CADTH RAPID RESPONSE REPORT: SUMMARY OF ABSTRACTS

Treat-to-Target versus Conventional Management of Inflammatory Bowel Disease: Clinical Effectiveness and Cost-Effectiveness
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About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada’s health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.

Funding: CADTH receives funding from Canada’s federal, provincial, and territorial governments, with the exception of Quebec.
Research Questions

1. What is the clinical effectiveness of treat-to-target management compared with conventional management of inflammatory bowel disease?

2. What is the cost-effectiveness of treat-to-target management compared with conventional clinical management of inflammatory bowel disease?

Key Findings

One randomized controlled trial was identified regarding the clinical effectiveness of treat-to-target compared to conventional management of inflammatory bowel disease. No economic evaluations were identified.

Methods

A limited literature search was conducted on key resources including PubMed, The Cochrane Library, University of York Centre for Reviews and Dissemination (CRD), Canadian and major international health technology agencies, as well as a focused Internet search. No filters were applied to limit the retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2014 and February 14, 2019. Internet links are provided where available.

Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Table 1: Selection Criteria

<table>
<thead>
<tr>
<th>Population</th>
<th>Patients of any age with Crohn’s disease or ulcerative colitis at any stage or any baseline activity</th>
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<tr>
<td>Intervention</td>
<td>Treatment escalation driven by treat-to-target clinical management (combined or not with symptom-based management)</td>
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<tr>
<td>Comparator</td>
<td>Treatment escalation by conventional (symptom-based) clinical management alone</td>
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<td>Outcomes</td>
<td>Q1: Clinical effectiveness (e.g., steroid-free remission, time to remission, clinical response, deep remission, mucosal healing/response, endoscopic remission/healing, biological remission, disease activity scales [e.g., Crohn’s Disease Activity Index, Ulcerative Colitis Disease Activity Index], fistula resolution/closure/remission, partial remission, needs for surgery, hospitalization, death) and safety</td>
</tr>
<tr>
<td>Study Designs</td>
<td>Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, economic evaluations</td>
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**Results**

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and economic evaluations.

One randomized controlled trial was identified regarding the clinical effectiveness of treat-to-target compared to conventional management of inflammatory bowel disease. No relevant health technology assessments, systematic reviews, meta-analyses, non-randomized studies, or economic evaluations were identified.

Additional references of potential interest are provided in the appendix.

**Overall Summary of Findings**

One randomized controlled trial was identified regarding the clinical effectiveness of treat-to-target compared to conventional management of inflammatory bowel disease. The authors of this study compared mucosal healing outcomes for patients on a tight control algorithm versus patients managed with a clinical management algorithm. The authors observed that a significantly higher proportion of patients in the tight control group (46%) achieved the primary endpoint of mucosal healing by the end of the study than those in the clinical management group (30%). The authors have demonstrated that monitoring, “clinical symptoms combined with biomarkers in patients with early Crohn’s disease results in better clinical and endoscopic outcomes than symptom-driven decisions alone.”

No economic evaluations were identified; therefore, no summary pertaining to economic analyses can be provided.

**References Summarized**

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

No literature identified.

Randomized Controlled Trials


Non-Randomized Studies

No literature identified.

Economic Evaluations

No literature identified.
Appendix — Further Information

Previous CADTH Reports


Systematic Review and Meta-Analyses – Comparator Unspecified

   PubMed: PM30694863

   PubMed: PM25965441

Non-Randomized Studies – Alternative or No Comparator


   PubMed: PM24351660

   PubMed: PM24246770

Review Articles

   PubMed: PM29411220
