Novel therapies in pediatric inflammatory bowel disease

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The incidence and prevalence of pediatric Inflammatory Bowel Disease (IBD) continue to rise. It is expected that earlier diagnosis lends to better treatment and outcome of disease. Nearly 1 in 4 patients are diagnosed at the age of under 20 years old. There are two main tiers of IBD: Crohn's disease and ulcerative colitis. The exact cause is still unknown however genetics and the environment do play a role. There is currently no cure for IBD, but patients are usually managed with treatment. Treatments can be approached in a step-up or top down algorithm. In the past, patients required steroids to achieve remission, or surgery was more imminent if lack of response was determined. At the present time, with more novel therapies in IBD, patients are able to achieve remission at a sooner time, thereby avoiding surgery. To date, there are therapies that include 5ASA, immune-modulators and biologic therapies. Biologic therapies are still seen as novel in pediatrics. The role of monoclonal antibodies (mAbs) plays a huge role in the current IBD treatment paradigm. The focus of this topic will review pediatric armamentarium of mAbs such as anti TNF, anti ILs and gut selective mAbs, looking at its targeted mechanism, the dosing recommendation, safety data and current practice.

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