

INTENSIFICATING THERAPY WITH USTEKINUMAB IN NON-FIRST LINE CROHN'S DISEASE: CLINICAL EXPERIENCE, SAFETY AND EFFECTIVENESS IN THE "REAL WORLD"

(¹)Portillo-Haro S.; (¹)Madrid-Paredes A.; (²)Tejedor-Tejada E.; (¹)Nieto-Sánchez M.T.

(¹)San Cecilio Hospital, Granada, Spain (²)Torrecárdenas Hospital, Almería, Spain

Any question? Contact us in: sergiof.portillo.sspa@juntadeandalucia.es

BACKGROUND AND IMPORTANCE

Ustekinumab (UST) is a real option for treating **Crohn disease (CD)** refractory to anti-TNF drugs. After a first intravenous(iv) dose, it is administered a subcutaneous (sc) maintainance dose every 8-12 weeks (w).

Some observational studies display that an **dosage interval shortening (DIS)** may improve clinical results in patients with partial response or early exhaustion of response between different doses.

AIM AND OBJECTIVES

- Quantifying proportion of patients treated with UST who require DIS.
- Assessing effectiveness and safety of DIS with UST in CD refractory.

MATERIAL AND METHODS

Observational and retrospective research in adult patients with CD refractory to anti-TNF drugs. Patients started treatment with UST, firstly iv 6mg/kg, and then sc 90mg every 8 weeks. DIS in June,2019-February,2021; with later follow-up of 6m at least.

Effectiveness: 1.**Clinical remission (CRem)**, obtaining an Harvey-Bradshaw Index (HBI)<4 2.**Clinical response (CResp)**, reduction of >3 points in HBI respect baseline. Both endpoints were evaluated at 3 and 6 m.

Tolerance/safety: determined at 3 and 6 months. Also **discontinuations or adverse events**.

RESULTS

N=41 (21 MEN) UST DURING 1Y AT LEAST

1.6 PREV. BIOLOGIC TREATMENT

DIS? REASON?

DIS (PARTIAL RESPONSE)

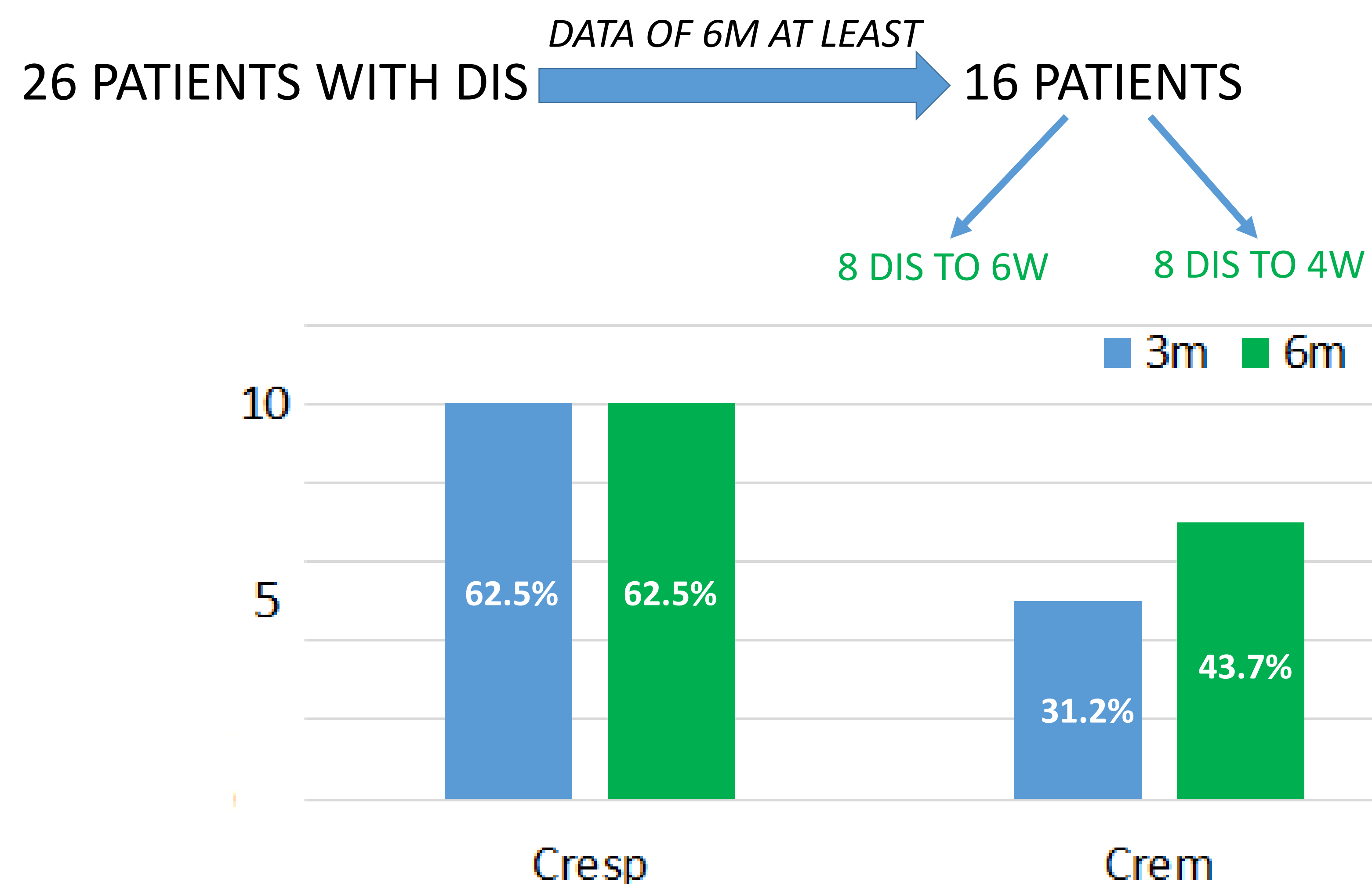
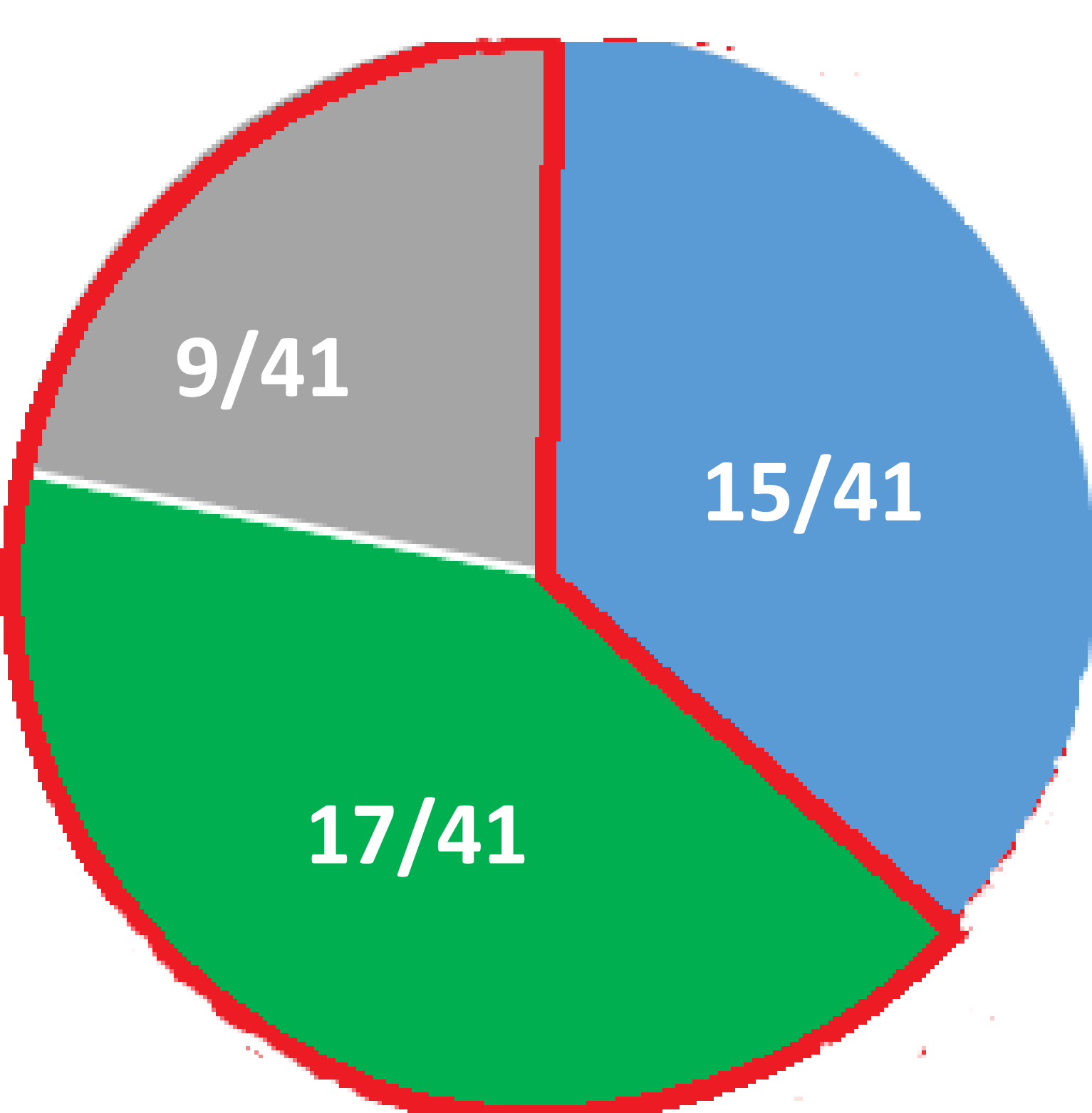
DIS (EARLY EXHAUSTION OF RESPONSE)

DIS ANY REASON

26; 63.4%

MAINTAINING INITIAL

POSOLOGY 15;36,6%



2 PATIENTS STOPPED THE TREATMENT FOR INEFFECTIVENESS. THERE WAS NOT ADVERSE EVENTS OR DISCONTINUATIONS FOR SAFETY REASONS ASSOCIATED TO DIS.

CONCLUSION AND RELEVANCE

A **high number of patients** have required DIS with UST.

DIS of UST have shown **high safety and ability for rescuing** a substantial percentage of patients with partial response or early exhaustion of response. Effectiveness results are similar at 3 and 6m after intensification, which might be important to make decisions about treatment earlier.