921 Long Term Follow-Up of a Cohort of Steroid-Dependent Crohn's Disease Patients Included in a Randomized Trial Evaluating Short Term Infliximab Combined with Azathioprine

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BACKGROUND: A double-blind randomized placebo-controlled trial (RCT) has demonstrated the usefulness of adding 3 infusions of infliximab (IFX) to azathioprine (AZA) in steroiddependent Crohn's disease (CD) patients (pts)1. At 6 and 12 mo, the “bridge” strategy combining IFX+AZA was more effective than AZA alone. However, the long term benefit of this strategy remained uncertain. The aim of the present study is to report the follow-up of pts included in the RCT.
PATIENTS AND METHODS: 113 patients with active CD despite prednisone given for >6 mo were included in the RCT between 2000 and 2002. The AZA failure stratum consisted of pts receiving AZA for >6 mo, and the AZA naive stratum consisted of those not treated previously with AZA. Pts were randomized to IFX 5mg/kg or placebo (pbo) at wks 0,2,6. AZA was maintained at a stable dose throughout the 52 wks of the study. The primary end point was remission off corticosteroids (CS) at wk 24. For the purpose of the present study, a questionnaire was sent to the 22 centres in order to obtain the follow-up of pts included in the RCT. In pts who reached remission without CS at wk 12 or at wk 24, the relapse rate was evaluated. Relapse was defined as re-treatment with CS, re-treatment with IFX or surgery.
RESULTS: 70 pts reached remission without CS at wk 12 or 24 (44 in the IFX group, 26 in the pbo group); 56 of them experienced a relapse during the follow-up period (median duration: 54 mo). Most of the relapses (45/56) occurred despite pts were maintained on AZA. Probabilities of relapse were 41±7% at 1 yr and 85±6% at 4 yrs in the IFX group, and 35±9% and 88±9% in the pbo group (Kaplan-Meier estimate±SD). Multivariate analysis showed that the risk of relapse was lower in the naïve stratum (RR 1.8; 95%CI: 1.1-3.1, P=0.03), in non smokers (RR 2.0; 95%IC 1.2-3.7, P=0.01) and in pts older than 19 yrs (RR 2.0; 95%IC: 1.1-3.7, P=0.02). In the AZA naïve stratum, probabilities of relapse were 32±8% at 1 yr and 73±8% at 4 yrs, vs 47±9% and 93±5% in the AZA failure stratum. Probabilities of IFX re-treatment (or surgery) were 26% (± 7%) at 1 yr and 69% (±7%) at 4 yrs in the IFX group, and 24% (± 9%) and 53% (±11%) in the pbo group. IFX re-treatment was effective in 72% of cases.
CONCLUSION: Long term follow-up of our cohort shows that the “bridge” strategy using short term IFX combined to AZA for maintenance is ineffective for most of the patients, even in those not treated previously with AZA.
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