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Summary

IMMUNOMODULATOR COMBINATION THERAPY IMPROVES PERSISTENCE OF ANTI-TUMOUR NECROSIS FACTOR AGENTS BUT NOT VEDOLIZUMAB OR USTEKINUMAB IN INFLAMMATORY BOWEL DISEASE, WITH IMPROVED PERSISTENCE SEEN WITH LONGER DURATION OF INITIAL COMBINATION THERAPY BEFORE DE-E

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In a nationwide Australian registry study of over 45,000 inflammatory bowel disease patients, immunomodulator co-therapy significantly improved anti-TNF persistence but not vedolizumab or ustekinumab persistence, with optimal benefit seen when immunomodulators were continued for at least three months before de-escalation.

KEY POINTS

- Immunomodulator co-therapy increased infliximab persistence in Crohn's disease to 50.0 months versus 27.0 months without co-therapy and in ulcerative colitis to 35.0 months versus 18.0 months, with similar benefits for adalimumab in both conditions.
- Immunomodulator co-therapy did not significantly affect vedolizumab persistence in Crohn's disease or ulcerative colitis, or ustekinumab persistence in Crohn's disease.
- Crohn's disease patients who continued immunomodulators for at least three months before de-escalation had superior anti-TNF persistence compared to those who stopped within three months (96.0 versus 19.0 months), while patients who restarted immunomodulators in the last three months of therapy had the worst persistence at 4.0 months.
- No difference was observed between thiopurine and methotrexate co-therapy in either Crohn's disease or ulcerative colitis.

– This study used prospective prescription data from the Australian Pharmaceutical Benefits Scheme covering 31,967 Crohn's disease and 13,492 ulcerative colitis patients between 2007 and 2021, representing over 100,000 patient years of follow-up.

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