ADALIMUMAB

2006 — CLASSIC I

RCT/ ADA vs placebo dose ranging trial/ CD/ Induction
Conclusion:
ADA better than placebo for induction of remission. Optimal induction dosing regimen for ADA in this study was 160 mg at week 0 followed by 80 mg at week 2. Adalimumab was well tolerated.

2007 — CLASSIC II

RCT/ ADA ew vs eow vs placebo/ CD/ Maintenance & Safety
Conclusion:
ADA induced and maintained clinical remission for up to 56 weeks in patients with mod-severe Crohn's disease naive to anti-TNF treatment.

2007 — CHARM

OL induction, then double blind RCT/ ADA/ Mod-sev CD/ Maintenance
Conclusion:
Among patients who responded to ADA, both ADA eow & ew more effective than placebo in maintaining remission in mod-severe CD through 56w. ADA was well tolerated and safe.

2007 — GAIN

RCT/ADA vs. pbo/CD with LOR to IFX or intolerance/ Induction
Conclusion:
ADA induces remissions more frequently than placebo in adult patients with Crohn disease who cannot tolerate infliximab or have symptoms despite receiving infliximab therapy.

2010 — ADHERE

OLE/ ADA / CD/ Maintenance
Conclusion:
ADA demonstrated sustained maintenance of clinical remission, improvements in QoL & reductions in hospitalization during longterm treatment for CD, with no new safety concerns identified

ADALIMUMAB II

2011 — UTRA I

RCT/ADA vs. pbo/ Mod-Severe UC/ Induction
Conclusion:
ADA160/80 was safe and effective for induction of clinical remission in patients with mod-severe active UC failing treatment with corticosteroids and/or immunosuppressants.

2012 — ULTRA 2

RCT/ADA vs. pbo/ Mod-Severe UC/ Maintenance
Conclusion:
ADA was more effective than placebo in inducing and maintaining clinical remission in patients with mod-severe UC that was not responsive to conventional therapy.

2012 — EXTEND

RCT/ ADA vs Pbo/ Mod-Sev CD/ Induct+Maintain
Conclusion:
Following induction therapy with ADA, patients with mod-severe active CD who continue with ADA are more likely to achieve mucosal healing than those given placebo.

2012 — SWITCH

OL/ IFX vs switch to ADA/ CD/ Relapse
Conclusion:
Elective switching from IFX to ADA associated with loss of tolerance and loss of efficacy within 1 year. Adherence to the first antiTNF is recommended.

2012 — IMAgINE 1

RCT/ ADA open label induction and ADA high vs low dose q2w / pediatric CD / Maintenance
Conclusion:
ADA induced and maintained clinical remission of children with CD, with a safety profile comparable to that of adults. High dose compared with low dose was better achieving remission at w26, but the difference between groups was not significant.

ADALIMUMAB III

2013 — ADA/AZA/ 5ASA postop

RT/ADA vs AZA 2mg/kg/dvs 5ASA 3gr/d/ post surgery CD/ Disease recurrence
Conclusion:
The administration of ADA after intestinal resective surgery was greatly effective in preventing endoscopic and clinical recurrence of CD.

2014 — IFX vs ADA posto

Open label RCT/ADA vs IFX/ post surgery CD / Disease recurrence
Conclusion:
IFX and ADA were similar in preventing histological, endoscopic and clinical recurrence after curative ileocolonic resection in high risk CD patients.

2014 — ADAFI

RCT/ ADA+/-ciprofloxacin (or placebo) combination 12 weeks/ perianal CD / Efficacy & safety
Conclusion:
Combination therapy of ADA and ciprofloxacin is more effective than ADA monotherapy to achieve fistula closure in CD. However, after discontinuation of antibiotic therapy, the beneficial effect of initial coadministration is not maintained.

2015 — REACT

RCT/ ADA+AZA vs conventional/ CD/ Remission+Maintain
Conclusion:
Lower risk of major adverse outcomes in early combined immunosuppresion in CD vs conventional treatment. However, no differences in remission rates at 12 months.

2016 — DIAMOND

OL RT/ ADA vs ADA+AZA / active CD / Efficacy & safety
Conclusion:
Clinical efficacy of the combination of ADA+AZA did not differ from ADA monotherapy in CD naïve to both medications.

ADALIMUMAB IV

2017 — APPRECIA

RCT/metronidazol + ADA vs AZA/ post surgery CD/ Disease recurrence
Conclusion:
ADA has not demonstrated a better efficacy than AZA [both associated with metronidazole] for prophylaxis of POR-CD in an unselected population, although tolerance to ADA is significantly better.

2017 — CREOLE

Open label observational/ ADA / stricturing CD / Maintenance
Conclusion:
A successful response to ADA was observed in about 1/3 of CD patients with Symptomatic Small Bowel obstruction and was prolonged in nearly half of them till the end of follow-up.

2017 — CALM

OL/ tight control vs clinical management with ADA+/- AZA/ CD / Efficacy & safety
Conclusion:
Timely escalation with ADA on the basis of clinical symptoms and biomarkers in patients with early CD results in better clinical an endoscopic outcomes than symptom-driven decisions alone.

2018 — TEDDY

Observational/ antiTNF exposed newborn/ IBD/ Safety
Conclusion:
In utero exposure to anti-TNF drugs does not seem to be associated with increased short-term or long-term risk of severe infections in children.

2019 — PANTS

Observational/ antiTNF/CD/ Predictors of failure
Conclusion:
Anti-TNF treatment failure is common & is predicted by low drug concentrations, mediated in part by immunogenicity.

ADALIMUMAB V

2019 — VARSITY

Phase 3b/ VEDO vs ADA/ UC/Remission
Conclusion:
VEDO superior to ADA in moderate-severe UC with respect to clinical remission and endoscopic improvement but not steroid-free clinical remission.

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.

2019 — ADA-pouch

RCT/ ADA vs placebo/ pouchitis / induction
Conclusion:
In this RCT adalimumab did not show to be better than placebo in any primary or secondary outcome in patients with pouchitis

2020 — PIANO

Observational/ Biologics and thiopurine/ pregnant IBD / Safety&efficacy
Conclusion:
Biologic, thiopurine, or combination therapy exposure during pregnancy was not associated with increased adverse maternal or fetal outcomes at birth or within the first year of life.

2021 — HIBISCUS I&II

Phase 3/ ETR vs ADA/ UC/ Induction
Conclusion:
ETR (Etrolizumab) met primary endpoint of remission w10 in HIBISCUS I but not HIBISCUS II
ETR induced endoscopic improvement and histologic remission w10 vs pblo in HIBISCUS I
Etrolizumab not superior to Adalimumab for induction of remission at w10

ADALIMUMAB VI

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

2021 — STRIDENT

RCT OL/ ADA intensified + AZA vs ADA standard/ CD strictures
Conclusion:
T2T therapy intensification resulted in less treatment failure,reduction in stricture-associated inflammation, & greater improvement in stricture morphology, although these differences were not significantly different from standard therapy.

2021 — VOLTAIRE-CD

Phase 4/ ADA vs ADA biosimilar BI 695501/ CD/ Induction
Conclusion:
Safety and efficacy were similar in patients with CD treated with BI 695501 or ADA reference product. Treatment benefits were maintained in patients receiving ADA reference who switched to BI 695501.

2022 — SERENE-CD

RCT/ ADA 40mg eow vs 40 mg ew clinical adjusted or based in TDM / CD / Induction & maintenance
Conclusion:
No differences between clinical adjusted or TDM regimens with respecto to the key exploratory efficacy endpoitns. Both dosing regimens were generally well-tolerated with a similar safety profile.

2022 — SEAVUE

Phase 3b RCT/ ADA vs UST/ mod-severe CD naïve to biologics/ Induction & Maintenance
Conclusion:
ADA and UST monotherapies highly effective in CD biologic-naive, with no difference in the clinical remission w52 between the drugs.

ADALIMUMAB VII

2022 — SERENE-UC

RCT/ higher induction (ADA 160mg w0,1,2&3) or standard induction + w8 randomization to 40 mg eow or 40 mg ew/ UC / Remission

Conclusion:

No statistical difference between higher induction and standard at week 8. No statistical differences between responders to induction receiving 40 mg eow or ew for clinical remission at w52.

2022 — PUCCINI

Observational/ AntiTNF/ IBD undergoing surgery/ Infections

Conclusion:

Preoperative antiTNF exposure was not associated with postoperative infectious complications in a large prospective multicenter cohort.

2022 — RAPIDA

OL/ single arm ADA/ mod-severe luminal CD/Remission

Conclusion:

Rapid clinical response & remission, improvement in QoL & fatigue & reduction of inflammatory biomarkers achieved with ADA as early as day 4 in adult anti-TNF naïve patients with mod-severe CD

2023 — LADI

Open label RCT/ Remission for>9months on ADA q2w randomized to q3w or q2w / CD / Maintenance

Conclusion:

The individual benefit of increasing ADA dose intervals versus the risk of disease recurrence is a trade-off that should take patient preferences regarding medication and the risk of a flare into account.