DURABILITY OF A SECOND-LINE ANTI-TNFα AGENT AFTER FIRST ANTI-TNFα FAILURE COMPARED TO A DIFFERENT MECHANISM OF ACTION IN ULCERATIVE COLITIS: CAMBIACU STUDY

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In this retrospective multicenter study of 185 ulcerative colitis patients, switching to a different mechanism of action after first anti-TNF failure achieved significantly longer treatment durability compared to switching to a second anti-TNF (50% vs 31.4%, p=0.036).

KEY POINTS

- 80 patients received a different mechanism of action (vedolizumab, ustekinumab, or JAK inhibitor) and 105 received a second anti-TNF after first anti-TNF failure, with mean follow-up of approximately 23 months in both groups.
- Treatment discontinuation occurred in 35% of patients switched to a different mechanism of action versus 64% of those switched to a second anti-TNF.
- Ustekinumab showed the highest durability at 66.7%, followed by JAK inhibitors at 63.2%, while adalimumab and golimumab showed the lowest durability at 21.7% and 18.2% respectively (p=0.03).
- Primary failure was the most common reason for discontinuation in the different mechanism of action group (46% vs 31%, p=0.02), while secondary failure was most common in the second anti-TNF group (51% vs 35%, p=0.02).
- Adverse events were reported in 12 patients, with 8 events in the anti-TNF group and 4 in the different mechanism of action group.

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