

ACCELERATED STEP-CARE THERAPY WITH EARLY AZATHIOPRINE VS CONVENTIONAL STEP-CARE THERAPY IN CROHN'S DISEASE. A RANDOMIZED STUDY

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INTRODUCTION:

In early Crohn's disease (CD) patients at risk for disabling disease, two treatment strategies are considered as potentially highly effective : accelerated step-care (steroids + azathioprine [AZA]) or early combined immunosuppression (anti-TNF + AZA).

AIMS & METHODS:

The aim of this randomized, open-label, controlled trial was to compare an early AZA approach with conventional step-care therapy. Patients with a diagnosis of CD of less than 6 mos, naive to immunosuppressors (IS) and biologics, with no previous history of surgery and having at least two predictors of disabling disease (age<40 years, active perianal disease and need for oral steroids¹) were randomized to receive AZA 2.5mg/kg at inclusion (e-AZA) or on demand according to guidelines (Controls). Patients were included in 24 GETAID centres between 2005 and 2010. The primary endpoint was the proportion of trimesters spent in steroid-free and anti-TNF-free remission during the first 3 years after inclusion.

RESULTS:

147 patients were randomized to e-AZA or to Controls. Five patients were excluded just after inclusion, leaving 142 patients (71 e-AZA, 71 Controls) with a median (IQR) follow-up of 35 mos (15-36) at the reference date of on-going follow-up (2011, October 1). They were 71 M and 71 F with median age (IQR) of 27 yrs (22-29) and a median disease duration of 2.5 months (1-3.7). 42 Controls (62%) required IS during follow-up after a median time of 5.6 months (3.2-9.6). The proportion of trimesters in remission (median, IQR) was 61% (12-83) in e-AZA patients, vs. 50% (30-72) in Controls (NS). Additionally, 19 e-AZA patients (29%) required anti-TNF vs. 18 Controls (26%, NS), 2 (3%) had unplanned surgical perianal procedures vs. 7 Controls (10%), and 9 (14%) had intestinal surgery vs. 8 Controls (12%). Time-to-first perianal surgery and time-to-first abdominal surgery were not different between the 2 groups.

CONCLUSION:

in patients at risk for disabling CD, early AZA was not associated with a significantly increased clinical remission rate during the first years of CD. More than one third of control patients had a mild-to-moderate course not requiring IS. These data do not support the widespread use of an accelerated step-care strategy compared to conventional step-care.

REFERENCES:

1 Beaugerie et al. Gastroenterology 2006; 130: 650-6