



Combination therapy with anti-TNF and immunosuppressive therapies is the most effective medication to prevent and treat endoscopic postoperative recurrence in patients with Crohn's disease

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Disclosure of Conflicts of Interest:

- **Consulting fees** for Abbvie, Takeda, Pfizer and Janssen
- **Lecture fees** for Abbvie, Takeda, Pfizer, MSD, Ferring, Vifor-Pharma, Sanofi-Aventis and Janssen

Background and Aims

- **Postoperative recurrence** (POR) is a major concern in patients with Crohn's disease (CD)¹
- **Anti-TNF agents** are considered the most effective medications to prevent and to treat endoscopic postoperative recurrence in Crohn's disease (CD)²
- However, more than 20% of the patients may experience endoscopic POR within 6 months despite these medications²
- We assessed the **factors associated with the efficacy of anti-TNF agents to prevent endoscopic or clinical POR**

¹ Buisson A *et al.* Aliment Pharmacol Ther 2012

² De Cruz *et al.* Aliment Pharmacol Ther 2015

Methods

- From a **prospectively-maintained database**
- We consecutively enrolled all patients with:
 - ✓ Crohn's disease
 - ✓ Intestinal resection between 2011 and 2016
 - ✓ Colonoscopy at 6 months
 - ✓ Follow-up >6 months
- **Endoscopic POR** was defined as Rutgeerts' Index \geq i2
- **Clinical POR** was defined as recurrence of symptoms (HBI>4) leading to hospitalization or therapeutic intensification after exclusion of other causes of recurrent symptoms
- Univariate and **multivariate analyses** were performed including all the potential risk factors

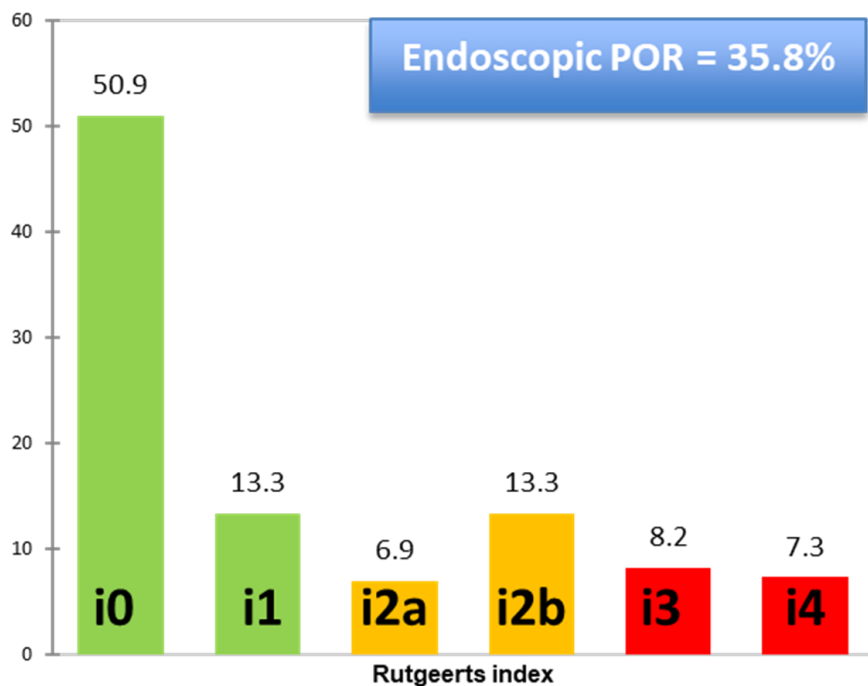


Baseline characteristics of the 316 CD patients

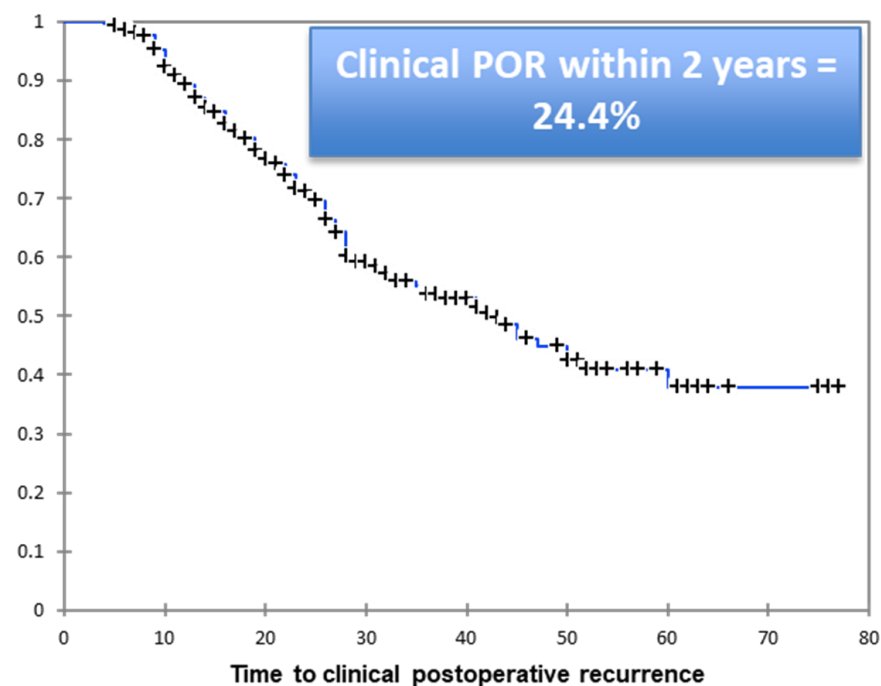
Age at baseline mean \pm sd	38.8 \pm 14.2 years
Female gender	50.6%
Current smoker	11.7%
Disease duration	11.7 \pm 10.8 years
Location	
L1 n (%)	35.8%
L2 n (%)	5.7%
L3 n (%)	58.5%
Behaviour	
B1 n (%)	6.3%
B2 n (%)	48.1%
B3 n (%)	45.6%
Perianal lesions n (%)	22.8%
Prior intestinal resection n (%)	37.6%

Prevalence of POR

Early endoscopic POR

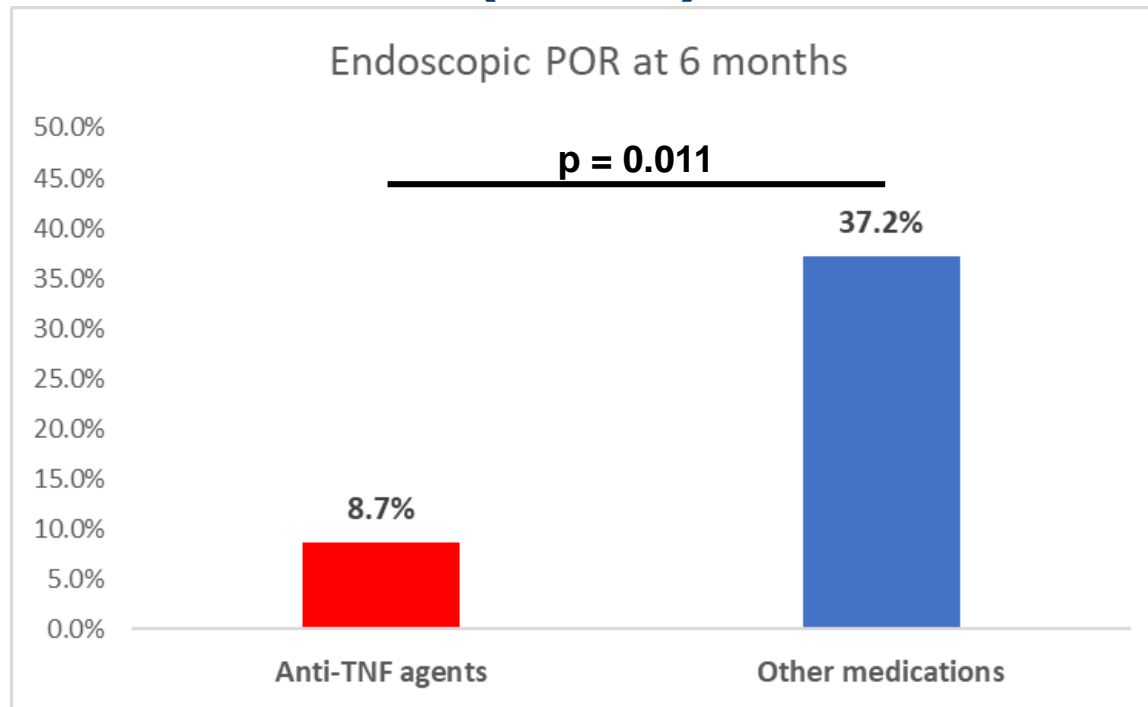


Cumulative survival curve



Prevention of endoscopic POR at 6 months

Anti-TNF-naïve patients
(n=117)



In multivariate analysis,
anti-TNF therapy was the most effective medication
to prevent endoscopic POR in anti-TNF-naïve patients
OR=0.145 [0.029-0.714], p=0.018

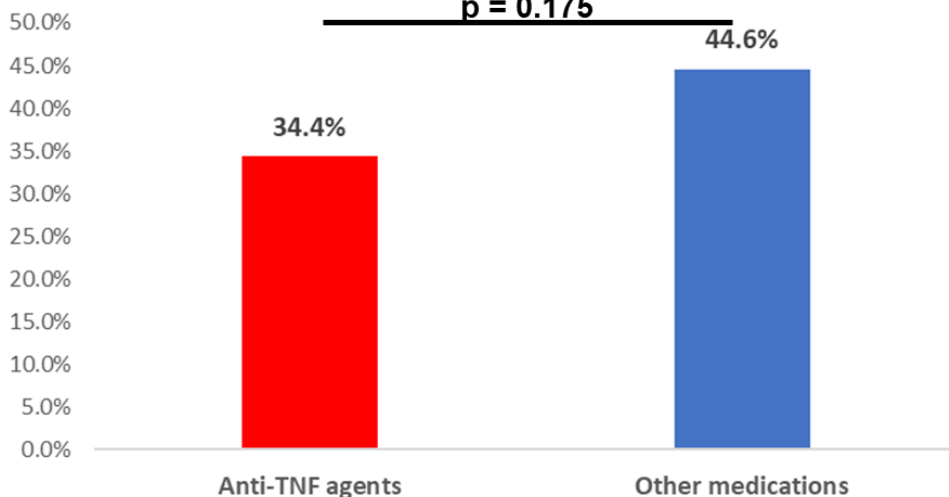
Prevention of endoscopic POR at 6 months

Anti-TNF-exposed patients

(n=199)

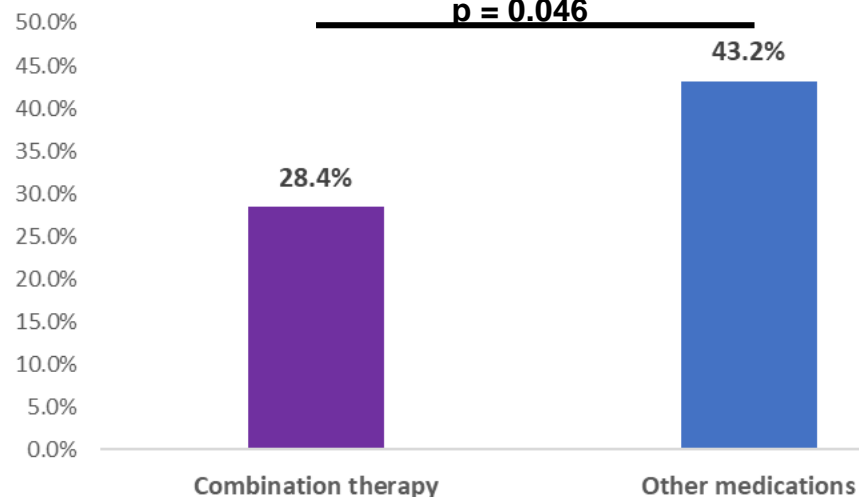
Endoscopic POR at 6 months

p = 0.175



Endoscopic POR at 6 months

p = 0.046



In multivariate analysis,
Combination therapy was the most effective treatment
to prevent endoscopic POR in anti-TNF-exposed patients
(OR=0.477 [0.219-0.997], p=0.041)

Factors associated with efficacy of anti-TNF agents to prevent endoscopic POR

Anti-TNF-exposed patients (n=199)

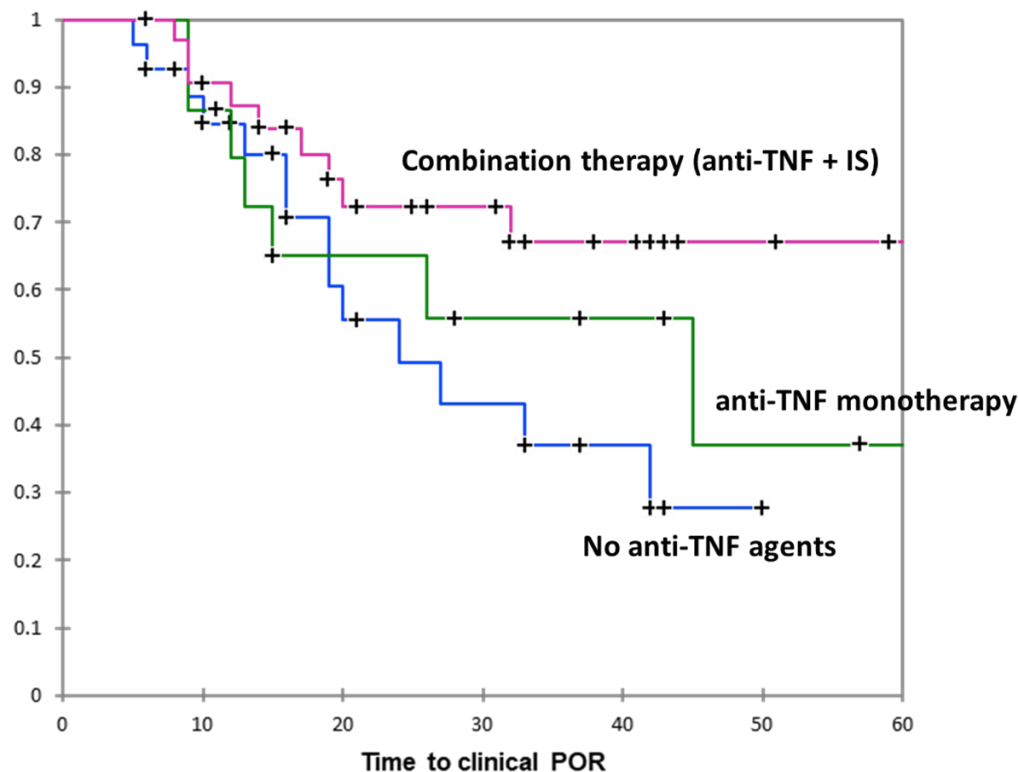
- **Resuming the same anti-TNF** agent than before the surgery was NOT associated with higher risk of endoscopic POR
 - ✓ 43.5% vs 33.6%, $p=0.188$
- Even in the case of **primary non-response** with this specific anti-TNF
 - ✓ 40.4% vs 27.3%, $p=0.175$

In multivariate analysis,
Prior exposure ≥ 2 anti-TNF agents prior surgery
was associated with **higher risk** of endoscopic POR
OR=4.17 [1.56-11.15], $p=0.004$

Prevention of clinical POR

Patients who were not treated with anti-TNF after the surgery but experienced endoscopic POR at 6 months

- 76 patients



In multivariate analysis,

Combination therapy was associated with **lower risk of clinical POR**

HR= 0.38 [0.14-0.99], p=0.049

Conclusions

- **Anti-TNF therapy** is the **most effective medication to prevent endoscopic POR** in patients with CD
- **Concomitant use of immunosuppressive therapy** should be preferred **in patients previously exposed to anti-TNF agents**
- **Combination therapy** with anti-TNF and immunosuppressive therapy **is the best option** in patients presenting with endoscopic POR at 6 months **to prevent clinical POR**

