FOLLOW-UP OF THE USE OF BIOTHERAPIES IN CROHN'S DISEASE IN A FRENCH UNIVERSITY HOSPITAL

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L04 –Immunosuppressive agents
4CPS-154

Background

Crohn's disease (CD)

- A type of chronic inflammatory bowel disease characterized by an alternation of flares and remissions.
- Can occur in any part of the gastro-intestinal tract, but it mainly affects terminal ileum or/and proximal colon.
- Symptoms depend on disease location and behaviour. They might be intestinal or extra-intestinal.

1st line background treatment

- Azathioprine
- 6-mercaptopurine
- Methotrexate

Outbreaks treatment

- Corticoids, 5-ASA
- Nutritional support
- Anti-TNF alpha therapy (adalimumab, infliximab)

Background treatment failure

- Anti-TNF alpha
- Vedolizumab

Purpose: to review the use of biotherapies in Crohn's disease in a French University Hospital

Material and methods

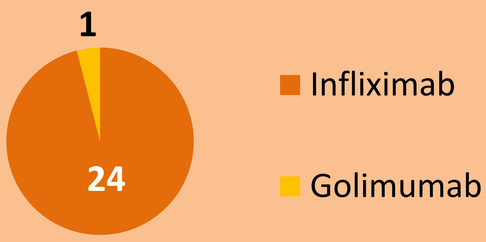
- Retrospective study of biotherapy prescriptions in CD between 01/03/2016 and 01/03/2017: extraction of data from Computerised Physician Order Entry and pharmacy management software (Pharma®, Computer Engineering).
- History of patients: recovered by electronic medical records (Axigate®).
- Bibliographical research: pubmed database, guidelines of French learned societies, French competent authorities and European Crohn's and Colitis Organisation.[1]

Results

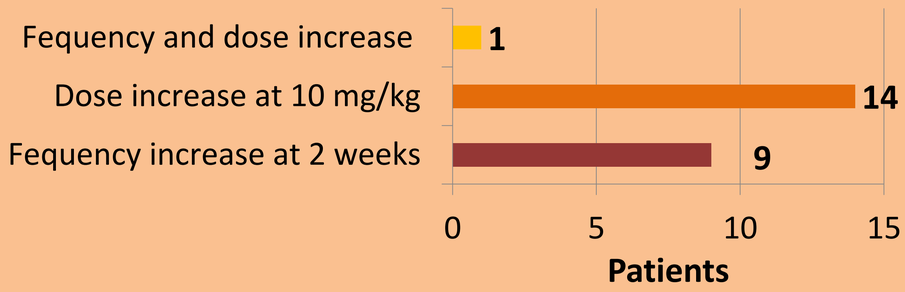
1st March 2016 and 1st March 2017

76 patients were treated by a biotherapy for CD

"Off-label" prescriptions

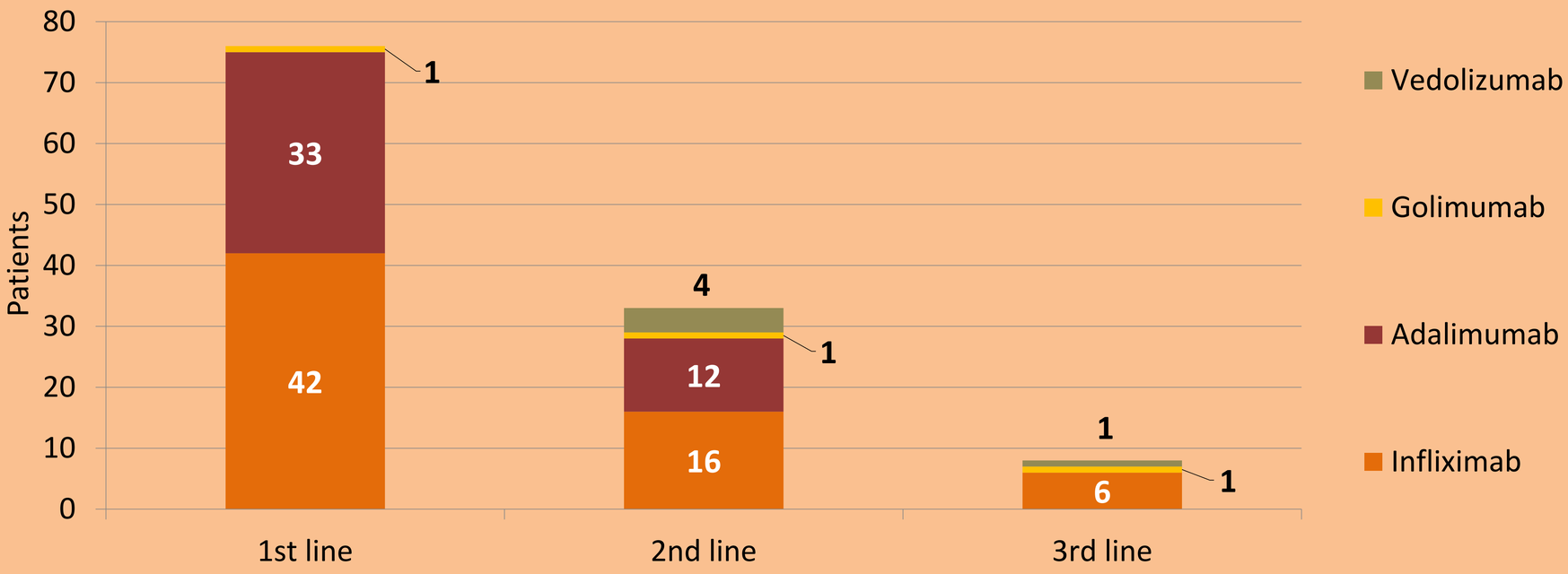


Patients with "off-label" infliximab



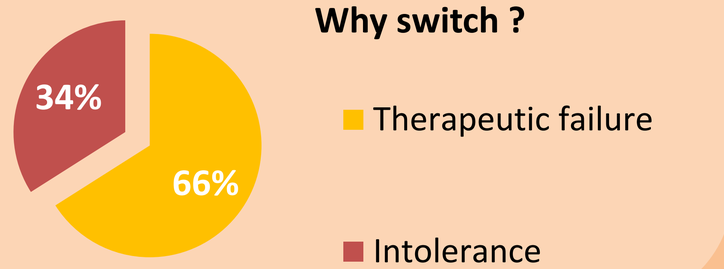
Patient history

Biotherapies and lines



Switch or not switch ?

- 43 patients received only one biotherapy since initiation.
- 33 patients had a switch of biotherapy.



Discussion

- Infliximab and adalimumab are the most used biotherapies for CD in first line and in second line of treatment as recommended in the European guidelines.[1]
- "Off-label" prescriptions of infliximab follow the French and European guidelines[1] that support an increase in dose or administration frequency to improve pharmacokinetics.
- Vedolizumab use after failure of anti-TNF therapies, as recommended in European guidelines, is increasing due to its original mechanism of action (anti-integrin antibody).
- In spite of therapeutic arsenal, there are still uncontrolled patients.
- In November 2016, ustekinumab (anti Interleukin 12/23 antibody) has been approved in France in CD after failure of other biotherapies and other drugs are currently in clinical trials.
- **Therapeutic strategy should be updated in the next years**.

1. Gomollon F. and al. J Crohns Colitis. 2017 Jan;11(1):3-25.

21, 22, 23 March 2018 / Gothenburg, Sweden