

W1244 Efficacy of a Third Anti-TNF Monoclonal Antibody in Crohn's Disease After Failure of Two Other Anti-TNF

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INTRODUCTION: Adalimumab (ADA) and certolizumab pegol (CZP) have demonstrated efficacy in subgroups of CD patients who had been treated with infliximab (IFX), including patients who had a loss of response and/or intolerance with infliximab. There are no data on the efficacy of adalimumab and/or certolizumab pegol in CD patients previously treated consecutively with two anti-TNFs. Aim: To assess efficacy and tolerability of a third anti-TNF in CD.

METHODS: CD patients who received ADA or CZP as a third anti-TNF monoclonal antibody after failure and/or intolerance to two previous anti-TNFs. A standardized form was used to collect data on demographics, effectiveness and adverse events observed with the two first anti-TNFs. For the third anti-TNF, clinical response at W6 (HB or benefit appreciated by the clinician), duration and reasons for discontinuation, and safety were assessed.

RESULTS: Fifty patients (39F/11M) were included. Median [range] age was 22 years [9-71] at diagnosis, and 36 years [21-81] at start of the third anti-TNF. Median duration between first and last injection of the first anti-TNF (IFX, n=48; CZP, n=2) was 21 months [2-88]. Reasons for discontinuation of the first anti-TNF was primary failure (n=3), loss of efficacy (n=29) and/or intolerance (n=20). Median duration of treatment with the second anti-TNF (IFX, n=2; CZP, n=19; ADA, n=29) was 5 months [0.2-58]. Reasons for discontinuation of the second anti-TNF was primary failure (n=11), loss of efficacy (n=31) and intolerance (n=8). The third anti-TNF was CZP (n=29) or ADA (n=21). A clinical response at week 6 was observed in 29 patients (58%). A clinical response at week 6 was observed in 9 patients who did not respond to the second anti-TNF. The third anti-TNF was stopped before week 6 for intolerance in 6 patients (including a sudden death and a cardiac failure with favorable outcome) and for failure in 1 patient. Long term follow-up will be assessed.

CONCLUSION: A clinical benefit at week 6 may be obtained with a third anti-TNF in CD patients who experienced failure with two previous anti-TNFs