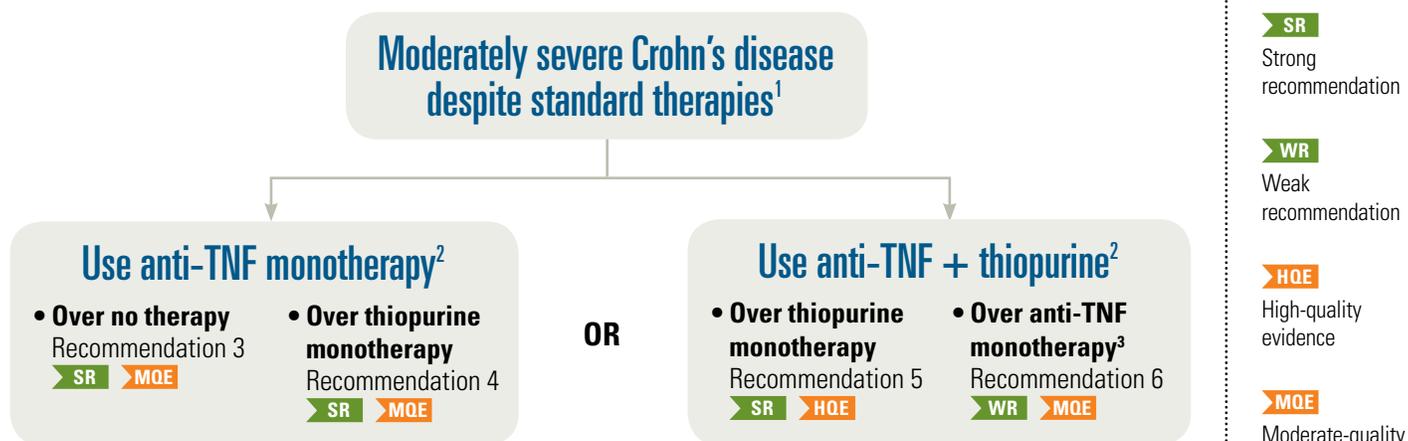


AGA INSTITUTE GUIDELINE ON THE Use of Biologic Drugs for Inflammatory Crohn's Disease CLINICAL DECISION SUPPORT TOOL

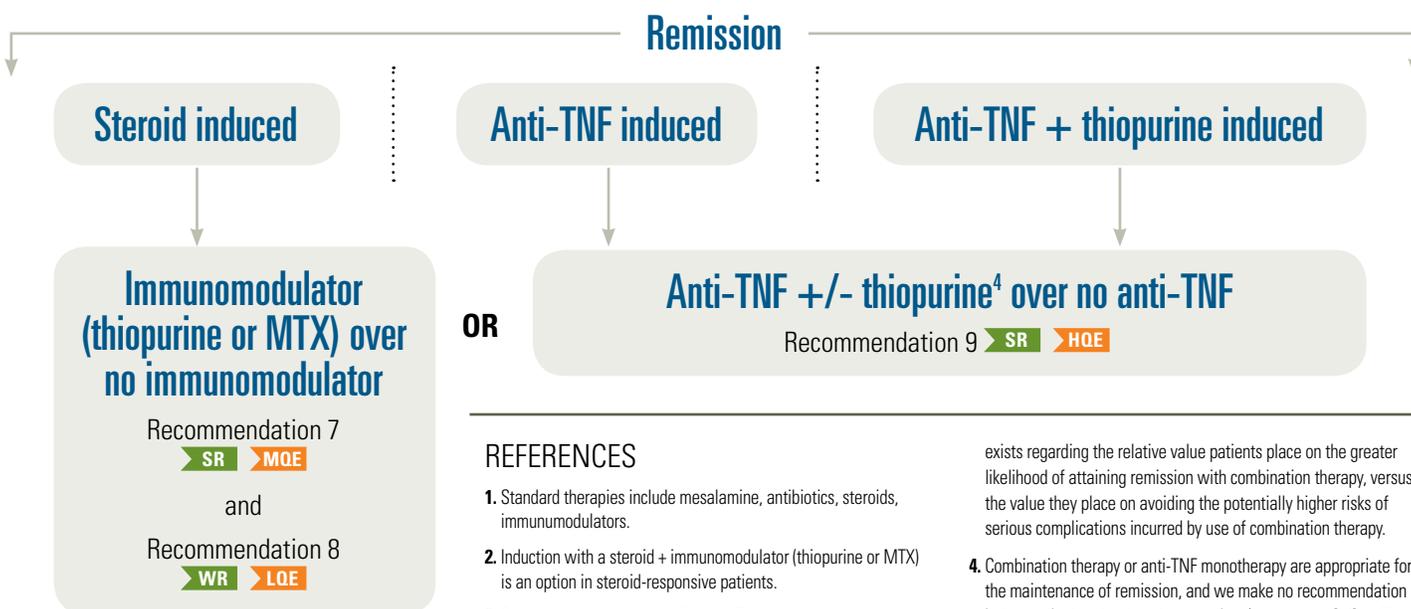
A. RECOMMENDATIONS FOR INDUCTION OF REMISSION



Key

- SR Strong recommendation
- WR Weak recommendation
- > HQE High-quality evidence
- > MQE Moderate-quality evidence
- > LQE Low-quality evidence

B. RECOMMENDATIONS FOR MAINTENANCE OF REMISSION



REFERENCES

1. Standard therapies include mesalamine, antibiotics, steroids, immunomodulators.
2. Induction with a steroid + immunomodulator (thiopurine or MTX) is an option in steroid-responsive patients.
3. Combination therapy with IFX and AZA is more likely to induce remission than IFX therapy alone. However, significant uncertainty

exists regarding the relative value patients place on the greater likelihood of attaining remission with combination therapy, versus the value they place on avoiding the potentially higher risks of serious complications incurred by use of combination therapy.

4. Combination therapy or anti-TNF monotherapy are appropriate for the maintenance of remission, and we make no recommendation between the two treatment approaches (**recommendation 10; no recommendation, low-quality evidence**).

Review the guideline online at www.gastro.org/crohnsdecisiontool.



AGA INSTITUTE GUIDELINE ON THE USE OF BIOLOGIC DRUGS FOR INFLAMMATORY CROHN'S DISEASE

Summary of Recommendations from the Clinical Decision Support Tool

Recommendation 1: We suggest against using thiopurine monotherapy to induce remission in patients with moderately severe Crohn's disease.

Recommendation 2: We suggest against using methotrexate to induce remission in patients with moderately severe Crohn's disease.

SR
MOE **Recommendation 3:** We recommend using anti-TNF- α drugs to induce remission in patients with moderately severe Crohn's disease.

SR
MOE **Recommendation 4:** We recommend using anti-TNF- α monotherapy over thiopurine monotherapy to induce remission in patients who have moderately severe Crohn's disease.

SR
HQE **Recommendation 5:** We recommend using anti-TNF- α drugs in combination with thiopurines over thiopurine monotherapy to induce remission in patients who have moderately severe Crohn's disease.

WR
MOE **Recommendation 6:** We suggest using anti-TNF- α drugs in combination with thiopurines over anti-TNF- α drug monotherapy to induce remission in patients who have moderately severe Crohn's disease.³

SR
MOE **Recommendation 7:** We recommend using thiopurines over no immunomodulator therapy to maintain a steroid-induced remission in patients with Crohn's disease.

WR
LOE **Recommendation 8:** We suggest using methotrexate over no immunomodulator therapy to maintain a steroid-induced remission in patients with Crohn's disease.

SR
HQE **Recommendation 9:** We recommend using anti-TNF- α drugs over no anti-TNF- α drugs to maintain a steroid or anti-TNF- α drug-induced remission in patients with Crohn's disease.

Recommendation 10: We make no recommendation for or against the combination of an anti-TNF- α drug and a thiopurine versus an anti-TNF- α drug alone to maintain remission induced by a combination of these drugs in patients with Crohn's disease.

The "AGA Institute Guidelines on the Use of Thiopurines, Methotrexate and Anti-TNF- α Biologic Drugs for the Induction and Maintenance of Remission in Inflammatory Crohn's Disease" was originally published in *Gastroenterology*.

The citation should state "Terdiman, JP *et al.* AGA Institute Guidelines on the Use of Thiopurines, Methotrexate and Anti-TNF- α Biologic Drugs for the Induction and Maintenance of Remission in Inflammatory Crohn's Disease. *Gastroenterology* 2013; 145(X):XXXX-XX.