Anti Tumor Necrosis Factor Therapy In Inflammatory Bowel

Ulcerative colitis and Crohn's disease remain a great therapeutic challenge to the medical community. In recent years knowledge about the pathogenesis of these diseases has progressed rapidly but the cause of the diseases remains completely unknown. It has become clear that dysregulation of the mucosal immune system is the basis for the chronic evolution of the diseases in a genetically susceptible population. Exciting new therapeutic approaches have been attempted in the last couple of years and cytokine and anti-cytokine treatments in particular seem very promising, especially in intractable disease. The format of the Falk Symposium 106 on `Advances in Inflammatory Bowel Diseases', held in Brussels, Belgium, June 18-20, 1998, was somewhat innovative as each session attempted to link the new insights into pathogenetic mechanisms with new therapeutic approaches, resulting in optimal information transfer. The classic therapeutic schemes were updated with a special focus on step-wise build-up of therapy.

Tumor Necrosis Factor (TNF) Inhibitors: Advances in Research and Application: 2011 Edition is a ScholarlyPaper™ that delivers timely, authoritative, and intensively focused information about Tumor Necrosis Factor (TNF) Inhibitors in a compact format. The editors have built Tumor Necrosis Factor (TNF) Inhibitors: Advances in Research and Application: 2011 Edition on the vast information databases of ScholarlyNews.™ You can expect the information about Tumor Necrosis Factor (TNF) Inhibitors in this eBook to be deeper than what you can access anywhere else, as well as consistently reliable, authoritative, informed, and relevant. The content of Tumor Necrosis Factor (TNF) Inhibitors: Advances in Research and Application: 2011 Edition has been produced by the world's leading scientists, engineers, analysts, research institutions, and companies. All of the content is from peer-reviewed sources, and all of it is written, assembled, and edited by the editors at ScholarlyEditions™ and available exclusively from us. You now have a source you can cite with authority, confidence, and credibility. More information is available at http://www.ScholarlyEditions.com/.

This book is a concise yet comprehensive overview of the use of biologics for the treatment of Crohn's disease and ulcerative colitis. The volume details how best to utilize these medications in order to optimize their efficacy and safety, as well as how to understand, recognize, and treat complications that may arise from using biologics to treat IBD. The text also focuses on new data, novel biologics, and biosimilars of this rapidly expanding field. Written by experts in the field, Treatment of Inflammatory Bowel Disease with Biologics is a valuable resource for gastroenterologists, allied health professionals, fellows, and trainees who treat patients with inflammatory bowel disease.

Pretreatment 25-Hydroxyvitamin D Levels and Durability of Anti-Tumor Necrosis Factor-α Therapy in Inflammatory Bowel Diseases

Periodontal Condition of Patients With Autoimmune Diseases and the Effect of Anti-Tumor Necrosis Factor-α Therapy

Advances in the Diagnosis and Management of Uveitis

Translational Inflammation

Molecular and Cellular Mechanisms

TNF-alpha Inhibitors

Parallel studies in septic shock and cancer led to the discovery of the endogenous factors named cachectin and tumour necrosis factor (TNF), respectively, that were shown to be structurally and functionally similar. Further studies identified two forms of TNF, TNF-α and TNF-β. The anticipation that specific anti-TNF antibody might have therapeutic potential in the resolution of sepsis was not realized; however, anti-TNF-α agents have been shown to have dramatic therapeutic efficacy in a number of inflammatory diseases. Currently, there are five anti-TNF agents approved that are equally effective in the treatment of rheumatoid arthritis but exhibit differing efficacy in other inflammatory conditions. Three are full-length immunoglobulin G (IgG) anti-TNF-α antibodies, one is an anti-TNF-α Fab fragment and another, a TNF receptor–Fc fusion protein. Their different structures reflect recent advances in our ability to apply genetic engineering for patient benefit.

A brand-new title in the field of dermatology, Therapy for Severe Psoriasis provides the ultimate coverage of the treatment options available for today's most serious cases, including biologics and oral therapies. It features discussions of the newest drug therapies, recent FDA-approved biosimilars, and combination approaches to care, while an overview chapter was designed to aid those new to the field in understanding the nuances of difficult-to-treat subtypes of psoriasis. Comprehensive and focused, Therapy for Severe Psoriasis will be a welcome addition to the library of any dermatologist seeking in-depth information on the challenges of this condition. Each of the 16 chapters includes either an in-depth focus on a single therapy or an overview of a unique aspect of psoriasis, including: UVB therapy, methotrexate, acitretin, cyclosporine, apremilast, etanercept, infliximab, adalimumab, ustekinumab, secukinumab, and ixekizumab. Takes an evidence-based approach to hard-to-treat severe psoriasis. Discusses the newest drug therapies (such as ixekizumab), plus recent FDA-approved biosimilars, a topic unique to this particular psoriasis text. Presents combination approaches for instances when standard treatments are not successful. Includes an overview chapter to help beginners understand the nuances of the disorder.

By the time this issue of Gastroenterology Clinics of North America is released, it will have been 16 years since infliximab was approved by the US Food and Drug Administration for the treatment of moderate to severe Crohn disease. Not only have we come a long way in understanding the efficacy and safety of infliximab, we are beginning to understand how and when to use the drug. Furthermore, as of this writing, we have five other biologic agents approved for either Crohn disease or ulcerative colitis, and there are many more molecules currently in drug development for these indications. In this issue,the Editors have assembled a collection of experts to provide the most cutting-edge information on the status of biologic therapy for inflammatory bowel disease.

TNF Pathophysiology

Clinical Economic and Laboratory Impact of Stopping Or Changing Therapy

Therapeutic Antibodies

Biologics in Inflammatory Bowel Disease, An issue of Gastroenterology Clinics of North America,

Rituximab for Rheumatoid Arthritis Refractory to Anti-tumor Necrosis Factor Therapy

Complete Remission of Nephrotic Syndrome Without Resolution of Amyloid Deposit After Anti–Tumor Necrosis Factor A Therapy in a Patient With Ankylosing Spondylitis

Background & Aims : The broader and prolonged use of anti-tumor necrosis factor (anti-TNF) agents in inflammatory bowel disease (IBD) could expose patients to an increased risk of adverse reactions, among them dermatological complications. We determined the cumulative incidence of anti-TNF induced cutaneous adverse reactions in IBD patients, their risk factors, dermatological management and outcome in a well-defined cohort, namely the Nancy IBD cohort. Methods : In a single-center observational retrospective study including all consecutive adult IBD patients treated with at least one anti-TNF agent during a 14-year period, patients with dermatological complications under anti-TNF therapy were identified. Patients characteristics, description of cutaneous lesions, modalities of anti-TNF therapy, immunosuppressive concomitant medications, management and outcome were collected. We conducted a survival analysis to determine the cumulative incidence of dermatological complications and risk factors for developing such lesions. Results : Among 583 IBD patients, 176 dermatological complications were collected, involving 20.5% of patients. Most of them were refered to a dermatologist. Psoriasiform lesions (10.1%; 59/583) and cutaneous infections (11.6%, 68/583) were the most frequently observed, with a cumulative incidence of respectively 28.9% and 17.6% at 10 years. They led to anti-TNF discontinuation respectively in 18.6% and 2.9% of patients. In case of switching to another anti-TNF agent for psoriasiform lesions, recurrence occurred in 57% of patients. Crohn's disease was identified as a risk factor for developing cutaneous infections (HR 0.25; 95% CI, 0.09-0.68; p=0.007). Higher dosing of infliximab, longer duration of treatment and maintenance regimen were associated with a higher risk of developing cutaneous infections (respectively p=0.01, p

This essential work, edited by two researchers at London's famous Queen Mary's medical school targets one of the most important areas in medical development today. These days, antibody therapeutics are the treatment of choice for several autoimmune and oncological conditions. They are, indeed, becoming the molecules of choice for further combination therapies and cell engineering. In this timely work, a slew of expert in the field of drug development summarize all the current developments and clinical successes.

This is the first book to cover every angle in the clinical application of biologics. Readers will not only find that all of the biologics currently approved for clinical use are delineated in a standardized way, but also the "differential therapy" with biologics in fields including dermatology and neurology is described in detail and summarized in treatment algorithms. Shorter sections on biologic biotechnology as well as safety and regulatory issues complement the more clinically-oriented central chapters.

Anti-Tumor Necrosis Factor Therapy in Inflammatory Bowel Disease

Necrobiotic Disorders—Advances in Research and Treatment: 2012 Edition

The Safety of Anti-tumor Necrosis Factor-alpha Agents Used for the Treatment of Inflammatory Bowel Disease

The Role of Therapeutic Drug Monitoring of Anti–Tumor Necrosis Factor Alpha Agents in Children and Adolescents with Inflammatory Bowel Disease

Cytokines as Potential Therapeutic Targets for Inflammatory Skin Diseases

Anti–Interleukin-6 Receptor Tocilizumab for Severe Juvenile Idiopathic Arthritis–Associated Uveitis Refractory to Anti–Tumor Necrosis Factor Therapy: A Multicenter Study of Twenty-Five Patients

For the past ten years, the therapeutic management of ankylosing spondylitis (AS) has considerably changed. In fact, the introduction of anti-TNF agents in AS provides new (and until now, unmet) therapeutic perspectives for the patients. This review analyses the available data on clinical, radiological, and biological efficacy of infliximab, the first anti-tumor necrosis factor (anti-TNF) used in AS, and discusses its place in the treatment of AS. Some questions persist, notably whether this treatment has disease controlling properties.

A strong clinical emphasis is present throughout this volume from the first section of commonly presenting problems through to the section addressing problems shared with a range of other clinical sub-specialties.

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The Science of Quantitative Pharmacology

ScholarlyBrief

Cardiology Secrets E-Book

A 14-year Experience

Introduction to Biological and Small Molecule Drug Research and Development

Pharmacometrics is the science of interpreting and describing pharmacology in a quantitative fashion. The pharmaceutical industry is integrating pharmacometrics into its drug development program, but there is a lack of and need for experienced pharmacometricians since fewer and fewer academic programs exist to train them. Pharmacometrics: The Science of Quantitative Pharmacology lays out the science of pharmacometrics and its application to drug development, evaluation, and patient pharmacotherapy, providing a comprehensive set of tools for the training and development of pharmacometricians. Edited and written by key leaders in the field, this flagship text on pharmacometrics: Integrates theory and practice to let the reader apply principles and concepts. Provides a comprehensive set of tools for training and developing expertise in the pharmacometric field. Is unique in including computer code information with the examples. This volume is an invaluable resource for all pharmacometricians, statisticians, teachers, graduate and undergraduate students in academia, industry, and regulatory agencies.

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The aim of this study was to evaluate and to compare drug retention between the 3 anti-TNF marketed in Tunisia.Methods: We achieved a retrospective descriptive and comparative monocentric study, on 26 patients, with spondyloarthritis (SpA) including psoriatic arthritis (psA), enteropathic arthritis (EA), reactive arthritis (ReA) and undifferentiated spondyloarthritis (USpA) (according to ASAS 2009 and CASPAR), during 12 years (2004-2015). The patients were treated with at least one anti-TNF, during at least 6 months. All patients with EA were treated by anti-TNF monoclonal antibodies. Drug survival was analysed by means of Kaplanu2013Meier curvesResults: Mean age was 45,7 (u00b110,77) years. Seventeen patients were male. The mean disease duration was 10,16 (u00b18,88) years. Thirteen patients (27%) had a psA and 11 patients (22%) had EA. One patient had an USpA, and 1 patient had a ReA. Twelve patients received infliximab (IFX), 7 etanercept and 7 adalimumab. The median duration of prescription of anti-TNF therapy was 3,24 years [0.5-8] with 1-year and 2-year drug survival rates of 70% and 60%, respectively. No statistically significant difference in terms of survival was observed between the three anti-TNF drugs (p=0,23). The reasons for discontinuing treatment were distributed as follows: lack of efficacy in 3 cases, adverse event in 4 cases. One case of death occurred in a patient with ReA treated with IFX. The death was due to gastrointestinal bleeding with indomethacin. This incident had no direct or indirect relationship with IFX.Conclusion: This study demonstrated that anti-TNF showed a satisfactory and comparable drug survival in SpA treatment.

Therapy for Severe Psoriasis E-Book

Cumilative Incidence Of, Risk Factors for and Outcome of Dermatological Complications of Anti-TNF Therapy in Inflammatory Bowel Disease

Encyclopedia of Inflammatory Diseases

Anti–Tumor Necrosis Factor-? Antibody Therapy Management Before and After Intestinal Surgery for Inflammatory Bowel Disease

Tumor Necrosis Factor (TNF) Inhibitors: Advances in Research and Application: 2011 Edition

Anti-tumor Necrosis Factor-a Therapies in Patients with Rheumatoid Arthritis

Uveitis is the fifth cause of visual loss in the developed world, accounting for up to 20% of legal blindness. Visual loss due to uveitis currently has a significant impact on the productivity and quality of life of many patients worldwide. Therefore, advances in diagnostic techniques and therapeutic strategies are crucial for patients suffering from the disease. Improvements in our understanding of the pathogenic mechanisms, development of more accurate diagnostic tests, and better treatment alternatives come from the continuous efforts of researchers from all over the world who are committed to improving the standard of care of patients suffering from these potentially blinding diseases.This book focuses on the most recent advances in diagnostic techniques for primary and systemic-associated autoimmune and infectious uveitis, as well as new therapeutic strategies that have significantly reduced the rate of ocular complications and improved the visual outcome of patients suffering from these devastating disorders.

The introduction of anti-tumour necrosis factor (TNF) antibodies into the treatment of patients with IBD about fifteen years ago has dramatically improved the quality of life for patients with severe Crohn's disease and ulcerative colitis. But despite the fact this therapeutic approach has been around for quite some time, there has been no comprehensive overview to date. The book at hand aims to amend this shortcoming, presenting for the first time a thorough overview on TNF action, mechanisms of anti-TNF therapy, treatment strategies, side effects, monitoring, biosimilars and related issues. Including state-of-the-art information and research results, this publication will be a valuable source of information and guide clinicians to the optimal treatment decision, improving the quality of life of patients with inflammatory bowel disease. Moreover, rheumatologists or even dermatologists might also find this book of interest.

Psoriatic Arthritis: New Insights for the Healthcare Professional: 2011 Edition is a ScholarlyBrief™ that delivers timely, authoritative, comprehensive, and specialized information about Psoriatic Arthritis in a concise format. The editors have built Psoriatic Arthritis: New Insights for the Healthcare Professional: 2011 Edition on the vast information databases of ScholarlyNews.™ You can expect the information about Psoriatic Arthritis in this eBook to be deeper than what you can access anywhere else, as well as consistently reliable, authoritative, informed, and relevant. The content of Psoriatic Arthritis: New Insights for the Healthcare Professional: 2011 Edition has been produced by the world's leading scientists, engineers, analysts, research institutions, and companies. All of the content is from peer-reviewed sources, and all of it is written, assembled, and edited by the editors at ScholarlyEditions™ and available exclusively from us. You now have a source you can cite with authority, confidence, and credibility. More information is available at http://www.ScholarlyEditions.com/.

Results of a Multicenter, Randomized, Double-blind, Placebo-controlled, Phase III Trial Evaluating Primary Efficacy and Safety at Twenty-four Weeks

ScholarlyPaper

Restoration of Foxp3+ Regulatory T-cell Subsets and Foxp3? Type 1 Regulatory-like T Cells in Inflammatory Bowel Diseases During Anti-tumor Necrosis Factor Therapy

Psoriatic Arthritis: New Insights for the Healthcare Professional: 2011 Edition

Pharmacometrics

Tumor necrosis factor and the therapeutic potential of anti-TNF monoclonal antibodies

"Rheumatoid arthritis (RA) is a chronic inflammatory disorder that causes joint inflammation and destruction in 1% of the population. Longitudinal contrast enhanced-MRI (CE-MRI) of inflammatory-erosive arthritis in tumor necrosis factor-transgenic (TNF-Tg) mice has demonstrated that popliteal lymph nodes (PLNs) increase in volume and contrast enhancement during the pre-arthritic "expanding" phase of the disease, and then suddenly "collapse" during knee flare, marked by increased synovial volume and patella destruction. PLN collapse is associated with reduced lymphatic contraction and clearance that inhibits inflammatory cell egress from the afferent joint, exacerbating flare. While CE-MRI can be used to quantify joint inflammation and phenotype PLN, high costs prohibit its routine use. Therefore, methods were developed quantifying power Doppler signal to evaluate PLN phenotype and joint inflammation. Next, as the mechanisms responsible for PLN collapse are unknown, techniques were established to measure lymph node pressure (LNP), lymphatic pumping pressure (LPP) and lymph viscosity and speed. While no differences in viscosity were detected, a decrease in speed was observed in vessels afferent to collapsed PLN. It was found that expanding PLNs have a lower LNP and higher LPP; and conversely, collapsed PLNs have a higher LNP and lower LPP compared to WT. PLN mathematical modeling demonstrated LNP differences are likely dependent on hydraulic conductivity and the balance between fluid sources and drainage. Finally, drug studies were performed to elucidate mechanistic effects of current and new therapies. While combination anti-TNF and methotrexate (MTX) therapy for RA is well established, the synergistic effects of these drugs on flare are poorly defined. Therefore, we aimed to assess the independent effects of anti-TNF and MTX therapy. It was found that a dominant mechanism by which anti-TNF therapy ameliorates flare is via restoration of lymphatic contractions and inflammatory cell egress, while MTX's dominant effect is on synoviocyte apoptosis. Finally, it was found that the short-acting phosphodiesterase type 5 (PDE5) inhibitor and vasodilator sildenafil recruited parallel lymphatic vessels. Therefore, tadalafil, a long-acting PDE5 inhibitor, was examined for long-term treatment. It was found that tadalafil treatment reduced synovitis and was associated with increased passive lymphatic transport and B cell removal from PLN sinuses."--Pages viii-ix.

Anti-Tumor Necrosis Factor Therapy in Inflammatory Bowel DiseaseKarger Medical Scientific

TNF is a multifunctional proinflammatory cytokine central to the development and homeostasis of the immune system and a regulator of cell activation, differentiation and death. Recent decades have seen an enormous scientific and clinical interest in the function of TNF in physiology and disease. A vast amount of data has been accumulated at the biochemical, molecular and cellular level, establishing TNF as a prototype for in-depth understanding of the physiological and pathogenic functions of cytokines. This volume covers several current aspects of TNF regulation and function, including transcriptional and posttranscriptional control mechanisms, cellular modes of action, signaling networks that mediate its effect, involvement in pathogenesis and clinical outcomes of TNF antagonists. It combines basic science at the molecular and cellular level with research in animal models of disease and clinical findings to provide a comprehensive review of recent developments in TNF biology. A thorough understanding of the mechanisms by which this key molecular player is produced and functions to regulate cell biology, immunity and disease postulates novel paradigms on how genes contribute to the development and physiology of biological systems.

Ankylosing Spondylitis

Studies of Experimental Biomarkers During Glucocorticoid and Anti-tumor Necrosis Factor-alpha Therapy in Inflammatory Bowel Disease and Juvenile Idiopathic Arthritis

A Clinical and Health Economical Observational Study of Anti-tumor Necrosis Factor Therapy in the Treatment of Rheumatoid Arthritis in Finland

The Use of Treatments and Novel Methodologies to Elucidate the Role of Lymphatics in Arthritic Flare in Tumor Necrosis Factor Transgenic Mice with Inflammatory-erosive Arthritis

A Systematic Review and Meta-analysis

A Case of Sarcoidosis Associated With Anti–Tumor Necrosis Factor Treatment

This volume provides a comprehensive overview of the development, pharmacology, efficacy, and safety of the currently available TNF-alpha inhibitors. It is the first volume that summarizes this material for all available TNF-alpha inhibitors. Elevated levels of TNF-alpha have been demonstrated in Crohn's disease, psoriasis, psoriatic arthritis, and rheumatoid arthritis, suggesting a role for TNF-alpha in their pathogenesis. The most recent preclinical and clinical data is presented in this book.

Translational Inflammation links laboratory and clinical data within primary and secondary care to clinical research data and offers a holistic and innovative approach to chronic inflammation and ageing. Understanding the role of inflammation as a part of clinical disease states is becoming a valuable tool in both direct treatment and the development of therapeutics. Translational Inflammation, the 4th volume in the Perspectives in Translational Cell Biology series, offers content for professors, students and researchers across basic and translational biology. Emphasizes the role of inflammation in disease and therapeutic approaches Integrates broad concepts relating inflammation to other fields Offers a bridge to review literature and primary research on the inflammatory response towards medical application

Cytokines and cytokine receptors remain an area of great interest for the development of targeted therapies for cutaneous inflammatory diseases. Anti-TNF therapeutics have proven to be effective in the treatment of psoriasis, and clinical investigations have now begun for other cytokine-directed therapies, such as those targeting IFN-g, IL-12p40, and IL-18. In addition to therapeutics that target cytokines directly, strategies that target cytokine signaling pathways are in development. This book summarizes the findings of the 56th International Workshop of the Ernst Schering Research Foundation that focused on "Cytokines as Potential Therapeutic Targets for Inflammatory Skin Diseases".

Biologics in General Medicine

Oxford Textbook of Rheumatology

Expert Consult

Treatment of Inflammatory Bowel Disease with Biologics

Drug Survival of Anti Tumor Necrosis Factor U03b1 in Patients with Spondyloarthritis: The Tunisian Experience

Tumor Necrosis Factor (TNF) Inhibitors□Advances in Research and Application: 2012 Edition

Get quick answers to the most important clinical questions with Cardiology Secrets! Using the popular and trusted Secret Series® Q&A format, this easy-to-read cardiology book provides rapid access to the practical, "in-the-trenches" know-how you need to succeed both in practice, and on cardiology board and recertification exams. Get the evidence-based guidance you need to provide optimal care for your patients with cardiac heart diseases. Explore effective solutions to a full range of clinical issues including the general examination, diagnostic procedures, arrhythmias, symptoms and disease states, valvular heart disease, cardiovascular pharmacology, and other medical conditions with associated cardiac involvement. Zero in on key information with bulleted lists, mnemonics, practical tips from the leading cardiologists, and "Key Points" boxes that provide a concise overview of important board-relevant content. Review essential material efficiently with the "Top 100 Secrets in Cardiology" – perfect for last-minute study or self-assessment. Apply all the latest advances in clinical cardiology techniques, technology, and pharmacology. Access the complete text and illustrations online at Expert Consult, fully searchable.

Anti-tumor Necrosis Factor Gene Therapy Reverses Myocarditis, But Not Hypertrophy, in Transgenic Mice with Congestive Heart Failure

Chapter 14. The case of anti-TNF agents

Advances in Inflammatory Bowel Diseases