PROACTIVE THERAPEUTIC DRUG MONITORING



What is proactive TDM?

TDM is the measurement of trough concentration and antibody levels by targeting drug concentrations considered to be in the optimal therapeutic range. The aim of proactive TDM is to improve response rates and prevent secondary loss of response, being used during induction, at end of induction, or during maintenance.¹

High concentrations Low concentrations

Lack of

efficacy

Immunogenicity

Therapeutic window

Proactive vs reactive TDM

PROACTIVE

BRIDGe group panel 2019

"TDM should be performed in patients responding to anti-TNF therapy at the end of induction and at least once in maintenance"²



REACTIVE

ACG ulcerative colitis 2019

Potential higher

risk of infections8

"Responders to anti-TNF therapy losing response recommend measuring serum drug levels to assess reason for loss of response"³



EVIDENCE

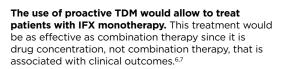
Multicenter, retrospective, observational study; n = 264; maintenance therapy with IFX

- \checkmark Less treatment failure with proactive TDM vs reactive TDM
- ✓ Less IBD-related surgery, less hospitalization, less ATI and less serious infusion reactions

When should proactive TDM be used?



The development of ATI is associated with lower IFX concentration and worse clinical outcomes in UC. This development could **be avoided by using proactive TDM.**⁵



Benefits

- Positive associations of trough concentration and clinical outcomes.^{1,2}
- Drug concentrations and antidrug antibodies help guide decisions.^{1,2}
- 3. Proactive TDM (induction)²:

Allows better results than SoC with longer-term outcomes

4. Proactive TDM (maintenance)^{1,2}:

It is cost effective, resulting in better therapeutic outcomes when compared with empiric dose optimization and/or reactive TDM. Optimized monotherapy could substitute combination therapy.

Abbreviations

MAINTENANCE

ATI, Antibodies To Infliximab; IBD, Inflammatory Bowel Diseases; IFX, Infliximab; SoC, Standard of Care; TDM, Therapeutic Drug Monitoring; UC, Ulcerative Colitis

References 1. Papamichael, K et al. Curr Opin Gastroenterol. 2019;35(4):302-310. 2. Papamichael K et al. Clin Gastroenterol Hepatol. 2019;17(9):1655-1668. 3. Rubin D et al. Am J Gastroenterol, 2019;114(3):384-413. 4. Papamichael K et al. Clin Gastroenterol Hepatol, 2017;15(10):1580-1588. 5. Brandse JF et al. Clin Gastroenterol Hepatol. 2016;14(2):251-258. 6. Colombel JF et al. ClinGastroenterol and Hepatol, 2018;17(8):1525-1532. 7. Drobne D et al. Aliment Pharmacol Ther 2019;49(7):880-889. 8. Bejan-Angoulvant T, et al. Arthritis Rheumatol. 2017 Jan;69(1):108-113.

GRIFOLS