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Summary

PREDICTORS OF ANTI-TNF TREATMENT FAILURE IN INFLAMMATORY BOWEL DISEASE PATIENTS NAÏVE TO BIOLOGIC DRUGS: A 20-YEAR REAL WORLD STUDY

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A retrospective cohort of 421 IBD patients identified HLA-DQA1*05 as a risk factor for loss of response to first-line anti-TNF therapy and HLA-DQA1*03 as protective, while female sex and infliximab use were associated with increased adverse effects.

KEY POINTS

- Carrying HLA-DQA1*05 allele was associated with increased risk of loss of response to anti-TNF drugs (OR 1.83, p=0.009), while carrying HLA-DQA1*03 allele was protective (OR 0.37, p=0.026) in multivariate analysis.
- Primary response rate at 24 weeks was 84.8 percent overall (infliximab 82.5 percent, adalimumab 87.8 percent), with loss of response occurring in 33.3 percent of patients at a mean of 5 years.
- Female sex (OR 1.61, p=0.032), infliximab use (OR 2.00, p=0.003), and higher than standard infliximab induction doses (OR 3.28, p=0.034) were independent risk factors for adverse effects.
- The study included 290 Crohn's disease and 131 ulcerative colitis patients who were biologic-naïve at treatment initiation between 2000 and 2022, with minimum 6-month follow-up.

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