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Summary

PROFILE TRIAL 5-YEAR FOLLOW-UP SHOWS EARLY “TOP-DOWN” ANTI-TNF THERAPY RESULTS IN HIGH TREATMENT DURABILITY AND MODIFIES THE COURSE OF CROHN’S DISEASE

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Five-year follow-up of the PROFILE trial demonstrates that top-down infliximab plus immunomodulator therapy from diagnosis in newly diagnosed Crohn's disease reduces abdominal surgery by more than five-fold compared to step-up treatment.

KEY POINTS

- Over five years, 6 patients in the top-down group required abdominal surgery versus 26 in the step-up group (adjusted hazard ratio 5.23, 95% CI 1.99–13.76, p=0.0008).
- Progression to stricturing or penetrating complications occurred in 13 top-down patients versus 32 step-up patients (adjusted hazard ratio 2.46, 95% CI 1.25–4.86, p=0.01).
- Crohn's disease-related hospital admissions were twice as high in the step-up group (adjusted hazard ratio 2.01, 95% CI 1.18–3.41, p=0.017).
- Patients receiving accelerated step-up with anti-TNF within one year still had significantly higher risk of abdominal surgery than those receiving top-down therapy from diagnosis.
- Anti-TNF treatment durability was high, with a median treatment persistence of 73 months among the 323 patients who started anti-TNF.
- No difference in serious infections (12 step-up vs 14 top-down) or malignancies (5 vs 3) was observed between treatment strategies.

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