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Summary

COMPARATIVE EFFICACY OF ADVANCED THERAPIES FOR FISTULIZING CROHN'S DISEASE: A SYSTEMATIC REVIEW AND NETWORK META-ANALYSIS

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Network meta-analysis of 21 randomized trials found no significant differences in efficacy between advanced therapies for fistulizing Crohn's disease, though several agents showed superiority to placebo at different time points.

KEY POINTS

- For induction of fistula remission at week 6-14, upadacitinib 45 mg once daily, infliximab 10 mg/kg, and ustekinumab 6 mg/kg were superior to placebo, while infliximab 5 mg/kg monotherapy or combined with ciprofloxacin ranked highest but was not statistically superior to other active therapies.
- For maintenance of fistula remission at week 44-56, adalimumab 80/40 mg, infliximab 5 mg/kg, and adipose-derived stem cells Cx601 were superior to placebo, with no differences demonstrated between the active interventions.
- Vedolizumab 300 mg, adalimumab 80/40 mg at induction, and bone marrow-derived mesenchymal stem cells were not superior to placebo in the induction period.
- The analysis supports the role of infliximab 5 mg/kg, upadacitinib 45 mg, ustekinumab 6 mg/kg, and adipose-derived stem cells in clinical management, though clinical decisions require individualization.

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