

Randomised placebo controlled, double-blind trial. Patients with CD who underwent intestinal resection were randomised to oral MCP 1mg/kg or placebo. Patients with low TPMT received half dose. Follow-up for 3 years.

Primary endpoints: Clinical recurrence defined as >150 plus 100-point increase in score and the need of rescue therapy or surgery. ITT analysis

Results:

- Clinical recurrence MCP 13% vs 23% pbo, $p=0.07$
- Subgroup analysis clinical recurrence in smokers on MCP 10% vs 46% pbo, $p=0.018$
- No differences between MCP and pbo depending on previous thiopurine exposure, previous IFX or MTX, previous surgery, disease duration or age at diagnosis.

Conclusion:

MCP is effective in preventing postoperative clinical recurrence of CD, but only in patients who are smokers. Thus, in smokers, thiopurine treatment seems to be justified in the postoperative period, although smoking cessation should be strongly encouraged given that smoking increases the risk of recurrence.

Mercaptopurine versus placebo to prevent recurrence of Crohn's disease after surgical resection (TOPPIC): a multicentre, double-blind, randomised controlled trial

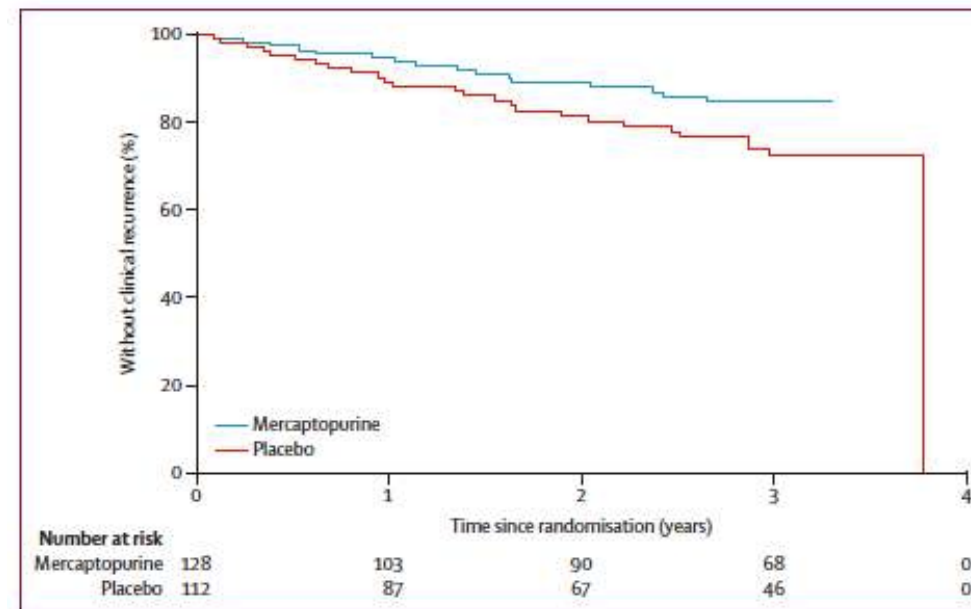


Figure 2: Kaplan-Meier plot for the primary outcome of time to clinical recurrence of postoperative Crohn's disease

