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Summary

COMPARATIVE RISK OF ADVANCED BIOLOGICAL AGENTS FOR CARDIOVASCULAR AND THROMBOTIC EVENTS IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE: DATA FROM A REAL WORLD COHORT

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A retrospective U.S. claims database analysis of 21,675 IBD patients initiating advanced biological therapies from 2013 to 2023 found no difference in risk of major adverse cardiovascular events or venous thromboembolism between any biological agent or small molecule compared to TNF antagonists.

KEY POINTS

- The study included 12,245 Crohn's disease patients and 9,430 ulcerative colitis patients who were incident users of TNF antagonists, IL-12/23 antagonists, IL-23 antagonists, vedolizumab, JAK inhibitors, or S1PR modulators.
- In ulcerative colitis, VTE incidence rates ranged from 1.69 to 2.01 per 100 person-years and MACE rates from 0.52 to 0.99 per 100 person-years; in Crohn's disease, VTE rates ranged from 0.89 to 2.33 and MACE rates from 0.68 to 1.73 per 100 person-years.
- Hazard ratios for all therapies compared to TNF antagonists showed no statistically significant differences, with confidence intervals crossing 1.0 for both VTE and MACE in both diseases.
- Stabilized inverse probability of treatment weighting using multinomial propensity scores was applied to account for baseline confounding, including differences in comorbidity burden across treatment groups.
- Clinicians managing IBD patients may find this real-world comparative safety data useful when selecting advanced biological therapies.

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