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Summary

LONG TERM OUTCOMES OF FIRST LINE ANTI-TNF THERAPY FOR INFLAMMATORY POUCH CONDITIONS: A MULTI-NATIONAL STUDY

Orestis Argyriou

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First-line anti-TNF therapy for chronic inflammatory pouch conditions shows low long-term persistence with only 14.9% of patients continuing treatment at median 101-month follow-up and 36.8% developing pouch failure.

KEY POINTS

- In a retrospective multi-centre cohort of 87 patients with chronic inflammatory pouch conditions, median time to anti-TNF discontinuation was 12.2 months, with infliximab showing twice the hazard ratio for discontinuation compared to adalimumab.
- The most common reason for stopping anti-TNF was lack of efficacy despite adequate drug levels (32.2%), followed by anti-drug antibody formation (20.7%) and side effects (13.8%).
- Among 74 patients who discontinued first-line anti-TNF, 36.8% developed pouch failure requiring defunctioning ileostomy or pouch excision at median 38.6 months, while 48.3% transitioned to alternative medical therapies.
- Combination therapy with immunomodulators did not significantly reduce treatment discontinuation rates compared to anti-TNF monotherapy.
- This study provides long-term outcome data for a patient population where evidence has been limited to small studies without extended follow-up.

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