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Summary

UTILITY OF VEDOLIZUMAB CLINICAL DECISION SUPPORT TOOL IN PREDICTION OF BIO-NAIVE CROHN'S DISEASE PATIENTS OUTCOMES TREATED WITH ADALIMUMAB OR USTEKINUMAB

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A retrospective study of 69 bio-naive Crohn's disease patients found that vedolizumab clinical decision support tools (5V-CDST and 3V-CDST) did not predict treatment effectiveness for adalimumab or ustekinumab.

KEY POINTS

- Both the 5-variable and 3-variable vedolizumab clinical decision support tools showed poor discriminative and predictive performance for adalimumab-treated and ustekinumab-treated patients across multiple outcomes including biochemical remission, steroid-free remission, endoscopic remission, treatment escalation, and biologic switching.
- The 3V-CDST in the adalimumab group identified patients at higher risk for CD-related surgery, with patients scoring 3 or below being 48 times more likely to undergo operation compared to those with higher scores ($p<0.01$, OR 48), though this finding was not replicated in the ustekinumab group.
- The study included 48 patients treated with adalimumab (median age 31.5 years) and 21 treated with ustekinumab (median age 52 years), all followed for a minimum of 6 months with outcomes assessed according to STRIDE-II recommendations.
- The findings suggest that these vedolizumab-derived clinical decision support tools are not generalizable to other biologic agents in bio-naive Crohn's disease patients.

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