

**Personalizing IBD Management: Utilizing Precision Medicine and Innovative Therapies**  
**Virtual State Society Meetings & On-Demand CME Initiative Agenda**

**Proposed Program Agenda**

**Proposed Agenda Topics**

**I. Implementing Appropriate Therapy Based on Clinical Efficacy, Safety, and Patient-Specific Features (30 minutes)**

**Patient Case #1** – 28-year-old female diagnosed with left sided UC and managed with 4.8 grams of mesalamine daily and rectal therapy as needed for the last 18 months now presenting with new onset of rectal bleeding, 5-6 loose stools daily and occasional urgency but no nocturnal stools. Her infectious work up was negative but her fecal calprotectin is elevated at 690 ug/g and normal CRP; raises questions during visit regarding plans to become pregnant in the near future

**Discussion topics:** *What is the recommended treatment approach for a patient who is failing conventional therapy? What are important patient considerations, (eg, potential pregnancy)? What is the current positioning of approved therapies for patients naïve to targeted treatments? What is the criteria for acceptable treatment response? What type of monitoring is recommended after initiating targeted therapy?*

**A. Rationale and approaches for precision medicine in IBD**

- i. Precision medicine (definition, advantages, disadvantages, and application in IBD)
- ii. Importance of early, effective treatment using a treat-to-target approach
- iii. Treatment options (anti-TNFs, anti-IL12/IL-23s, anti-IL-23s, JAK1 inhibitors, anti-integrins, and S1P modulators)
  1. MOA, efficacy, and safety
  2. Head-to-head comparisons
  3. Treatment sequencing
  4. Combining therapy
- iv. Considerations for specific patient populations
  1. Advanced age/multiple comorbidities
  2. Cardiovascular comorbidities
  3. Pregnancy/potential pregnancy

**Patient Case # 2 (Presented by local faculty. They can incorporate any challenges that they may have locally for treating this type of patient if they wish)**

33-year-old male with Crohn's disease diagnosed 5 years prior, currently treated with infliximab 5 mg/kg every 6 weeks with an IFX level of 12 ; presents with worsening symptoms over the past six months (increased abdominal pain , 5 pound weight loss, 2-3 loose stools, fatigue, elevated CRP; recent colonoscopy showed linear circumferential ulcers in the last 12 cm of the terminal ileum along with aphthous ulcerations in the cecum and ascending colon- SES\_CD score of 9; expresses concern over increased in anxiety and fatigue

**Discussion topics for Dr. Dubinsky & local speaker:** *What is the optimal sequencing of therapy for an anti-TNF-experienced CD patient? What is the supporting evidence?*

**II. Review PROs and Shared Decision-Making in IBD (20 minutes)**

- A. PROs that clinicians should consider (measures of physical and psychosocial disease impact)
- B. Best practices in shared decision-making
- C. Example opportunities for implementing PROs and share decision-making in practice

**Discussion topics for Dr. Dubinsky:** *What patient-reported outcomes are important for measuring disease activity and evaluating treatment response? What is the role of shared decision-making in creating the treatment plan? When is it appropriate to consider mental health screening/referral for psychological evaluation?*

**III. Summary and Questions and Answers (5 minutes)**

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