

Press release

A phase of change in IBD – with regard to understanding the disease and therapeutic options

***Berlin.* Relevant advances are currently available with regard to understanding the disease as well as the therapeutic options for inflammatory bowel disease (IBD). “We have entered into a phase of change”, explained Prof. Dr. Britta Siegmund (Berlin), the scientific organizer of the 209th International Symposium by the Falk Foundation. Therapeutic options are continuously expanding with regard to Crohn’s disease and ulcerative colitis. They are increasingly oriented towards a better understanding of the signaling cascades impaired by IBD and aim at treatment oriented towards the individual circumstances. Among other things, the new options focus on new possibilities of local therapy as are already being used with standard therapeutic agents such as mesalazine and topical steroids.**

Advances with regard to understanding the mechanisms underlying the chronic inflammatory responses are an essential basis for the development of new therapeutic options for IBD. The major efforts in the field of fundamental research in past years are bearing fruit in the meantime: “The most varying treatment strategies and particularly medications have been developed which enable us to implement an increasingly targeted therapy for IBD”, explained Siegmund. For instance, new biologics have become available for treatment of IBD. The trend towards other innovative therapeutics may continue, because other substances such as Janus kinase inhibitors are under clinical development.

Therapeutic innovations on different levels

Independent of these aspects, there are new treatment approaches such as stem cell and fecal transplantation, which still have an experimental character at the moment. But they possibly have the potential to achieve advances in the treatment of IBD. For instance, fecal transplantation is geared towards correcting dysregulations in the microbiome which significantly influence mucosal immunology and can therefore contribute towards the pathogenesis of IBD.

According to Prof. Dr. Damian Garcia-Olmo (Madrid), stem cell transplantation can come into consideration as a therapeutic option in difficult, otherwise unmanageable situations. Various procedures are being tested, whereby the goal is always to virtually bring about an “immunological reset” through the treatment.

Local therapies in focus

A particular focus is directed towards locally effective therapeutic procedures for IBD. These have already been common as standard therapy for a long time with mesalazine (e.g. Salofalk®) and topical steroids (e.g. Budenofalk®). According to Siegmund there are several substances under clinical development which are released locally and produce their effect primarily via the epithelium.

With the aid of new local therapies and new options of systemic therapy, in the future it may be more and more possible to draw consequences from the increasing understanding of inflammatory regulation, ultimately leading to a targeted therapy oriented towards the individual disease. Because IBD involves heterogeneous clinical pictures, it necessitates, according to Dr. Lihi Godny (Petah Tikva, Israel), an individualized approach. At the same time, a good stratification of patients and a personalized treatment approach adapted to the present-day understanding of disease is important.

Prof. Dr. Stefan Schreiber (Kiel, Germany) made it clear in his state-of-the-art lecture that for the foreseeable future there may not be any standardized therapy for Crohn's disease and ulcerative colitis that is optimally suitable for all patients: A "magic bullet" suitable for all patients is not within sight as of yet. That is why it will be necessary to develop individual therapeutic strategies according to the respective phenotype, in which new substances and combinations with conventional therapeutics as well as modulation of the microbiome are to be relied on.

Elderly patients – a special therapeutic challenge

According to Prof. Dr. Guillaume Savoye (Rouen, France), the treatment of elderly IBD patients is a special challenge in everyday clinical practice. The number of elderly people with Crohn's disease and ulcerative colitis is constantly increasing, which is primarily due to the demographic change in the society. Apart from that there is also "late-onset IBD" with the manifestation of the disease at a higher age.

Practical challenges already start with establishing a diagnosis. For instance, the symptoms can also initially indicate other clinical pictures such as an infectious occurrence and not be primarily revealed as IBD. That is why particularly among elderly patients with corresponding complaints the possibility of Crohn's disease or ulcerative colitis is also always to be thought of. If the suspicion of IBD is confirmed, it is to be noted that elderly patients are a high risk group in which treatment must be planned with great caution. "Multimorbidity is almost always present, and potential interactions are to be taken into consideration due to polypharmacy", explained Savoye.

In his opinion, caution is advised with the use of new active substances, since with these substances there is often very little experience with regard to the

treatment of elderly people. Moreover, with modern biologics there are “red flags” in terms of side effects, because a certain weakening of the immune system is to be assumed among elderly patients, which complicates the use of immunosuppressive agents. “The actual potential side effects of substances are to be considered closely”, said Savoye. He specifically called for more study data with regard to the use among elderly patients.

But generally speaking, treatment with established active substances such as mesalazine and steroids is to a great extent possible without any problems, whereby, for the latter, topically effective steroids such as budesonide (e.g. Budenofalk®) are preferable. According to Savoye, treatment with standard therapeutic agents is also usually sufficient among elderly people, since IBD generally exhibits only a mild to moderate course among the elderly.

Source:

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