

COMPARATIVE EFFECTIVENESS OF BIOLOGICS IN PREVENTING PENETRATING COMPLICATIONS IN CROHN'S DISEASE

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Poster

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In a propensity-adjusted comparison of first-line biologics in Crohn's disease, anti-TNF therapy was associated with lower risk of developing luminal and perianal penetrating complications compared with vedolizumab, and lower risk of luminal penetrating disease compared with ustekinumab.

KEY POINTS

- Among 40,693 Crohn's disease patients initiating first biologic therapy, 21% developed penetrating complications during follow-up, with perianal disease (18%) more common than luminal disease (5%).
- Anti-TNF therapy showed lower risk of luminal penetrating disease versus vedolizumab (aHR 0.66, 95% CI 0.55-0.78) and versus ustekinumab (aHR 0.37, 95% CI 0.30-0.46), and lower risk of perianal penetrating disease versus vedolizumab (aHR 0.88, 95% CI 0.80-0.96).
- No significant differences in penetrating disease risk were found between vedolizumab and ustekinumab.
- The protective association of anti-TNF was more pronounced in the 2016-2020 period when all three treatments were commercially available, with hazard ratios for composite penetrating disease of 0.66 versus vedolizumab and 0.70 versus ustekinumab.

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