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Summary

PREDICTORS OF BIOLOGICS/JAKI USE, SURGERIES, AND HOSPITALISATIONS IN A NEWLY DIAGNOSED COHORT OF IBD PATIENTS: LONG-TERM OUTCOMES FROM THE NATIONWIDE EPIDEMIBD STUDY OF GETECCU

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In a prospective Spanish nationwide registry of 3,159 newly diagnosed IBD patients followed for 5 years, biologics/JAKi exposure was associated with reduced hospitalisations but did not reduce surgery rates even when started early.

KEY POINTS

- Among 1,526 CD and 1,633 UC patients diagnosed in 2017, cumulative 5-year biologics/JAKi exposure was 50% in CD versus 20% in UC, with younger age, more aggressive CD phenotype (stricturing HR=1.89, fistulising HR=2.35), and greater UC extent (pancolitis HR=5.02 versus proctitis) predicting higher exposure.
- Biologics/JAKi exposure was associated with lower hospitalisation risk in both CD (HR=0.37, 95%CI=0.24-0.56) and UC (HR=0.45, 95%CI=0.22-0.91).
- Early biologics/JAKi treatment did not reduce surgery risk in CD and was associated with higher surgery risk in UC (HR=11.86, 95%CI=4.62-30.42), likely reflecting disease severity rather than treatment effect.
- Early immunomodulator use was associated with lower surgery risk in CD (HR=0.33, 95%CI=0.22-0.49), though this may reflect selection of milder disease for monotherapy.
- The authors concluded there is an unmet need for biomarkers to accurately identify which patients require intensive upfront therapy to modify disease course.

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