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Summary

PREDICTIVE FACTORS ASSOCIATED WITH LONG-TERM SURVIVAL OF ANTI-TNF AGENTS IN THE MANAGEMENT OF CROHN'S DISEASE

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A retrospective study of 123 Crohn's disease patients in central Greece found that longer disease duration at treatment onset predicted better anti-TNF survival, while antibody development and early optimization needs reduced infliximab survival.

KEY POINTS

- At 1 year, more than 75% of patients remained on anti-TNF therapy (infliximab or adalimumab), but this declined to 23% for infliximab and 35% for adalimumab at 5 years.
- Increased disease duration at treatment onset was the sole factor positively associated with longer anti-TNF survival for both infliximab and adalimumab.
- For infliximab specifically, antibody development and need for treatment optimization within the first year were associated with reduced drug survival.
- Over the study period, 68% of infliximab-treated patients and 71% of adalimumab-treated patients required treatment optimization.
- This study may be most relevant to clinicians managing Crohn's disease patients initiating or maintaining anti-TNF therapy in understanding factors influencing long-term drug retention.

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