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Summary

EFFICACY AND SAFETY OF PROACTIVE DRUG MONITORING IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE DURING MAINTENANCE TREATMENT WITH ANTI-TNF AGENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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UEG Week Copenhagen 2023 Poster

IBD

October 15, 2023

A systematic review and meta-analysis found that proactive therapeutic drug monitoring of anti-TNFα therapy did not demonstrate superior efficacy over conventional management for maintaining clinical remission in inflammatory bowel disease patients.

KEY POINTS

- Analysis of six randomised clinical trials showed no superior efficacy of proactive TDM for maintaining clinical remission at 12 months (relative risk 1.16; 95% CI: 0.98–1.37, n=528).
- Cohort studies and systematic review data suggested proactive TDM may improve treatment durability (OR 0.12; 95% CI: 0.05–0.27), prevent acute infusion reactions (OR 0.21; 95% CI: 0.05–0.82), decrease adverse events (OR 0.38; 95% CI: 0.15–0.98), reduce surgery probability, and lower costs.
- The authors concluded that proactive TDM should not be recommended for management of IBD patients receiving maintenance anti-TNFα treatment based on the lack of confirmed superiority in the analysed evidence.
- This meta-analysis is most relevant to gastroenterologists and IBD specialists considering therapeutic drug monitoring strategies for patients on maintenance anti-TNFα therapy.

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