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Summary

EARLY CONCOMITANT IMMUNOMODULATOR TREATMENT PROVIDES ADDITIONAL BENEFIT IN INFLIXIMAB TREATED PEDIATRIC IBD PATIENTS DESPITE PROACTIVE DRUG MONITORING: RETROSPECTIVE ANALYSIS OF A 10-YEAR REAL-LIFE COHORT

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Retrospective study of 127 pediatric IBD patients found that early immunomodulator combination therapy with infliximab significantly delayed loss of response compared to late or no immunomodulator use, despite proactive therapeutic drug monitoring in both groups.

KEY POINTS

- Early immunomodulator therapy (started within 3 months of infliximab) resulted in significantly longer loss-of-response-free intervals compared to late or no immunomodulator use (median 29.4 months versus 8.6 months, p=0.01).
- The late or no immunomodulator group had increased risk of loss of response at 1-4 years, with hazard ratios ranging from 10.3 at 1 year to 2.9 at 4 years, and particularly high risk in ulcerative colitis patients (HR 7.5, p=0.04).
- In Crohn disease patients specifically, late or no immunomodulator therapy showed significantly higher risk of developing high-titer antibodies to infliximab (HR 4.1, p=0.046).
- Overall infliximab treatment persistence was 68% at 60 months, with 84% of patients maintaining median trough levels above 5 µg/mL through proactive monitoring.
- This material is most relevant to pediatric gastroenterologists managing inflammatory bowel disease patients on infliximab and considering timing of immunomodulator combination therapy.

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