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## Vedolizumab for Inflammatory Bowel Disease: For now only rescue therapy in the Republic of Srpska

Renata Tamburic<sup>1</sup> and J. Petkovic-Dabic<sup>2</sup><sup>1</sup>University Clinical Centre of the Republic of Srpska<sup>2</sup>Health Insurance Fund of the Republic of Srpska

**Introduction:** Vedolizumab (VDZ) is a humanized monoclonal antibody  $\alpha 4\beta 7$  integrin-receptor antagonist indicated for the treatment of patients with moderately to severely active ulcerative colitis or Crohn's disease. We want to show our modest experience with the use of vedolizumab as a rescue therapy when other medical therapies have failed.

**Methods:** An observational study was carried out on patients with inflammatory bowel disease treated with VDZ for at one year. An evaluation was performed on the activity indices, faecal calprotectin and C-reactive protein levels.

**Results:** Our study included 7 patients (5 CD, 2 UC, mean age 40 years). Previous treatment failures with  $\geq 2$  anti-TNFs. At one year, in all patient maintained the clinical response and remission. The C-reactive protein and faecal calprotectin decreased significantly in both CD and UC patients..

**Discussion / Conclusion:** Our experience indicates that a long-term effect can be achieved, even beyond 1 year of treatment. Vedolizumab is generally well tolerated. Vedolizumab may be used as a rescue therapy in patients with medically refractory ulcerative colitis or Crohn's disease.

### Recent Publications:

1. Sandborn WJ, Feagan BGR, Rutgeerts P et al. ; GEMINI 2 Study Group. Vedolizumab as induction and maintenance therapy for Crohn's disease. *N Engl J Med* 2013;369:711–21.
2. Sands BE, Feagan BGR, Rutgeerts P et al. . Effects of vedolizumab induction therapy for patients with Crohn's disease in whom tumor necrosis factor antagonist treatment failed. *Gastroenterology* 2014;147:618–27.e3.
3. Rosario M, Dirks NL, Gastonguay M, Ret al. Population pharmacokinetics-pharmacodynamics of vedolizumab in patients with ulcerative colitis and Crohn's disease. *Aliment Pharmacol Ther* 2015;42:188–202.
4. Yanai, H. and Hanauer, S.B. Assessing response and loss of response to biological therapies in IBD. *Am J Gastroenterol.* 2011; 106: 685–698.

### Biography

Renata Tamburic graduated from the Faculty of Medicine Banja Luka, in 2011. She have finished specialization in internal medicine, currently resident from gastroenterohepatology. She Works in the Clinic for Internal Diseases, Department of Gastroenterohepatology, University Clinical Centre of the Republic of Srpska since 2012. PhD student in clinical medicine at the Medical Faculty in Novi Sad. Her research interest in the success of treating patients with IBD is high. She hope that in the future we will witness the invention of new molecules in order to preserve our quality of life for our patients.

renata.83@live.com

### Notes: