2012. STORI

Observ/ stop IFX/ CD/ Relapse

Maintenance of Remission Among Patients With Crohn's Disease on Antimetabolite Therapy After Infliximab Therapy Is Stopped

Prospective study.
Patients who had received ≥1 year IFX and an antimetabolite and were in steroid-free over 6 months and over 3 months in remission. IFX was stopped and were followed-up for at least 1 year.

Primary endpoint: time to relapse after withdrawal and identification of factors associated with low risk of relapse.
Secondary endpoint: tolerance, safety and efficacy of re-treatment with IFX in patients with relapse

Results:

- Relapse the 1st year: 43.9%±5%
- Relapse risk factors: male, absence of surgical resection, leukocyte>6x109/L , Hb<145 g/L, CRP≥5mg/L and FC≥300.
- ≤2 risk factors→15% relapse 1st year.
- Re-treatment with IFX effective and well tolerated in 88% with relapse.

Conclusions:
Approximately 50% of patients with CD treated for a year with IFX+AZA experience a relapse within one year after discontinuation.

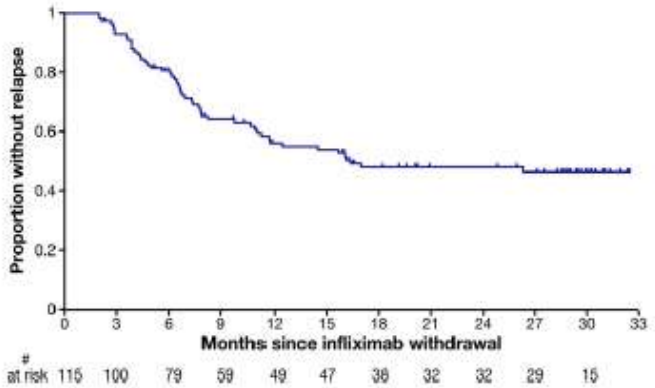

Figure 2. Kaplan–Meier time-to-relapse curve of the 115 included patients. The median ± SE follow-up time was 28 ± 2 months. There were 52 patients with confirmed relapse. The median time to relapse was 16.4 months.

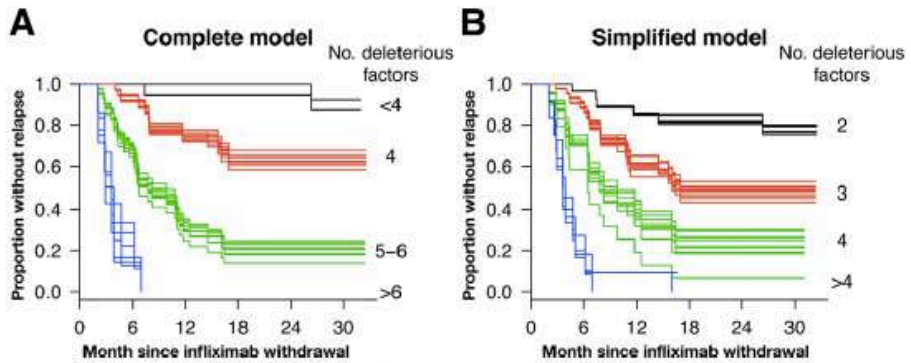

Figure 3. Kaplan–Meier time-to-relapse curves according to multivariable models and scores generated through the Cox model using the multiple imputation method. (*A*) According to a complete model: with this model (Table 2), the subgroup of patients presenting 3 deleterious prognostic factors or less corresponded to zero to one relapse over 1 year among 22 to 25 patients, depending on imputations. (*B*) According to a simplified model without infliximab trough levels and endoscopic data: with this model (Table 2), the subgroup presenting 2 deleterious prognostic factors or less corresponded to 4 relapses over 1 year among 32 to 35 patients, depending on imputations.

Lous E et al. Gastroenterology 2012; 142:63-70