

Initial management of Crohn's disease: Time for a new paradigm?

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Presentation

IBD

Immunology

Surgery

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The Profile trial demonstrated that initiating infliximab combination therapy within days of Crohn's disease diagnosis (median 12 days) achieved superior efficacy and safety compared to accelerated step-up therapy in patients with moderate to severe disease.

KEY POINTS

- In the Profile trial of 386 patients, top-down therapy (infliximab plus immunomodulator from diagnosis) resulted in 79% sustained steroid-free and surgery-free remission at one year versus 15% with accelerated step-up, and 67% ulcer-free endoscopic remission versus lower rates in the step-up arm.
- The speaker reported that top-down early effective therapy had fewer adverse events and serious adverse events than step-up therapy, with lower serious infections and a ten-fold reduction in urgent abdominal surgery.
- Real-world data show the average newly diagnosed Crohn's disease patient receives almost five courses of steroids before biologic initiation, a pattern the speaker stated is consistent across the USA, UK, and all countries reporting such data.
- The speaker stated that patients with very mild Crohn's disease were not eligible for Profile and cautioned against extrapolating these results to that population.
- Current UK adalimumab biosimilar cost is approximately £600 per patient per year, equivalent to one course of steroid foam enema, which the speaker suggested negates cost arguments against early effective therapy.
- The speaker emphasized that diagnostic delay means inflammation has been accumulating for months or years before diagnosis, making early treatment after diagnosis critical.

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