

# BIOLOGIC THERAPIES

## Reflexive Approaches to Optimizing Treatment for Inflammatory Bowel Disease

### WHY IS THERAPEUTIC MONITORING OF BIOLOGIC CONCENTRATIONS SO IMPORTANT?

Many patients may have flare-ups of their disease, or they may stop responding to treatment. In these situations, the clinician may choose to increase the dose administered or recommend more frequent injections. One cause of decreased response to treatment is the appearance of anti-drug antibodies or “immunogenicity.” To monitor for immunogenicity, our reflexive approach first measures the biologic concentration within a patient’s specimen. Then, if necessary, an additional test is performed to assess the presence of antibodies to a specific drug that the patient has been receiving. The information from these tests helps health care providers determine if their patients are experiencing a loss of response to a specific therapy, and if so, treatment plans can be adjusted.

### BENEFITS OF OUR REFLEXIVE APPROACH TO TESTING

Clinically significant antibodies to these drugs are found in patients with very low trough concentrations in their serum. Therefore, a reflexive approach, which performs testing only when it is clinically relevant, benefits patients and reduces costs for the ordering institution.

### WHEN DOES THIS TEST REFLEX?

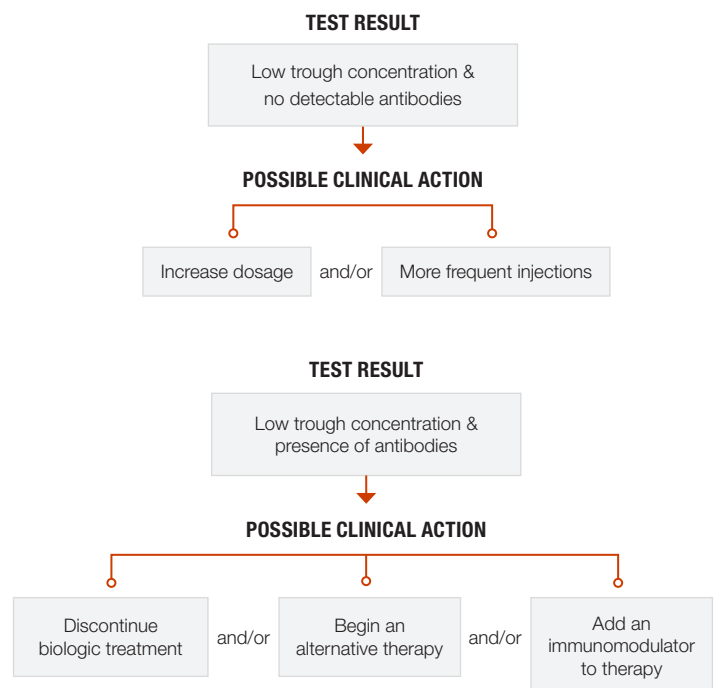
When concentration results are below a specified level, testing for antibodies to the specific drug will be performed at an additional charge.

DRUG	CONCENTRATION
Adalimumab	≤ 5.0 mcg/mL
Infliximab	≤ 5.0 mcg/mL
Vedolizumab	≤ 15.0 mcg/mL

### FEATURED TESTS

- ▶ Adalimumab Quantitation with Reflex to Antibody, Serum (Mayo ID: ADALX)
- ▶ Infliximab Quantitation with Reflex to Antibodies to Infliximab, Serum (Mayo ID: INFXR)
- ▶ Vedolizumab Quantitation with Reflex to Antibodies, Serum (Mayo ID: VEDOL)

### CLINICAL ACTION ENABLED BY THIS TESTING



## SUPPORTING ARTICLES

American Gastroenterology Association. Therapeutic drug monitoring in inflammatory bowel disease: clinical decision support tool. *Gastroenterology*. 2017 Sept;153(3):858-859.

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