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Summary

# LONG-TERM OUTCOMES OF INCREASED VERSUS CONVENTIONAL ADALIMUMAB DOSE INTERVAL FOR PATIENTS WITH CROHN'S DISEASE IN STABLE REMISSION: 3-YEAR FOLLOW-UP OF THE RANDOMIZED CONTROLLED LADI TRIAL

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**Three-year follow-up of the LADI trial shows that extending adalimumab dosing intervals in Crohn's disease patients in stable remission resulted in significantly fewer patients maintaining remission without complications compared to standard dosing, though many who required re-escalation regained remission.**

## KEY POINTS

- At year 3, the primary endpoint of maintaining corticosteroid-free clinical remission without complications on the allocated dosing interval was achieved in 35.8% of intervention patients versus 85.4% of control patients ($p < 0.001$).
- In the intervention group, 41% of patients maintained a de-escalated adalimumab dose at year 3, with 90% in clinical remission and 95% without complications.
- Another 41% of intervention patients required re-escalation of adalimumab, with median time to re-escalation of 6 months; of these, 90% regained clinical remission though 28% developed complications.
- In the control group maintaining standard 2-week dosing, 92% remained on their allocated or de-escalated dose at year 3, with 95% in remission and 95% without complications.
- This long-term data is relevant for clinicians managing Crohn's disease patients on adalimumab who are considering dose interval extension strategies.

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