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Background

Switching between biologics in the treatment of IBD is common and a paucity of data exists regarding the optimal switching strategy. Failure of biologic therapy regularly occurs prompting the need for a treatment switch.

Aim

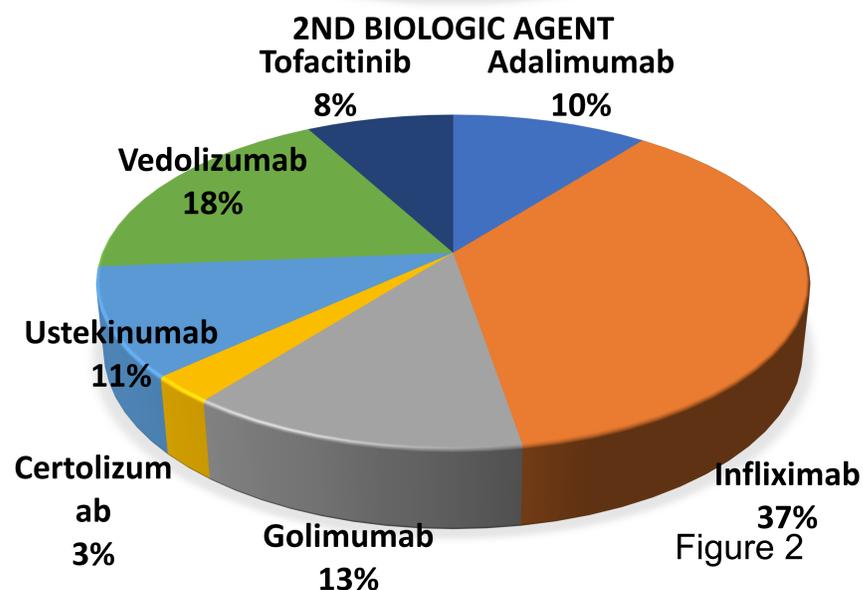
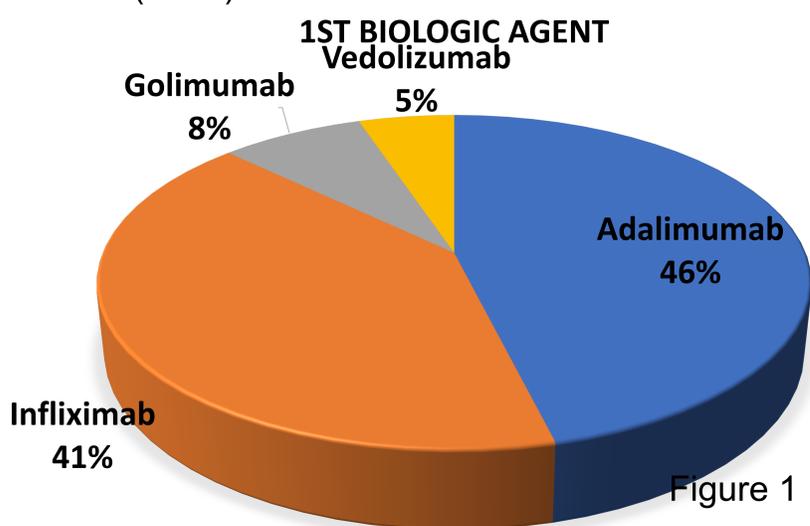
To review trends amongst our patients who switched biologics to identify high risk features and to look for predictor variables which may reduce the need to switch biologic in the future.

Methods

This is a 4 year retrospective observational study of IBD patients on biologic therapy who switched to another biologic therapy carried out between 2016 and 2020.

Results

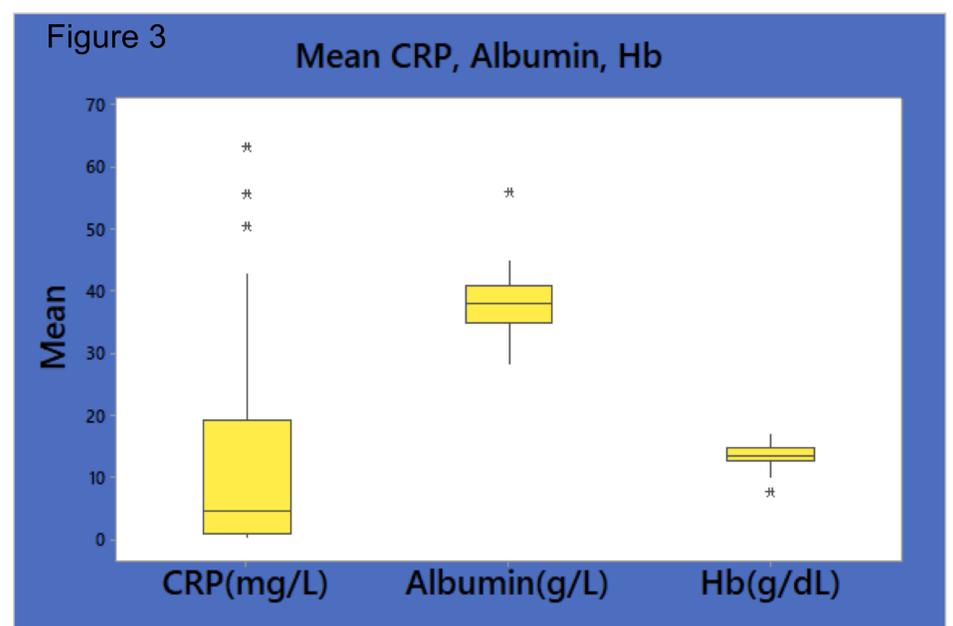
- 39 patients were included in the study.
- Results of patient demographics in Table 1.
- The most common initial biologic was Adalimumab (n=18), with the most common switch to IFX (n=14).
- Primary LOR occurred in 28% (n=11) and secondary LOR in 44% (n=17).



- 39% (n=15) were on an immunomodulator, no significant association was found between immunomodulator therapy and primary/secondary LOR (p-value= 0.67, p-value= 0.63).
- 28% (n=11) were admitted in the 1st year post switch and 13% (n=5) underwent surgery.
- 8 patients subsequently switched to a 3rd biologic.

Table 1. Baseline demographic	Result
Age (mean in years)	42.8
Gender (N,%)	
-male	21, 54%
-female	18,
Crohn's disease (N, %)	21, 53.9 %
-previous surgery	9, 23%
-perianal disease	3, 8%
-fistulating disease	3, 8%
Ulcerative Colitis (N, %)	17, 44%
-Pancolitis	14, 36%
Indeterminate Colitis (N, %)	1, 2.6%
Duration of disease to time of switch (mean in months)	78
Concomitant Immunomodulator (N, %)	
Azathioprine	14, 36%
6-MP	1, 2.6%
Intolerant of immunomodulator	3, 8%

- Endoscopy results showed a mean Mayo sub-score of 1.88 (95% CI: 1.37, 2.39) and mean SES CD of 5.79 (95% CI: 3.24, 8.33).
- Results for biomarkers at the time of the switch can be seen in Figure 3 below.



Conclusions:

- Secondary LOR was more common in this cohort of patients than primary leading to a switch in biologic.
- Therapy with an Anti-TNF was the most common biologic for both first and second agents.
- The mean CRP at the time of of switch was raised at 13.68 (95% CI: 7.28, 20.09).
- Pancolitis in Ulcerative Colitis patients and a previous history of surgery in Crohn's disease patients appear to be associated with higher rates of loss of response to first biologic.
- The presence or absence of concomitant immunomodulator was not associated with LOR in this study.