

SUSTAINABILITY OF BIOLOGIC TREATMENT IN PAEDIATRIC PATIENTS WITH CROHN'S DISEASE: ANALYSIS BASED ON THE CZECH NATIONAL REGISTRY

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In paediatric Crohn's disease, adalimumab demonstrated superior treatment sustainability compared to infliximab in a Czech national registry analysis of 473 patients.

KEY POINTS

- Infliximab showed higher discontinuation risk than adalimumab in multivariable analysis (HR=0.640, 95%CI 0.412-0.993) and among first-line patients (HR=0.575, 95%CI 0.360-0.919)
- Propensity-score analysis confirmed infliximab had lower sustainability (HR=0.563) and shorter time to dose escalation (HR=0.095) compared to adalimumab
- Time since diagnosis (HR=0.828) and baseline haemoglobin level (HR=1.019) were independent predictors of treatment sustainability
- In infliximab-treated patients, baseline immunosuppressive therapy prolonged sustainability (HR=2.976, 95%CI 1.342-6.579)
- The authors conclude that given differences in sustainability, intensification needs, and immunosuppression requirements, the choice between these drugs cannot be considered completely equitable and biological therapy should not be delayed

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