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Summary

IMPACT OF DRUG HOLIDAYS ON TREATMENT PERSISTENCE OF BIOLOGICAL AGENTS IN CROHN'S DISEASE: INSIGHTS FROM THE PERSISTENCE AUSTRALIAN NATIONAL IBD COHORT (PANIC5) OVER 79,677 PATIENT-YEARS

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In a national Australian registry of 19,078 Crohn's disease patients, drug holidays (temporary pauses in monoclonal antibody therapy) were associated with an 18-month reduction in median treatment persistence and a 37% decline in persistence for TNF inhibitors and ustekinumab, but not vedolizumab.

KEY POINTS

- Patients resuming monoclonal antibody therapy after a drug holiday had significantly lower median persistence of 23 months versus 41 months for continuous treatment (hazard ratio 0.63, P<0.001).
- TNF inhibitors and ustekinumab showed significant loss of persistence following drug holidays (both P<0.001), while vedolizumab did not (P=0.63).
- Immunomodulator combination therapy mitigated persistence loss with ustekinumab (P=0.15) but not with TNF inhibitors (P<0.001).
- Drug holiday duration did not impact persistence outcomes, and independent predictors of non-persistence included drug holiday, TNF inhibitor use, monotherapy, female sex, and prior biologic exposure.
- The authors conclude these data do not support cyclical use of monoclonal antibodies and recommend drug holidays be discouraged and closely monitored for disease relapse.

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