

CHANGING THE COURSE OF CROHN'S DISEASE WITH AN EARLY USE OF ADALIMUMAB: THE CURE STUDY FROM THE GETAID

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Poster

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In a prospective cohort of 201 adults with early Crohn's disease naïve to biologics, 30.6% achieved deep remission after 12 months of adalimumab, and among these patients, 43.5% maintained deep remission one year after treatment discontinuation.

KEY POINTS

- Of 183 evaluable patients with early CD (median disease duration 4 months) treated with 12-month adalimumab, 56 patients (30.6%) achieved deep remission defined as no surgery, clinical flare-up, introduction of CD-related treatment, or adalimumab optimization.
- Among 46 patients who achieved deep remission at 12 months and were followed after discontinuation, 20 (43.5%) maintained deep remission at 24 months, with relapse-free survival probability of 44.8%.
- Deep remission required clinical remission (CDAI less than 150) and biomarker remission (CRP less than 5 mg/L and fecal calprotectin less than 250) at 6 months, sustained through 12 months.
- This multicentre GETAID cohort study enrolled patients between March 2015 and March 2019 to evaluate whether adalimumab can be safely discontinued in patients with early CD after achieving sustained deep remission.

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