

Multicenter, randomized clinical trial.
Patients with IBD and immunemediated loss of response to a first optimized antiTNF were randomised to receive either azathioprine (AZA) or nothing with induction by a second antiTNF in both arms.

Primary endpoints: Clinical failure at 2 years.

Results:

- At 2 years monotherapy presented higher rates of clinical failure HR 6.29, 95%CI 2.98-13.26, $p < 0.0001$.
- Results were similar whatever the second antiTNF used.
- Evolution without clinical failure was different between the 2 groups from 15 months but not at 6 or 12 months.

Conclusion:

In case of immune-mediated LOR to a first anti-TNF, AZA should be associated with the second anti-TNF.

Addition of azathioprine to the switch of anti-TNF In patients with IBD in clinical relapse with undetectable anti-TNF trough levels and antidrug antibodies: a prospective randomised trial

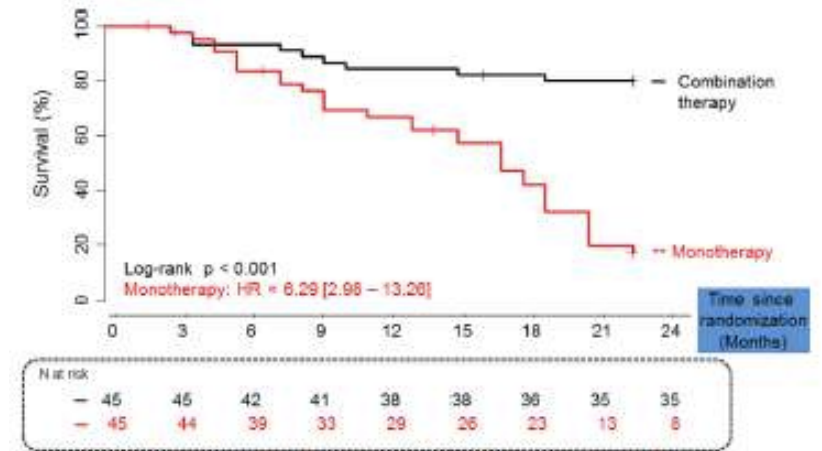


Figure 3 Evolution without clinical failure.

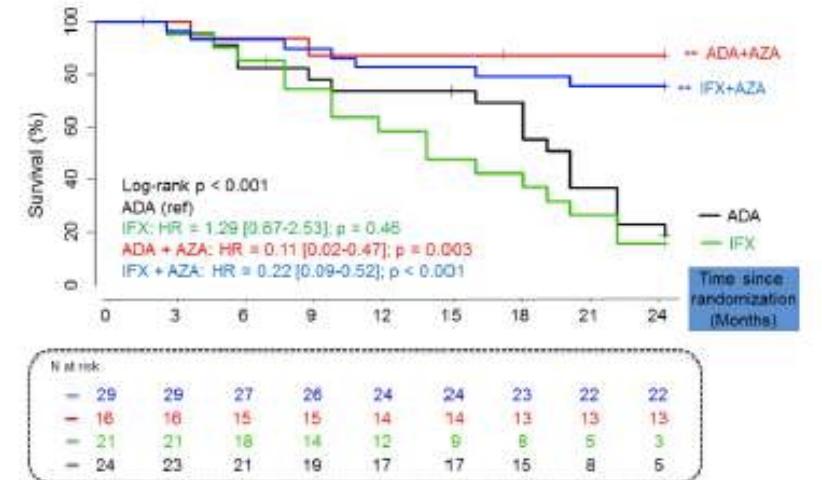


Figure 4 Evolution without clinical failure according to treatment. ADA, adalimumab; AZA, azathioprine; IFX, infliximab.

