PAEDIATRIC

2000 — MCP kids

RCT/Mercaptopurine/ pediatric CD/ Induction&Maintenance
Conclusion:
MCP lessens the need for prednisone & improves maintenance of remission. MCP should be part of the initial treatment regimen for children with newly diagnosed moderate-to-severe CD.

2004 — BUDE/PRED kids

RCT/steroids (Budesonide vs prednisone)/paediatricCD/Induction
Conclusion
Significantly fewer side effects & less adrenal suppression observed with budesonide. Remission rates were not significantly different in the two groups. However, there was a trend for prednisolone to be more effective for inducing remission.

2005 — LGG kids

RCT/LGG (Probiotic Lactobacillus rhamnosus strain GG) /paediatricCD/Induction
Conclusion
This study suggests that LGG does not prolong time to relapse in children with CD when given as an adjunct to standard therapy.

2007 — REACH

OL/ IFX 5 mg/kg q8w vs IFX 5mg/kg q12w after induction Mod-sev pediatric CD/ Induction&Maintenance
Conclusion:
IFX in pediatric CD q8w more likely to achieve clinical response & remission at w54 than q12w .

2012 — IMAgINE

Phase 3/ADA/paediatric CD/Induction & maintenance
Conclusion
ADA induced & maintained clinical remission of children with CD, with a safety profile comparable to that of adult patients with CD. More children who received high compared with low dose were in remission at w26, but the difference between dose groups was not significant.

PAEDIATRIC

2013 — Thalidomide

RCT/ Thalidomide vs placebo / CD/ Induction
Conclusion
In pediatric refractory CD, thalidomide vs placebo resulted in improved clinical remission at w8 & longer-term maintenance of remission in an open-label follow-up. These findings require replication to definitively determine clinical utility of this treatment.

2013 — IFX Kids

OL phase 3/ IFX/paediatric UC/ Maintenance
Conclusion
IFX pharmacokinetic in patients with UC aged 6-17 years comparable to adult UC, supporting using IFX 5 mg/kg at weeks 0, 2, and 6 followed by 5 mg/kg q8w. A positive relationship was noted between serum IFX level and clinical effect following induction similar to adults.

2014 — 5ASA dose kids

RCT/ 5ASA high vs low dose/ pediatric UC/ Induction
Conclusion:
Both low- and high-dose oral, delayed-release mesalamine doses were equally effective as short-term treatment of mild-moderately active UC in children, without a specific benefit or risk to using either dose.

2014 — GROWTH-CD

OL/All drugs/ pediatric CD/ Induction
Conclusion:
Normal CRP steroid-free remission at w12 was impacted by type of induction therapy, but not by early immunomodulation. It was associated with more steroid-free remission at w52 & a trend for less relapses.

2015 — Thalidomide

RCT/Thalidomide vs placebo / UC /Induction
Conclusion
In UC refractory to immunosuppressive therapy, thalidomide vs placebo resulted in improved clinical remission at w8 & longer term maintenance of remission. These findings require replication in larger clinical studies evaluating both thalidomide efficacy and safety.

PAEDIATRIC

2015 — MTX kids PO/SC

Observational/ MTX SC vs PO/ pediatric CD
Conclusion:
SC administered MTX was superior to PO, but only in some of the outcomes and with a modest effect size. Therefore, it may be reasonable to consider switching children in complete remission treated with SC MTX to the oral route with close monitoring of inflammatory markers and growth.

2017 — GOLI kids

OL/ Golimumab/paediatric UC / Induction
Conclusion:
Pediatric and adult golimumab pharmacokinetics are similar. Clinical benefit and safety shows promise in biologically naive pediatric patients with UC.

2019 — PAILOT

Phase 3/ ADA/ pediatric CD/ Remission
Conclusion:
Proactive monitoring of ADA trough concentrations and adjustment of doses and intervals resulted in significantly higher rates corticosteroid free clinical remission than reactive monitoring in pediatric CD.

2020 — PRASCO

RCT/ Antibiotics/paediatric UC/Induction
Conclusion:
Quadruple therapy antibiotics in addition to IVCS improved disease activity on day 5, but larger studies are needed to determine whether this is associated with improved long-term outcomes.

2020 — PRESENCE

Obs/EEN/ pediatricCD/ Induction
Conclusion:
EEN administered for 6-8w is effective for inducing clinical remission. Due to high response rate, EEN should be used as first-line therapy in luminal pediatric CD regardless of disease location and activity.

PAEDIATRIC

2021 — UNISTAR

phase 1 RCT/UST/ pediatric CD/
Conclusion:
Pharmacokinetics/safety profiles were generally consistent with those observed in adults with Crohn's disease

2021 — ENVISION I

RCT phase 3/ ADA high dose vs standard vs placebo / pediatric UC / Safety&efficacy
Conclusion:
ADA better than placebo in pediatric UC. High induction dose and high maintenance dose better than standard dose in pediatric UC

2022 — TISkids

RCT/ IFX (FL-first line) vs conventional/paediatric CD/Induction
Conclusion
FL-IFX was superior to conventional treatment in achieving short-term clinical and endoscopic remission, and had greater likelihood of maintaining clinical remission at week 52 on azathioprine monotherapy.

2022 — HUBBLE

Phase 2/VDZ/ paediatric IBD/ Pharmacokinetic
Conclusion:
Quadruple therapy antibiotics in addition to IVCS improved disease activity on day 5, but larger studies are needed to determine whether this is associated with improved long-term outcomes.

2023 — VEDOKIDS

Prospective cohort/ VDZ in kids with IBD/Induction of remission
Conclusion
VDZ safe and effective at inducing remission in children with IBD at 14 weeks, especially those with UC. In children who weigh less than 30 kg, VDZ should be dosed by the child's body surface area (200 mg/m2) or weight (10 mg/kg)