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Summary

# IMPACT OF THE ORDER OF THE FIRST TWO BIOLOGIC THERAPIES IN INFLAMMATORY BOWEL DISEASE: THE SECUTEM STUDY FROM THE ENEIDA REGISTRY

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**In this Spanish registry study of 5,528 IBD patients receiving two sequential biologics, the order of therapy significantly affected treatment durability, with anti-TNF agents (particularly infliximab) as first-line associated with longer persistence than starting with vedolizumab or ustekinumab.**

## KEY POINTS

- Starting with ustekinumab before an anti-TNF in Crohn disease was associated with lower durability than the reverse sequence (aHR 2.51, 95% CI 1.85–3.41), with the effect most pronounced for infliximab (aHR 3.23, 95% CI 2.12–4.93).
- In ulcerative colitis, initiating vedolizumab before an anti-TNF was associated with lower durability than starting with anti-TNF first (aHR 1.62, 95% CI 1.32–2.00).
- Among anti-TNF sequences in both Crohn disease and ulcerative colitis, starting with infliximab rather than adalimumab was associated with lower risk of discontinuation (aHR 0.79, 95% CI 0.70–0.89).
- In the vedolizumab–ustekinumab sequence, initiating treatment with vedolizumab was associated with lower risk of discontinuation (aHR 0.41, 95% CI 0.24–0.69).
- Baseline characteristics were generally similar across sequence pairs except for higher extraintestinal manifestations in patients starting with anti-TNF agents.
- The presenter acknowledged important limitations including lack of disease severity and burden data at baseline and sequence changes, small reverse-sequence arms, and the need for prospective confirmation of these observational findings.

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