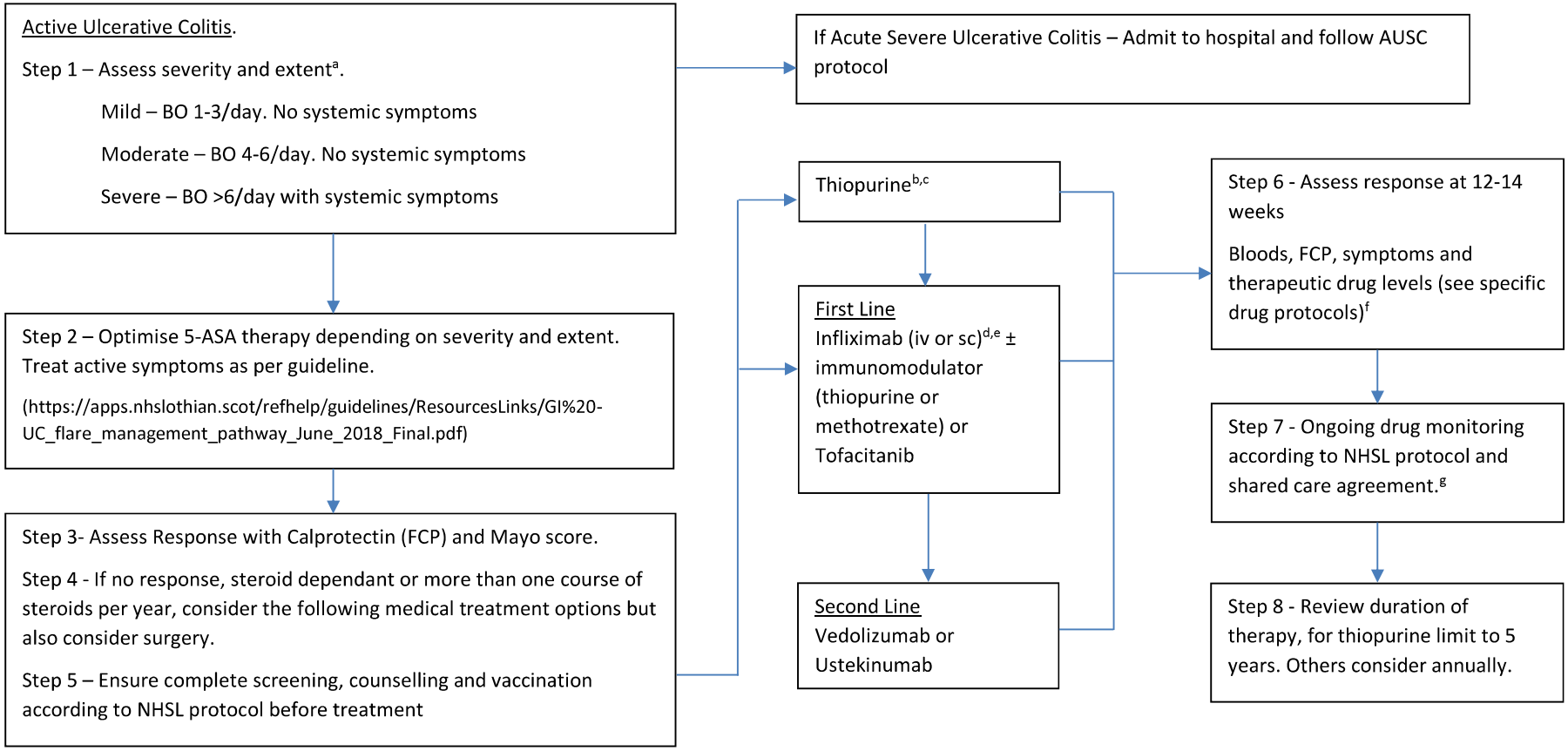

Consider clinical trials at every step of the treatment pathway

http://intranet.lothian.scot.nhs.uk/Directory/Gastrointestinal/Clinical%20Trials/Pages/default.aspx

07971 536800 or WGH.IBDClinicalTrials@nhslothian.scot.nhs.uk

Prescribing Notes

a) Endoscopic assessment should ideally be done before treatment, an appropriate endoscopy scoring (UCEIS) is mandatory. However, this should not delay the start of therapy.
b) The evidence for the use of a thiopurine in ulcerative colitis is for the treatment of steroid dependent UC
c) Those unsuitable for a thiopurine may include EBV negative young males, history of lymphoma, skin cancer, cervical neoplasia and those over the age of 50 years.
d) Intravenous infliximab should be the first line option, but subcutaneous infliximab may be preferable for those in whom an immunomodulator cannot be used, with poor intravenous access and are less able to access infusion facilities. This decision may also be influenced by HLA testing when available.
e) There is consistent evidence from clinical trials and real world data that patients who lose response to / or do not respond to anti-TNF therapy respond less well to subsequent biologic therapy and may require dose escalation of these drugs
f) Define treatment goals at the start of treatment which for most patients should be steroid free, clinical and biochemical remission. Non-response should precipitate treatment change and not procrastination
g) The subsequent drug choice should take in to account any initial response to existing treatment including symptoms and objective markers of response together with therapeutic drug monitoring where available. Primary non-response is often best addressed by moving treatment to a different class of drug. These treatment decisions are best supported by the virtual biologics clinic or specific drug MDM.

Factors to Consider When Choosing a Biologic or Immunosuppressive Drug in IBD

1. Route of administration
2. Speed of response
3. Potential immunogenicity and need for combination therapy
4. Side effects including cancer
5. Persistence of drug therapy
6. Availability of infusion facilities and therapeutic drug monitoring
7. Overall cost