

NETWORK META-ANALYSIS TO EVALUATE THE COMPARATIVE EFFICACY OF BIOLOGICS FOR MAINTENANCE TREATMENT OF ADULT PATIENTS WITH CROHN'S DISEASE

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Network meta-analysis of phase 3 randomised controlled trials finds infliximab subcutaneous 120 mg every 2 weeks ranks first among licensed biologics for achieving clinical remission during 52–64 week maintenance treatment in moderate-to-severe Crohn's disease.

KEY POINTS

- Eight phase 3 RCTs evaluating licensed biologics (infliximab IV and SC, adalimumab SC, vedolizumab IV and SC, ustekinumab SC, risankizumab SC) for maintenance treatment of moderate-to-severe Crohn's disease were included in a Bayesian network meta-analysis.
- Infliximab SC 120 mg every 2 weeks showed the highest odds ratio versus placebo for clinical remission (3.52, 95% CI 2.18–5.65) and the highest SUCRA ranking value (0.887).
- Adalimumab SC 40 mg every 2 weeks ranked second (odds ratio 2.92, 95% CI 1.90–4.47; SUCRA 0.763), followed by ustekinumab SC 90 mg every 8 weeks (odds ratio 2.79, 95% CI 1.85–4.21; SUCRA 0.718).
- The analysis included data pooled from both biologic-naïve and biologic-exposed patients with follow-up periods of 52–64 weeks in responders to induction treatment.
- This indirect comparison addresses the lack of head-to-head evidence and may inform treatment decisions for clinicians managing moderate-to-severe Crohn's disease requiring maintenance therapy.

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