

Oral Presentation

TITLE	Impact of a biologic review panel and modified biologic withdrawal criteria on relapse rates and medication costs
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ABSTRACT DETAILS:	
Background:	Inflammatory bowel disease (IBD) is increasingly managed with the use of biologic therapies. These can be expensive, NICE guidelines suggest considering cessation after 1 year of therapy in all patients in remission but lack detailed criteria for this [1]. Published series suggest relapse rates of up to 50% following biologic cessation [2]. We aimed to describe clinical and economic outcomes in our unit from the introduction of a multidisciplinary biologic review panel meeting (BRP) to implement modified criteria for cessation of therapy.
Method:	All patients on biologics over a 5-year period were reviewed in the BRP, which consisted of a minimum of 1 gastroenterologist and 2 IBD nurse specialists with input from a consultant radiologist available if required. The modified criteria for biologic cessation were based on published evidence. These criteria excluded individuals with no suitable maintenance immunomodulator, previous surgery or evidence of aggressive disease e.g. penetrating disease, other conditions requiring anti-TNF therapy and previous relapse on biologic cessation. Demographics and clinical outcomes were recorded on a clinical database. Relapse rates and cost savings from successful drug withdrawal were calculated.
Results:	136 patients with Ulcerative Colitis or Crohn's disease were reviewed, with 45 patients meeting NICE guideline criteria for cessation. The BRP and modified criteria affected decision to withdraw therapy in 38% of those meeting NICE criteria. Therapy was withdrawn in 27 patients with a 20% 24-month relapse rate. Younger age at cessation was significantly associated with relapse ($P= 0.01$ by t-test). Successful drug cessation facilitated by the BRP resulted in measurable net cost savings of £620 400 and enabled timely investigation and management decisions assisted by the nurse-led IBD service.
Conclusions:	The biologic review panel approach has proved a safe and cost-effective means of decision making in stopping biologic therapy. Use of the modified criteria for cessation has resulted in a relapse rate lower than most in the published literature. Future work to inform exclusion criteria should help further refine such an approach.
References:	[1] NICE. Infliximab (review) and adalimumab for the treatment of Crohn's disease: review update March 2015. [2] Kennedy NA, Warner B, Johnston EL, Flanders L, Hendy P, Ding NS, et al. Relapse after withdrawal from anti-TNF therapy for inflammatory bowel disease: an observational study, plus systematic review and meta-analysis. <i>Alimentary pharmacology & therapeutics</i> . 2016;43(8):910-23.