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Summary

REAL-WORLD PERSISTENCE OF BIOLOGIC AND SMALL-MOLECULE THERAPY IN CHRONIC POUCH INFLAMMATION AFTER IPAA: A PROSPECTIVE COHORT STUDY

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In a prospective study of 38 patients with chronic pouch inflammation after ileal pouch-anal anastomosis, biologics achieved 90% clinical remission at 26 weeks but 54% of treatment courses were discontinued, with earlier discontinuation predicted by biologic initiation within 5 years post-IPAA, reuse of pre-IPAA biologics, and female sex.

KEY POINTS

- Median biologic persistence was 686 days across 63 treatment courses; primary non-response accounted for 41% of discontinuations, immunogenicity 15%, and adverse events 15%.
- First-line biologics achieved week-26 clinical remission in 19 of 21 patients (90%) and endoscopic remission in 5 of 10 patients (50%).
- Predictors of earlier first-line discontinuation included biologic initiation 5 years or less post-IPAA (HR 2.46), reuse of a pre-IPAA biologic (7 of 7 failures, HR 3.41), and female sex (male sex HR 0.30).
- In advanced-line therapy after first-line failure, each additional treatment line doubled discontinuation hazard (HR 2.48), with ustekinumab showing the highest persistence rate at 63.6%.
- The authors suggest these findings call for improved biologic selection strategies in patients with chronic pouch inflammation.

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