

Immunosuppressive therapy in IBD: can we de-escalate?

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Questions

1. Which of the following statements concerning stopping anti-TNF therapy is true?
 - A. Stopping anti-TNF therapy is more often successful in UC than in CD
 - B. Most published data on outcomes after stopping anti-TNF therapy concern patients successfully treated with anti-TNF following failure of immunomodulators
 - C. If a patient with Crohn's disease hasn't had an exacerbation by 15 months after stopping anti-TNF therapy, subsequent relapse is very uncommon
 - D. Continuation of immunomodulator has no effect on relapse rates after stopping anti-TNF in patients with Crohn's disease
 - E. Presence of deep (versus only clinical) remission at time of stopping anti-TNF has no influence on rate of early relapse

2. Which of the following statements concerning combination therapy (anti-TNF + immunomodulator) is true?
 - A. Stopping immunomodulator after 6 months of combination therapy has no effect on infliximab trough levels.
 - B. In the SONIC study, infliximab trough levels were higher in patients receiving combination (versus mono-) therapy.
 - C. In the SONIC study, likelihood of corticosteroid free remission was greater with combination therapy regardless of trough level quartile
 - D. Emerging data suggest that induction with optimized infliximab monotherapy guided by early TDM avoids anti-drug antibody development as effectively as combination therapy
 - E. All of the above

3. In what percentage of patients will the same anti-TNF be effective when re-started after stopping?
- A. Less than 50%
 - B. Virtually 100%
 - C. At least 80% if referring to short-term response
 - D. Roughly 70% based on STORI longterm follow-up
 - E. C and D

Correct answers:

- Question 1: B
- Question 2: B
- Question 3: E