

# LONG-TERM EFFECTIVENESS OF ADALIMUMAB IN SECOND-LINE OF BIOLOGICAL THERAPY IN ULCERATIVE COLITIS AND INFLUENCE OF THE FIRST-LINE TREATMENT

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## Background and importance

- Ulcerative colitis (UC) presents high levels of tumor necrosis factor- $\alpha$ (TNF) in colonic mucosa.
- Poor response to re-treatment with a second TNF antagonist agent (anti-TNF) has been suggested in patients refractory to first line with an anti-TNF.

## Aim and objectives

To evaluate long-term effectiveness of adalimumab as second anti-TNF and influence of the first anti-TNF treatment in UC.

## Material and methods

- Patients with UC treated with adalimumab as second anti-TNF → January/2013–July/2021.
- Variables: age, sex, previous anti-TNF, response to anti-TNF treatment, duration of therapy and Mayo clinic score (MCS)
- Effectiveness was evaluated by MCS at 6, 36, and 72 months

- Clinical remission (R): MCS  $\leq 2$  points
- Clinical response (CR):  $\downarrow$  of  $\geq 3$  points in MCS baseline
- Lack of response (LOR): none of the above

- Primary non-response(PNR) to anti-TNF → LOR in induction period
- Secondary non-response(SNR) to anti-TNF → LOR after induction period

## Results

- 31 patients
- 45.2 men and 54.8% women
- All patients received infliximab as first anti-TNF
  - Median treatment duration: 18(1–91) months

	R	CR	LOR
<b>6 months</b>	10 (32.2%)	6 (19.4%)	15 (48.4%)
<b>36 months</b>	8 (25.9%)	1 (3.2%)	22 (70.9%)
<b>72 months</b>	2 (6.5%)	1 (3.2%)	28 (90.3%)

PNR to adalimumab	
PNR to first anti-TNF	2/10 (20%)
SNR to first anti-TNF	8/10 (80%)

## Conclusion and relevance

- Adalimumab as a second anti-TNF maintained more than a quarter of patients with UC in R at 36 months, but almost all patients lost effectiveness at 72 months.
- Adalimumab's PNR was less frequent in patients with PNR to a first anti-TNF therapy than in those with SNR.