CROHN'S & COLITIS UK

Q & A with Matthias Friedrich

Questions	Answers
By looking at which medication works for a person, could that help to find out what type of treatment works better for that person in the future? Taking into account that different biologics work differently. For example, for me only Vedolizumab worked for me during 1.5 years. Tried other ones but they did not work (such as Infliximab, Stelara and Tofacitinib). So more likely that only biologics that work the same way as Vedolizumab will work for my Ulcerative Colitis. What other biologics are there that work the same way as Vedolizumab?	At the moment, there no other biologics that would work the same way as Vedolizumab does. It is an interesting thought to look what medication worked in the past to guide future medication. One thing the field still needs to research better is the dynamics of a disease, i.e. it could happen that in the beginning Vedolizumab helps you well, but at later stages the inflammation may be driven by TNF in which case Infliximab/Adalimumab might work better. So it is not only the 'what to treat with' but also the 'when'.
I would like to let you know that I would be more than happy to participate in your study if you need participants. Thanks	Great to hear, you can find contact information here: https://www.crohnsandcolitis.org.uk/research/research-involvement-opportunities/shaping-research-1/help-shape-the-future-of-personalised-medical-therapy-in-ulcerative-colitis
Is this something we could pay privately for?	At the moment we are still fairly far from making this (even a trial) diagnostic approach in the clinic. However in the near future this could become possible if the presented projects are successful. How this would be paid for (NHS vs private) is then something that would need consideration. I would hope the NICE would see sufficient benefit to cover the costs via the NHS.
Will the project on patient focused research include experience of alternative therapies, to complement the personalisation of the approach, if that was deemed to be beneficial to the patient, as this is patient centred too?	For the two projects we presented, alternative therapies are not included for now. If deemed beneficial and recommended in the future, it is surely something to look into.
If successful is the plan to use this on patients who are newly diagnosed or could it be for all patients?	If successful I believe this could be used on newly diagnosed and previously biologic-exposed patients alike. Drivers of inflammation

	may change over the course of a disease, and then another medication may become more efficient which we could possibly determine by 'predicting' again.
Would you be able to test for the likelihood of severe side effects as well as the likelihood of the medication treating a patient's IBD?	With the current study design, we cannot look at severe side effects. This would require a much higher number of individuals/samples to be studied, as severe side-effects are very rare with the common biologics IFX/ADA, Ustekinumab, Vedolizumab.