

EFFICACY OF TREATMENT FOR CROHN'S DISEASE

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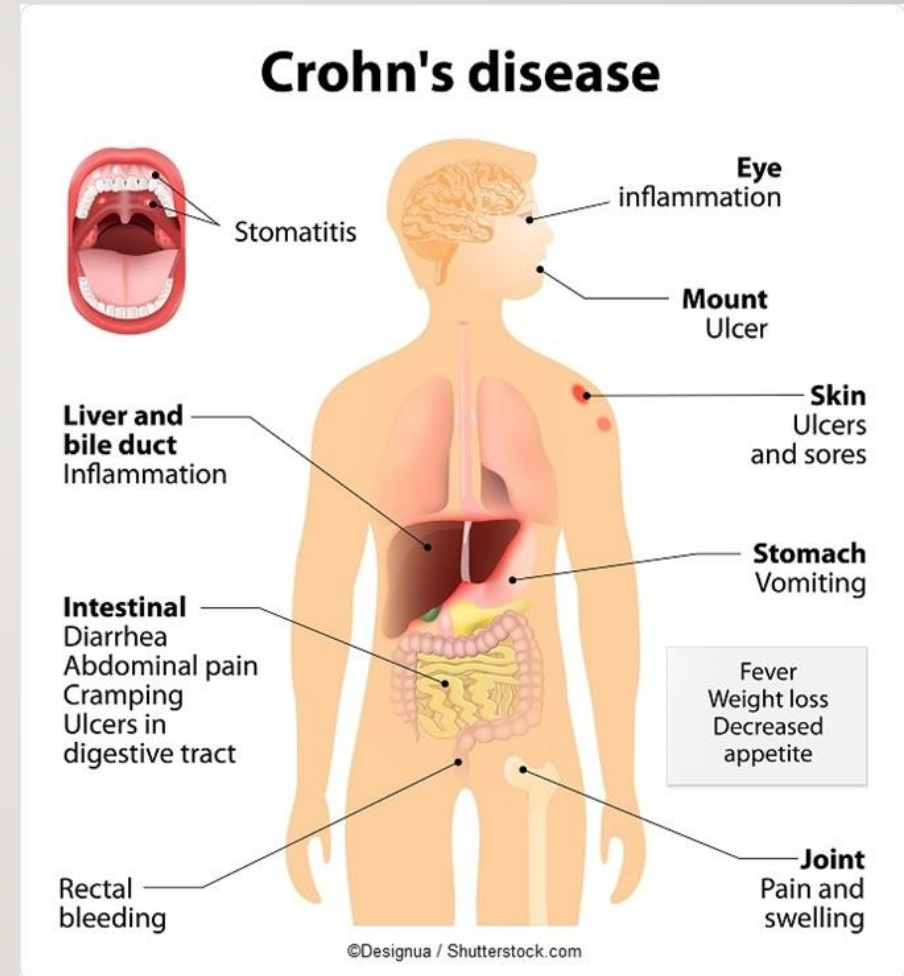
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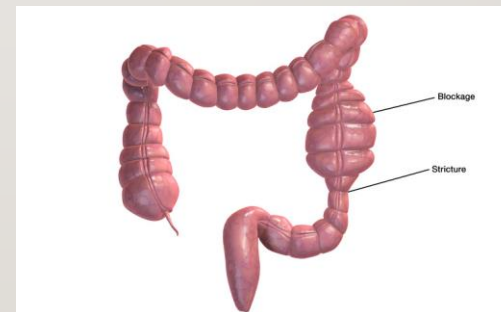
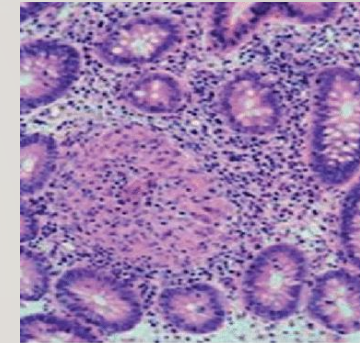
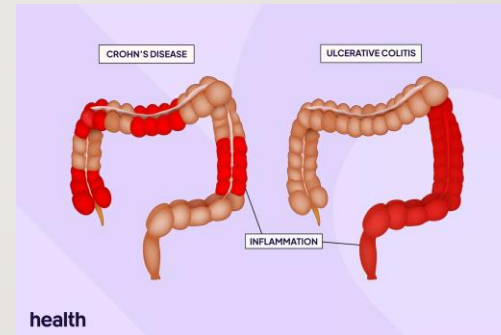
WHAT IS CROHN'S DISEASE

- Complex autoimmune disease that impacts parts or the entirety of the digestive tract
- Autoimmune = disease caused by cells that are typically normal in the body



TELL TALE SIGNS OF CROHN'S DISEASE

- Granulomas
- Cobblestone appearance
- Scattered inflammation
- Scar tissue/strictures



SOME MORE FACTS ABOUT CROHN'S DISEASE

- Incidence rate = 10.7 per 100,000 people/year
- Slightly reduced life expectancy
- Poor quality of life
- Not sure what causes Crohn's Disease

CROHN'S DISEASE



Causes

- Genetic
- Environmental
- Lifestyle

Major Genes

NOD2 **ATG16L1** **IRGM** **IL23R**



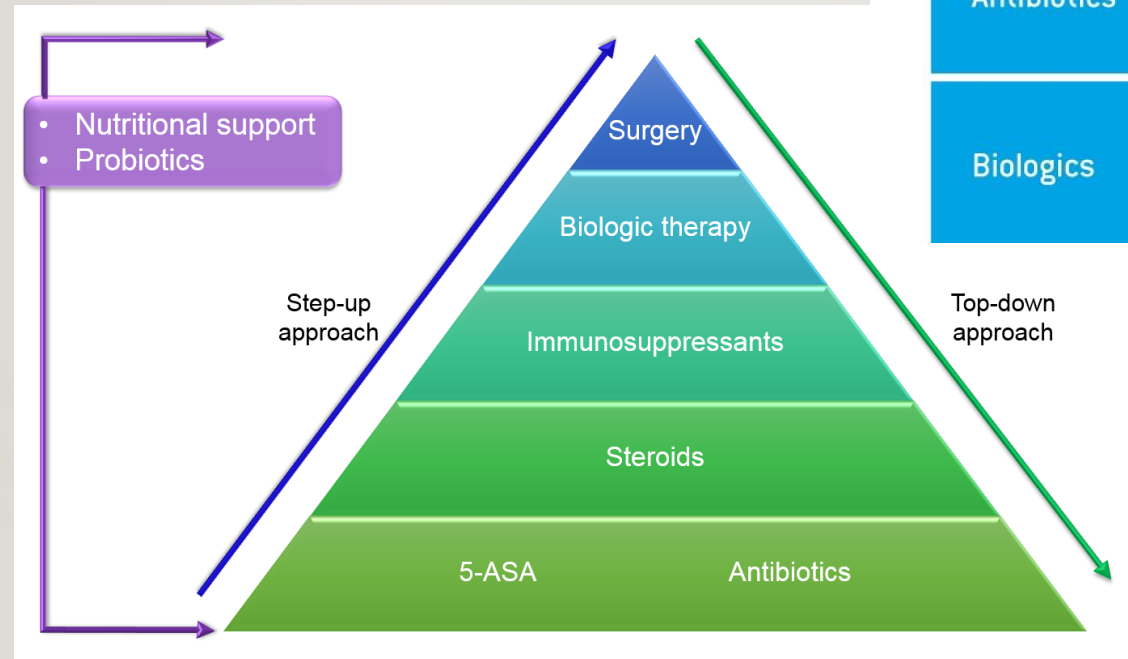
NO CURE??

Lifelong illness

Can be treated

TREATMENT

- Medications
- Surgery



Aminosalicylates	<ul style="list-style-type: none">– Anti-inflammatory– Ex. mesalamine, balsalazide, olsalazine
Corticosteroids	<ul style="list-style-type: none">– Anti-inflammatory; Ex. prednisone, hydrocortisone– Side effects make not suitable for long-term use
Immunomodulators	<ul style="list-style-type: none">– Suppresses the immune system. Ex. azathioprine– Patients have increased risk of infection while taking
Antibiotics	<ul style="list-style-type: none">– Used to prevent and control infection in UC and CD patients
Biologics	<ul style="list-style-type: none">– Moderate to severe Cases. Ex. adalimumab, infliximab– Blocks protein called Tumor Necrosis Factor

BIOLOGICS

- Anti-TNF
 - Infliximab (Remicade) , adalimumab (Humira)
- Integrin Receptor Antagonists
 - Entyvio (Vedolizumab)
- Interleukin -12 and -23 antagonists
 - Ustekinumab (Stelara)

USTEKINUMAB (STELARA)

May be most
beneficial for
patients

Linked to high
remission
rates

USTEKINUMAB (STELARA)

Humira vs Stelara → Stelara



Remicade vs Stelara → Stelara



Entyvio vs. Stelara → Stelara

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