

Treat-to-Target in Inflammatory Bowel Disease – NZSG Quick Guide

Treat-to-target strategies for the management of inflammatory bowel disease (IBD) aim to proactively assess disease activity with the goal of preventing long-term IBD-related complications. The following figures illustrate commonly identified treatment goals for the management of IBD (Figure 1) and a suggested algorithm for the use of disease assessment tools when working towards these goals (Figure 2).

Detailed discussion regarding the components and merits of treat-to-target strategies in IBD can be found in the following publications which include the STRIDE-II (Selecting Therapeutic Targets in IBD-II) and SPIRIT (Selecting Endpoints for Disease-Modification Trials) guidelines that have been published by the International Organisation of IBD (IOIBD)¹⁻⁷:

References

1. Colombel JF, Panaccione R, Bossuyt P, et al. Effect of tight control management on Crohn's disease (CALM): a multicentre, randomised, controlled phase 3 trial. *The Lancet*. 2017 Dec;390(10114):2779–89.
2. Turner D, Ricciuto A, Lewis A, et al. STRIDE-II: An Update on the Selecting Therapeutic Targets in Inflammatory Bowel Disease (STRIDE) Initiative of the International Organization for the Study of IBD (IOIBD): Determining Therapeutic Goals for Treat-to-Target strategies in IBD. *Gastroenterology*. 2021 Apr 1;160(5):1570–83.
3. Le Berre C, Peyrin-Biroulet L, Sandborn WJ, et al. Selecting End Points for Disease-Modification Trials in Inflammatory Bowel Disease: the SPIRIT Consensus From the IOIBD. *Gastroenterology*. 2021 Apr;160(5):1452-1460.e21.
4. Le Berre C, Ricciuto A, Peyrin-Biroulet L, Turner D. Evolving short- and long-term goals of management of IBD: getting it right, making it last. *Gastroenterology*. 2022 Jan;S0016508521040671.
5. Agrawal M, Colombel JF. Treat-to-Target in Inflammatory Bowel Diseases, What Is the Target and How Do We Treat? *Gastrointest Endosc Clin N Am*. 2019 Jul 1;29(3):421–36.
6. Colombel JF, D'haens G, Lee WJ, Petersson J, Panaccione R. Outcomes and Strategies to Support a Treat-to-target Approach in Inflammatory Bowel Disease: A Systematic Review. *J Crohns Colitis*. 2020 Feb 10;14(2):254–66.
7. Ungaro R, Colombel JF, Lissos T, Peyrin-Biroulet L. A Treat-to-Target Update in Ulcerative Colitis: A Systematic Review. *Am J Gastroenterol*. 2019 Jun;114(6):874–83.

Figure 1. Treatment goals for the management of inflammatory bowel disease (IBD). HBI, Harvey-Bradshaw Index for Crohn's disease; CDAI, clinical disease activity index for Crohn's disease; PCDAI, paediatric CDAI; SCCAI, simple clinical colitis activity index; PUCAI, paediatric ulcerative colitis activity index; fcal, faecal calprotectin. *Endoscopic response = \downarrow Simple endoscopic score for Crohn's disease (SES-CD) $\geq 50\%$, \downarrow ulcerative colitis endoscopic index of severity (UCEIS) ≥ 2 points; Endoscopic remission = SES-CD < 3 , UCEIS < 2 . ** Deep transmural remission = endoscopic, histological and radiological remission based on cross-sectional imaging. Figure created with BioRender.com.

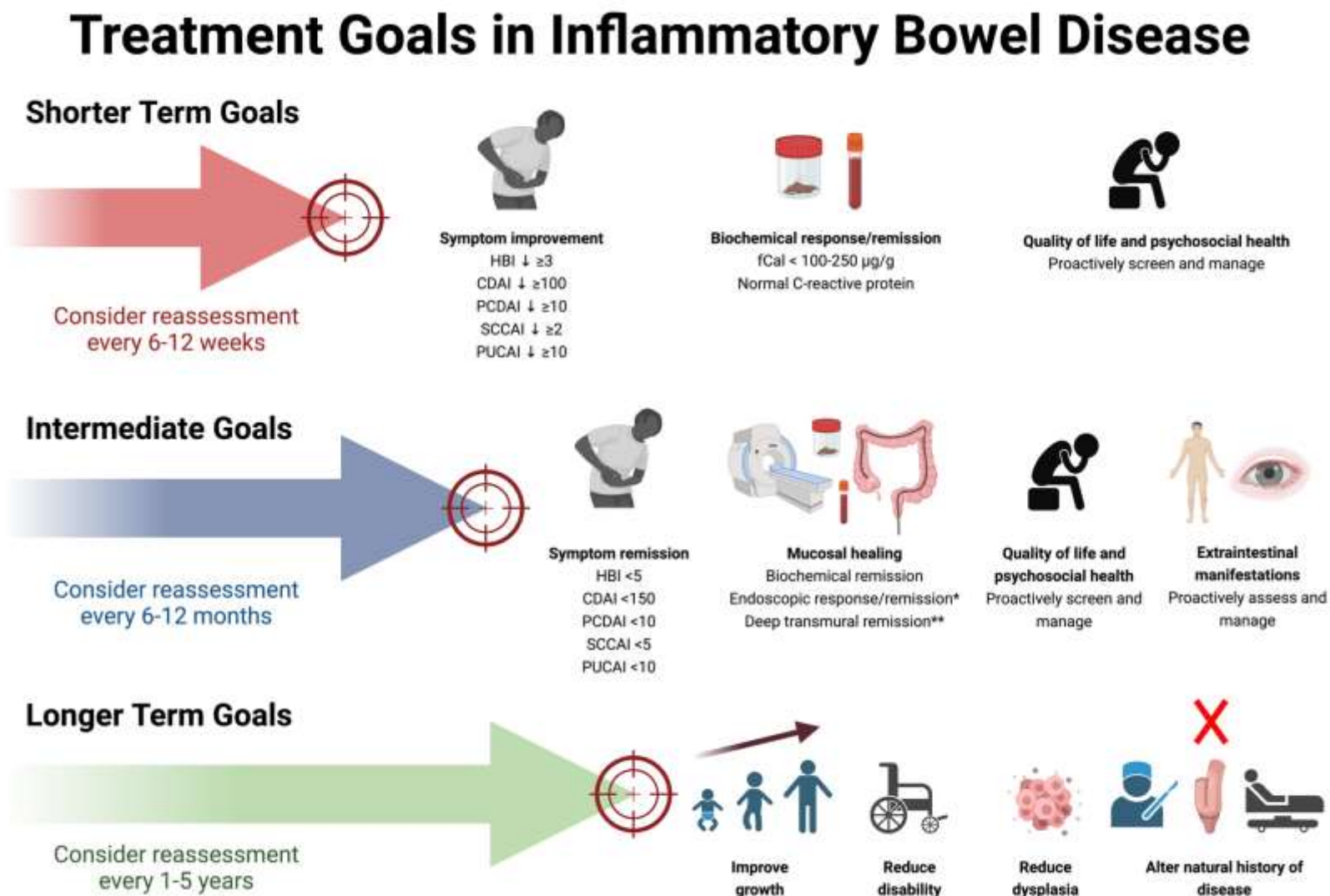


Figure 2. Potential algorithm for the use of treat-to-target management strategies for inflammatory bowel disease in New Zealand. TDM, therapeutic drug monitoring for thiopurines and biological agents; HBI, Harvey-Bradshaw index; CDAI, clinical disease activity index for Crohn’s disease; PCDAI, paediatric CDAI; SCCAI, simple clinical colitis activity index; PUCAI, paediatric ulcerative colitis activity index; fcal, faecal calprotectin; CRP, C-reactive protein; CT, computerised tomography; MR, magnetic resonance. *Figure created with BioRender.com.*

