférica tipo 2
- Artritis axial
- Pioderma gangrenoso
- Escleritis
- Uveitis
- Colangitis esclerosante primaria

HanzelJ, et al. Drugs 2021;81:333-47

Vedolizumab and Extraintestinal Manifestations in Inflammatory Bowel Disease

Jurij Hanzel[1,2,7] · Christopher Ma[2,3] · Niels Vande Casteele[2,4] · Reena Khanna[5] · Vipul Jairath[2,5,6] · Brian G. Feagan[2,5,6,8]

Manifestaciones
Enfermedad inmune
Sistémica Primaria

Fisiopatología

Secundarias
Inflamación intestinal

Atracción anormal de linfocitos por expresión ectópica de citoquinas y moléculas adhesión intestinales
Reacción cruzada con autoanticuerpos contra intestino

Hanzel J, Drugs 2021; 81:333–347

Vedolizumab and Extraintestinal Manifestations in Inflammatory Bowel Disease

Jurij Hanzel[1,2,7] · Christopher Ma[2,3] · Niels Vande Casteele[2,4] · Reena Khanna[5] · Vipul Jairath[2,5,6] · Brian G. Feagan[2,5,6,8]

Vedolizumab

Eficaz Extraintestinales
Asociadas con actividad

Exacerbación
Antecedentes anti TNF

No hay ECC
Análisis pos hoc
Se necesitan estudios
Bien diseñados

Hanzel J, Drugs 2021; 81:333–347

Estrategia de manejo en EII

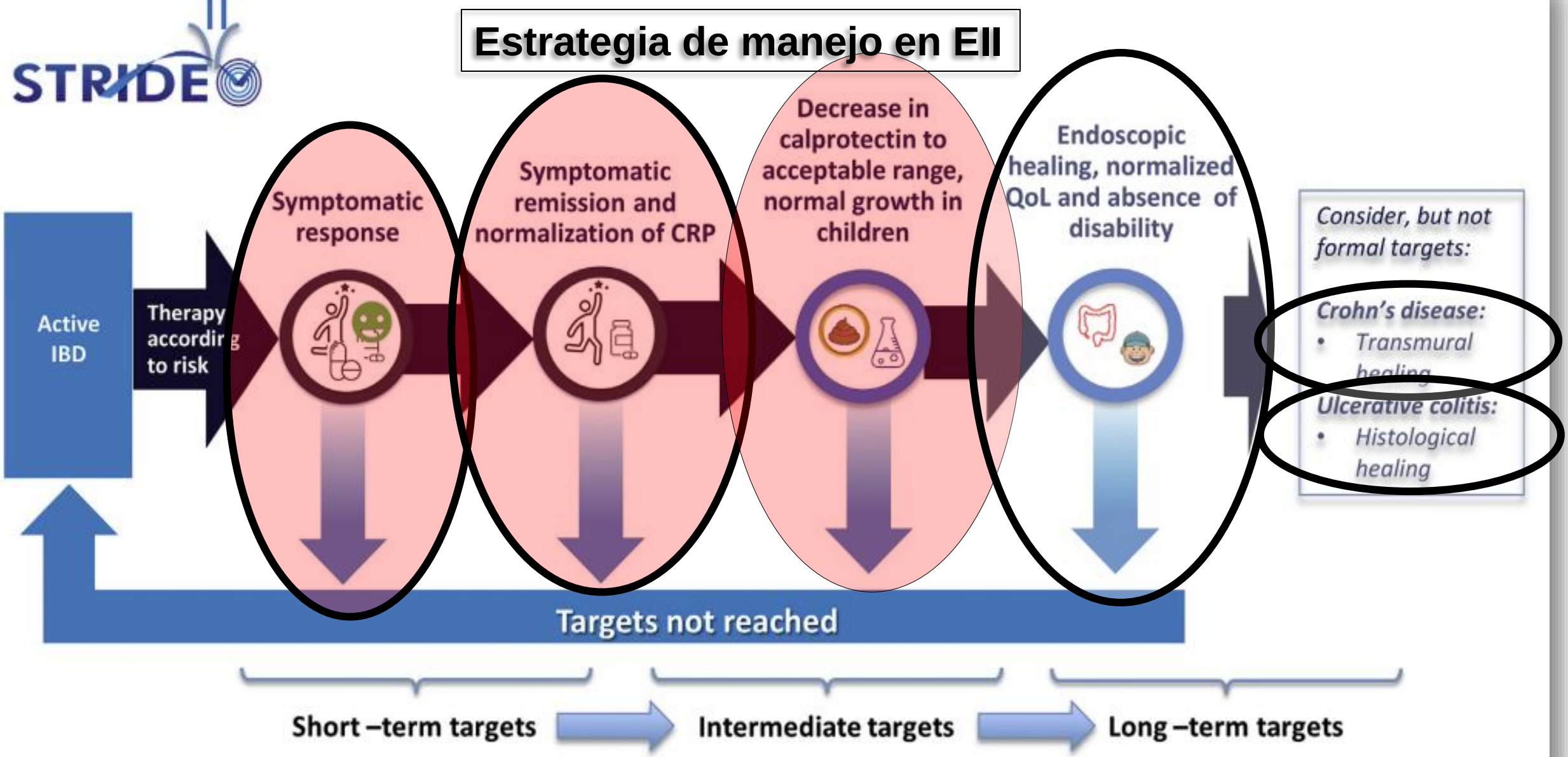


Figure 2. Treatment targets in CD and UC.

Turner D, Gastroenterology 2021;160:1570-83

Revista de Gastroenterología de México. 2019;84(3):317–325

ARTÍCULO ORIGINAL

Validación de un nuevo índice integral de enfermedad para evaluar el grado de actividad en pacientes mexicanos con colitis ulcerosa: un estudio de cohorte prospectivo

J.K. Yamamoto-Furusho[a,*], K.E. Bozada-Gutiérrez[a], A. Sánchez-Rodríguez[b], F. Bojalil-Romano[a], R. Barreto-Zuñiga[c] y B. Martínez-Benitez[d]

Mensajes para la casa

Vedolizumab en “bionaive” superior anti TNF
Vedo inicial no disminuye eficacia anti TNF
Persistencia de Vedo supera anti TNF
Mejor estrategia CU Vedo --- Anti TNF
Vedo 2da línea menor eficacia ?
Vedo en extraintestinales paralelas con EII
Indice de Yamamoto-Furusho Buena nueva

Muchas gracias!