

SECOND LINE BIOLOGIC THERAPY IN IBD: A PROPENSITY SCORE ANALYSIS OF 3,410 PATIENTS IN THE UK IBD BIORESOURCE

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Poster

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In UK IBD BioResource patients, switching to a non-anti-TNF biologic after first-line anti-TNF failure showed superior treatment persistence compared to switching to a second anti-TNF agent in both ulcerative colitis and Crohn's disease.

KEY POINTS

- In ulcerative colitis, second-line vedolizumab demonstrated superior outcomes up to three years compared to switching to another anti-TNF after either adalimumab or infliximab failure ($p < 0.01$ and $p < 0.001$ respectively).
- In Crohn's disease, patients treated with second-line non-anti-TNF biologics (ustekinumab or vedolizumab, $n=614$) had significantly better outcomes than those receiving a second anti-TNF ($n=1976$, $p=0.007$).
- After secondary loss of response to anti-TNF agents, switching out-of-class to non-anti-TNF therapy afforded better outcomes in both ulcerative colitis and Crohn's disease compared to switching within the anti-TNF class ($p < 0.001$ and $p=0.01$ respectively).
- After primary non-response to infliximab in ulcerative colitis, vedolizumab showed significantly better treatment survival than adalimumab ($p=0.002$), while in Crohn's disease no difference was found between anti-TNF and non-anti-TNF biologics after primary non-response.
- This study used inverse probability of treatment weighting to balance baseline characteristics and defined treatment failure as clinician-recorded failure, switch to different biologic, or bowel surgery.

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