Question 11 – October 16

A 38 year old woman was diagnosed with Crohn's disease 2 years ago and was treated with courses of prednisone for flares without any maintenance medication. She comes to see you for a second opinion for treatment that can decrease her flares of Crohn's disease. You start her on infliximab 5 mg/kg and after 5 doses she has not had any improvement in her symptoms. Her CRP is still elevated and her stool lactoferrin is still positive. You decide to check infliximab levels and antibodies and find her trough level before her 6th infusion is high and she has no detectable antibodies. What is the best next step that has the highest chance of achieving remission?

A. Increase the dose of infliximab to 10 mg/kg
B. Add azathioprine to the infliximab
C. Switch to adalimumab
D. Switch to ustekinumab

Answer: D

This patient is a primary non-responder to infliximab. She did not have a clinic or biochemical improvement to infliximab induction despite adequate drug levels. Increasing the dose would not help since she has adequate drug levels. Adding azathioprine would not help the infliximab begin to work and the infliximab should be stopped if she is not responding to it. There is no evidence that she would respond to a second anti-TNF agent so switch to adalimumab is incorrect. The right answer would be to switch classes of medications. Therefore, ustekinumab is the correct answer. Ustekinumab is an IL12/23 inhibitor and works in the inflammatory pathway via a separate mechanism than infliximab.

Reference

Dalal SR, Cohen RD. What to Do When Biologic Agents Are Not Working in Inflammatory Bowel Disease Patients. Gastroenterology & hepatology 2015;11:657-65.