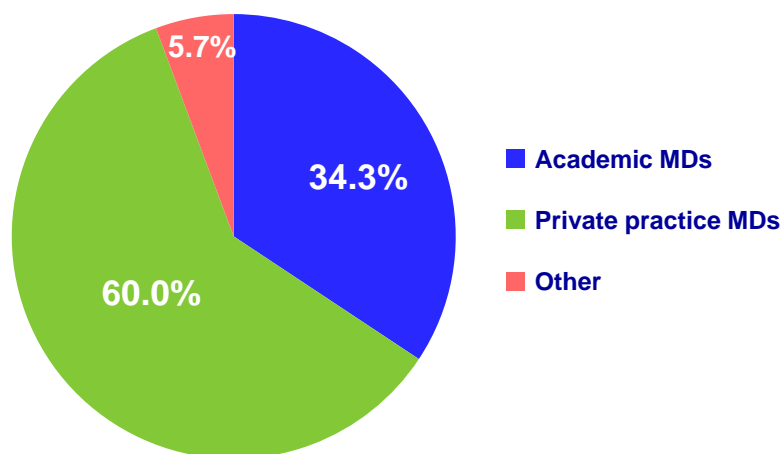


## Next steps in patients not responding to biologic therapy

This GastroSurvey presented the case of PM, a 25-year-old male with a 7-year history of Crohn's disease. He is currently being treated with infliximab 10 mg/kg q8w, and is experiencing recurrence of his Crohn's symptoms between doses which has been getting progressively worse over some months.

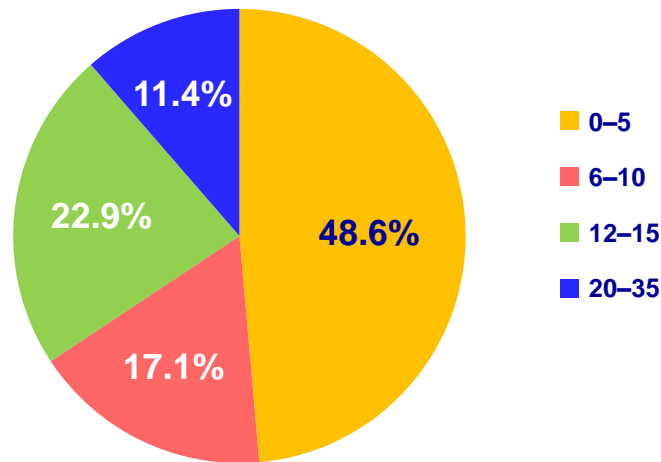
The responders to this GastroSurvey comprised academic MDs: 34.3%; private practice MDs: 60.0%; and other: 5.7%. Nearly half of responders have practiced as gastroenterologists for over 20 years (42.9%). The remaining responders were evenly divided between <5 years, 5–10 years, 11–15 years and 16–20 years.



The majority of responders are based in the US, with a small number of responders in Australia, Brazil, Canada and the United Kingdom.

The number of Crohn's disease patients typically seen each week varied across the responders.

### How many CD patients do you see each week?

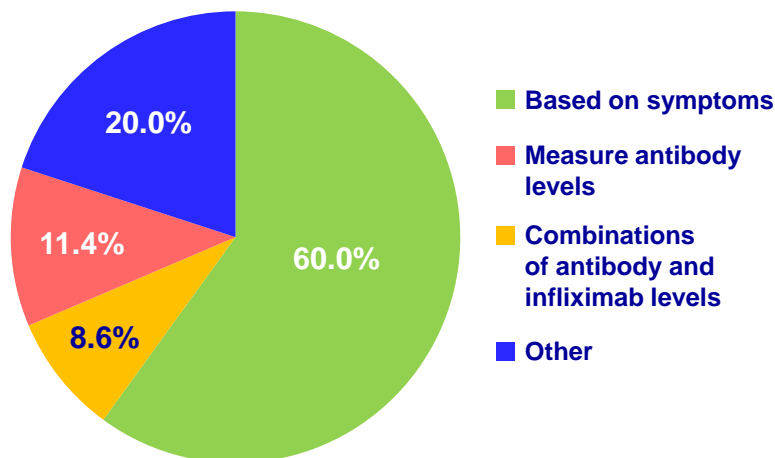


60% of responders would assess/measure the lack of response to biologic therapy in the case presented based on symptoms. 11.4% would measure antibody levels and 8.6% would measure infliximab and antibody levels. No responders would measure infliximab drug levels alone.

Other investigations included:

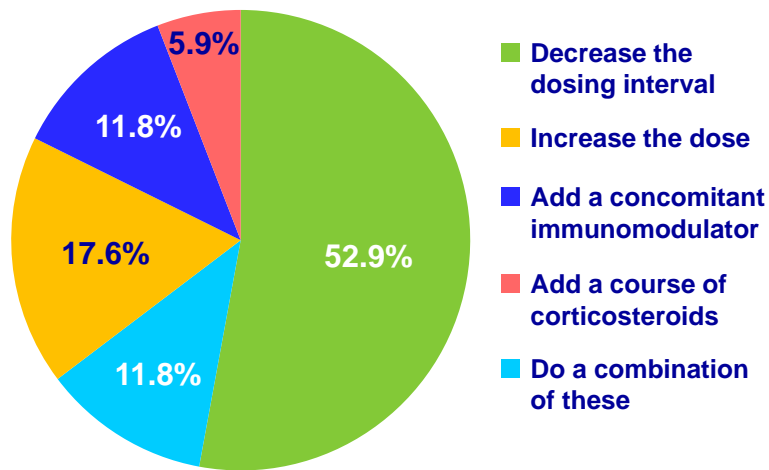
- Radiologic and endoscopic investigations
- Colonoscopy
- Symptoms + imaging, verification of active disease.

### How do you assess/measure his lack of response?



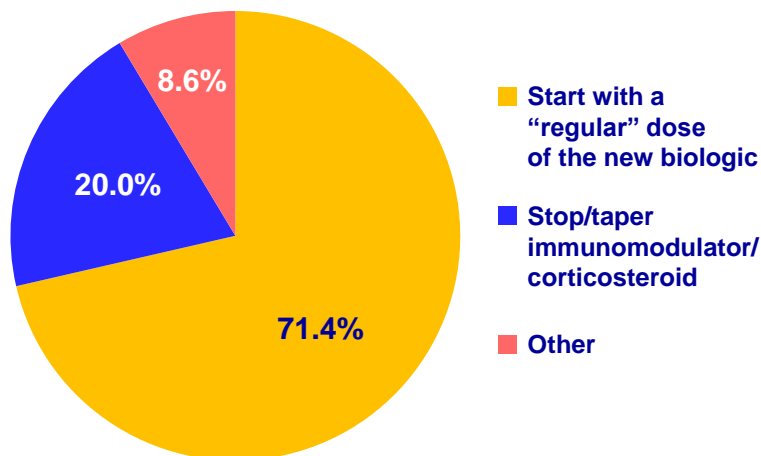
Responders were evenly divided as to whether they would continue this patient on infliximab. 48.6% would continue and 51.4% would discontinue the patient.

Those responders who would continue the patient would:

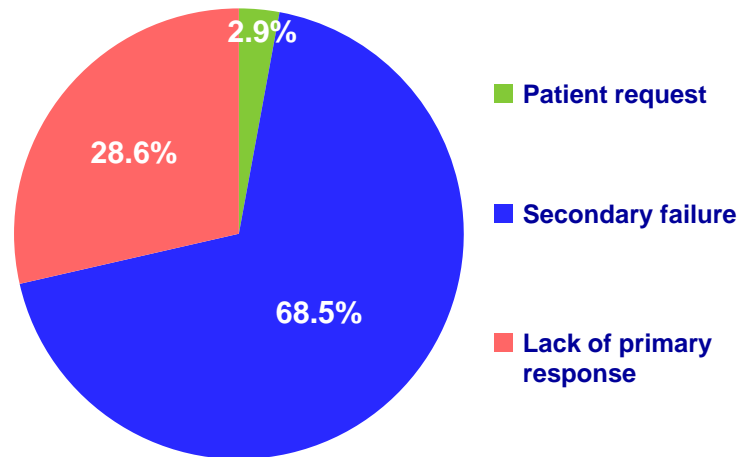


The majority of responders who discontinued the patient, would switch to another treatment (Yes: 71.4%, No: 28.6%). 92% would switch to another anti-TNF, with 8% choosing a biologic with a different mechanism of action. The majority of responders reported that they would start the new therapy at the “regular” recommended dose.

### When initiating the new biologic do you...



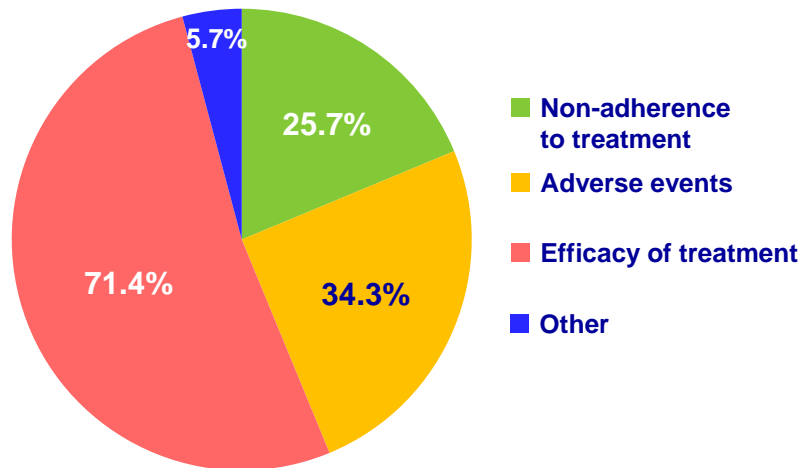
Responders listed the following reasons for switching biologic treatment. Secondary failure of response was a much more common reason for switching than primary failure.



97.1% of responders discuss with the patient their preference for route of administration.

Responders felt that the leading barriers to treatment of Crohn's disease patients were:

- Non-adherence to treatment: 25.7%
- Adverse events: 34.3%
- Efficacy of treatment: 71.4%
- Other: 5.7%



Those who answered "Other" (n=2), stated:

- Loss of response
- Reduced availability of biological therapies

When patients fail to respond to infliximab therapy responders were evenly divided on whether they would try and optimize treatment before switching and switching to another treatment. When switching is necessary the majority would switch within the anti-TNF class.