

Precision Health in IBD: What's on the horizon?

Canada Future Directions in IBD

Session III: Workshops - Hot Topics from Bench to Policy

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"Precision Health in IBD: What's on the horizon?

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Disclosures of potential conflicts of interest:

Grant:

Abbvie

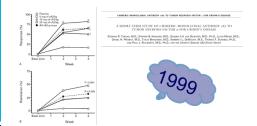
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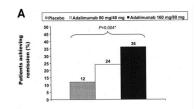
AbbVie, Boehringer Ingelheim, Ferring, Fresenius Kabi, Galapagos, Gilead, GlaxoSmithKline, InDex Pharmaceuticals, Janssen, Pandion Therapeutics, Pfizer, Takeda Pharma, Roche

Issues for Discussion

- Why are current biologic Rx only effective in 50% of IBD patients?
 - Mechanistic Mismatch
 - Genetic determinants- TNFSF1 genotyping for anti-TL1A
 - Molecular and Cellular determinants of response- CD8 T cell Exhaustion
 - Environmental Factors e.g. Microbiome
- Can we predict response or lack of response?
- Can we use this information to select therapy for an individual patient?

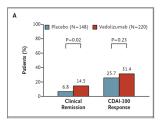
Available therapies





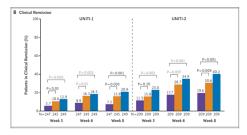




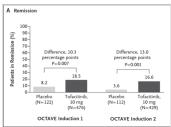




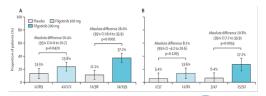




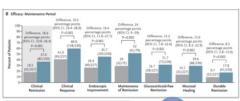








 ₩ Filgotinib as induction and maintenance therapy for ulcerative colitis (SELECTION): a phase 2b/3 double-blind, randomised, placebo-controlled trial



Ozanimod as Induction and Maintenance Therapy for Ulcerative Colitis

William J. Sandborn, M.D., Brian G. Feagan, M.D., Geert D'Haems, M.D., Douglas C. Wolf, M.D., Igor Jovanovic, M.D., Stephen B. Hansuer, M.D., Subrata Ghosh, M.D., Annikatrin Petersen, M.D., Szeven Y. Hua, Ph.D.,

	UC1				UC2			
	Placebo (n=154)	Upadacitinib 45 mg once daily (N=319)	Adjusted treatment difference, % (95% CI)	pvalue	Placebo (N=174)	Upadacitinib 45 mg once daily (N=341)	Adjusted treatment difference, % (95% CI)	p value
Primary endpoint								
Clinical remission (Adapted Mayo)	7 (5%)	83 (26%)	21·6% (15·8-27·4)	<0.0001	7 (4%)	114 (33%)	29.0% (23-2-34-7)	<0.000

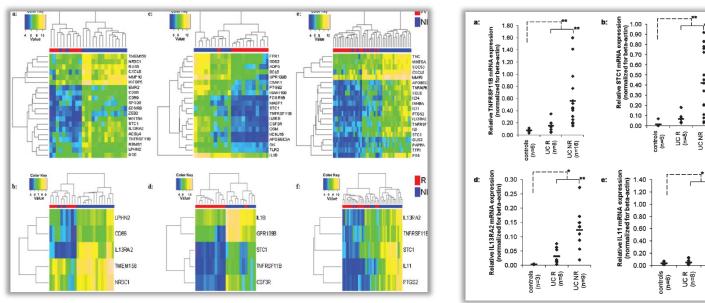
Upadacitinib as induction and maintenance therapy for moderately to severely active ulcerative colitis: results from three phase 3, multicentre, double-blind, randomised trials

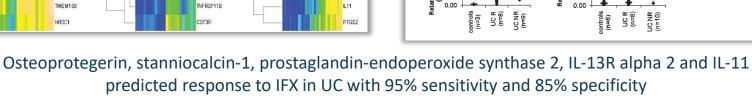
Hinabi Nakeu, Julian Panés, Peter D R Higgins, Pascal Julilens, James O Linding, Lébuard V Lofton, Jr. William J Sandborn, Walter Reinisch Min-Hu Chen, Yuri Sanchez Genzalez, Biden Huong, Wangang Xie, John Liu, Michael A Weinreich, Remo Paraccione



Is there science to inform us on how to choose therapy?

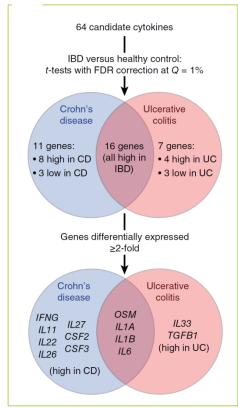
Mucosal gene signature predicts IFX response in UC

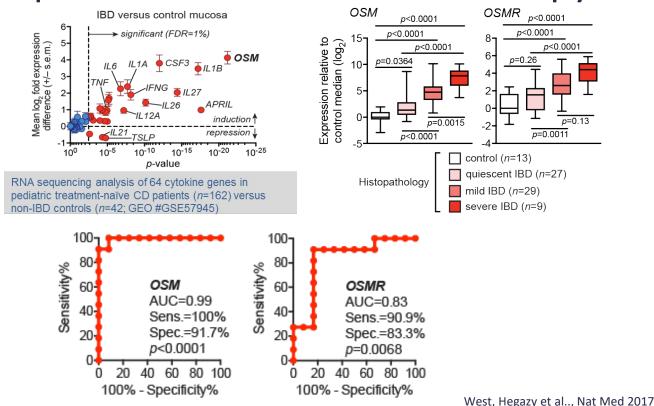


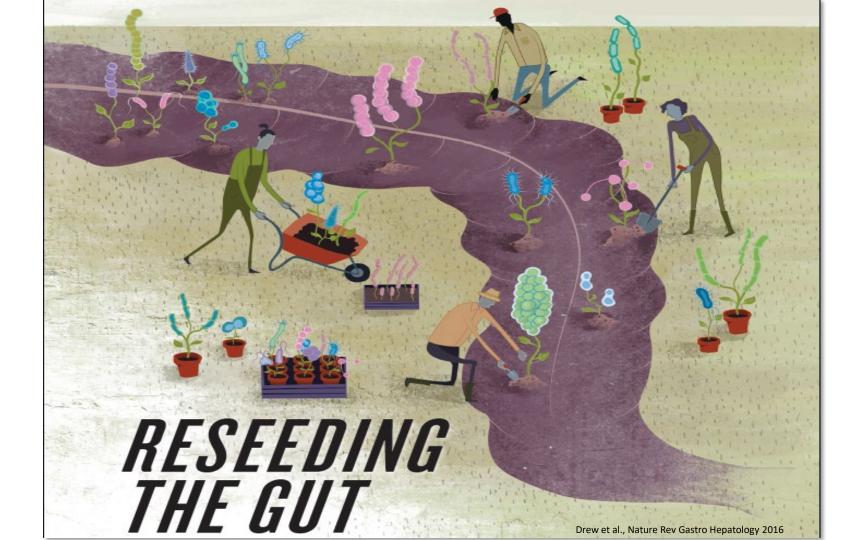


UCR (n=8)

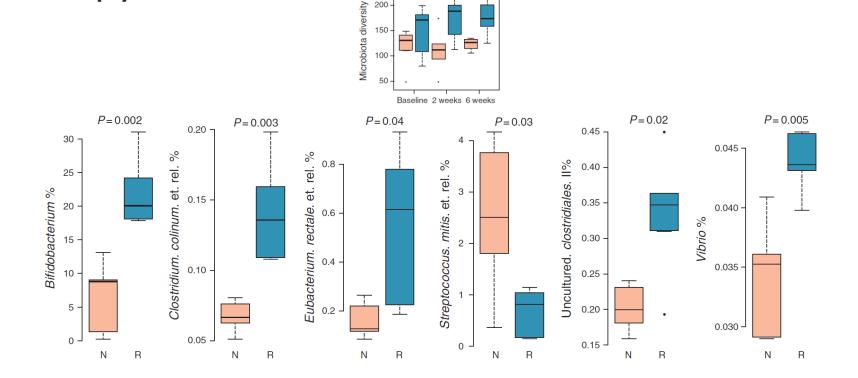
OSM expression in pre-therapy intestinal biopsies predicts non-responsiveness to anti-TNF therapy



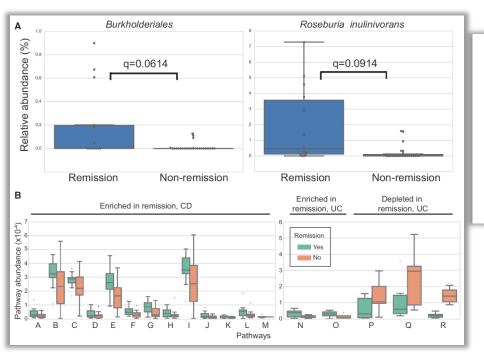


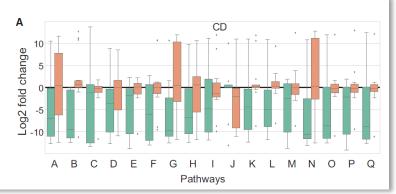


Microbiome as predictor of response to anti-TNF therapy



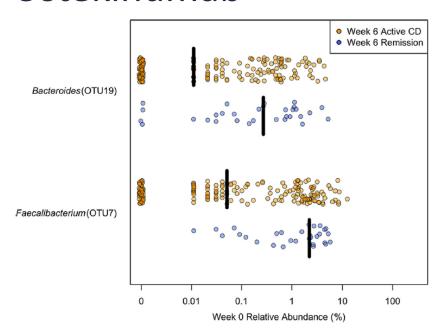
Butyrate producers and enrichment in microbial pathways predict response to VDZ

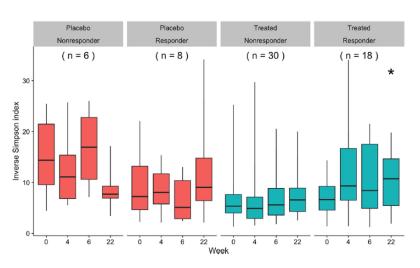




Longitudinal course of early microbiome changes as a marker of response

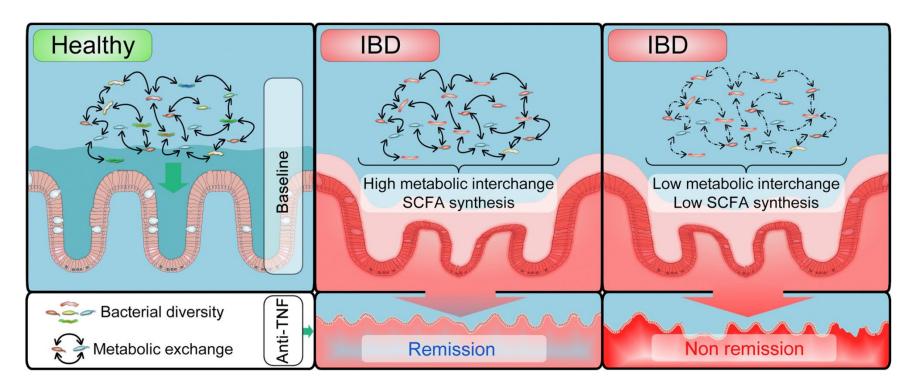
Microbiome as predictor of response in Ustekinumab

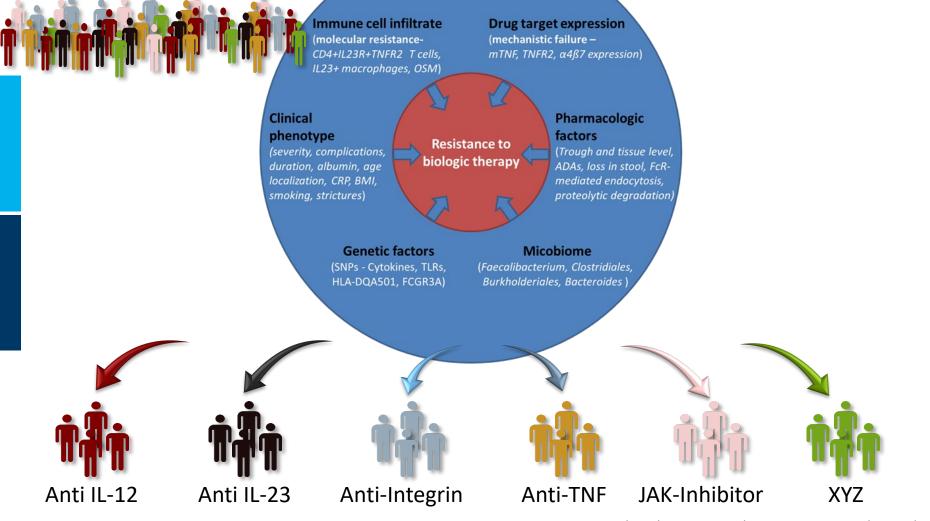




Microbial diversity as marker of response

Metabolic Function of the intestinal Microbiota is assocciated with anti-TNF efficacy





Thank you for your attention!

