Best Practice & Research Clinical Gastroenterology 38-39 (2019) 101623

Contents lists available at ScienceDirect

Best Practice & Research Clinical Gastroenterology

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

Preface - Evolving approaches to the evaluation and management of Crohn's disease

Crohn's disease (CD) is a heterogenous condition in terms of disease severity, distribution, extension, activity over time, as well with respect to the development of penetrating complications and extraintestinal manifestations. Thus, the scope of therapeutic intervention will vary from patient to patient. Given our limited ability to predict the disease course and response to therapy for individual patients, monitoring of disease activity and response to therapy is an important strategy to inform decision making. Initiation or change in therapy should always be done with a goal in sight, that being the "treatment target". Increasing attention and research is now directed at non-invasive methods for monitoring disease activity including biomarkers and imaging and optimizing how they can be implemented in a treat – to – target approach, based on recent landmark clinical trials.

In most jurisdictions, TNF antagonists remain first line therapy for patients with moderate-to-severe CD and this is unlikely to change with the advent of biosimilars, where payers may mandate their use before other agents. Despite their established efficacy and safety profile, over 30% of patients are primary non-responders to TNF antagonists and up to half will subsequently lose response in long-term follow-up. Accordingly, the need for treatments with alternative modes of action that are safe and effective has driven the development of a rich pipeline of therapies which have been approved, or are in late stages of clinical development. Aside from TNF antagonists, approved therapies include IL12-23 inhibitors (ustekinumab) and anti-integrin therapy (vedolizumab). Promising treatments in late stage clinical development include selective IL-23 inhibitors, lymphocyte trafficking agents and novel small molecules such as janus-kinase (JAK) inhibitors. Furthermore, given that 10% of patients with CD present with stricturing disease at first diagnosis and many more will develop fibrostenosis over time resulting in intestinal resection, a rich pipeline of anti-fibrotic therapies are now in early stage clinical development.

In other autoimmune diseases such as psoriasis and rheumatoid arthritis, head-head randomized trials are helping to inform positioning of biologics. However in CD, there are no completed or published comparative effectiveness trials to date. In the absence of these, clinicians are left with best available information from indirect treatment comparisons through network meta-analysis and real-world registries.

In this issue of Best Practice and Research: Clinical Gastroenterology, up to date reviews are provided on current and evolving treatment targets as well as non-invasive disease monitoring tools, promising biologicals and small molecules in late stage development as well as comparative effectiveness data from real-world studies and network meta-analyses. I would like to take this opportunity to thank all of the authors for taking time out of their busy clinical and research schedules to contribute to these chapters. We have assembled an outstanding group of authors all recognized as leaders in this field, resulting in a state-of-the-art series of articles which I trust will be highly informative and enjoyable to our readers.

Vipul Jairath
Departments of Medicine, Epidemiology and Biostatistics, Division of Gastroenterology, Western University, London, Ontario, Canada
E-mail address: vjairath@uwo.ca.

17 June 2019

https://doi.org/10.1016/j.bpg.2019.101623