

Open-label, randomised, controlled trial. Patients with Crohn's disease on adalimumab (40mg eow) with thiopurines who had been on steroid-free clinical remission for over 6 months were randomised to continue or discontinue thiopurines.

Primary endpoints: Steroid-free clinical remission at week 52.

Results:

- There were no differences in steroid-free clinical remission at week 52 between groups.
- No differences in endoscopic remission at 52 weeks between groups, 30% vs 32%, $p=1$
- No differences in adalimumab levels between groups 7.08 (AZA) vs 6.48 (noAZA), $p=0.515$.
- Proportion of patients with anti drug antibodies 10% (AZA) vs 20% (noAZA), $p=0.437$

Conclusion:

Continuation of thiopurines > 6 months offers no clear benefit over scheduled ADA monotherapy. CFCR, ER, and ADA trough level at week 52 were not significantly different between groups. ER at week 0 may be involved in better long-term clinical outcomes

Withdrawal of thiopurines in Crohn's disease treated with scheduled adalimumab maintenance: a prospective randomised clinical trial (DIAMOND2)

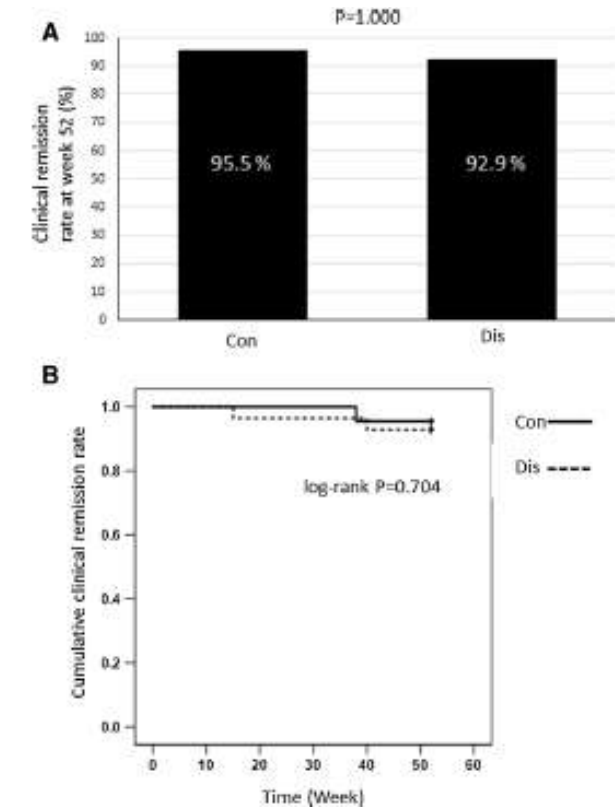


Fig. 1 Corticosteroid-free clinical remission (CFCR) at week 52. **a** CFCR at week 52 in the Con group and Dis group (Welch's t test). **b** Cumulative prevalence of CFCR shown by Kaplan-Meier analyses. Statistical analyses were by log-rank tests. *Con* continue group, *Dis* discontinue group

