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Reporting on IBD

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Long-term Efficacy of Rescue Therapy With Infliximab in Steroid-Refractory Acute Attack of Ulcerative Colitis (OP210)

Sjöberg M et al
UEGW 2011

Methods

- Background
  - The long-term efficacy of infliximab treatment in steroid-refractory, severe attacks of UC is not well described
- Methods
  - Retrospective analysis of 212 patients hospitalized between 1999 and 2010 due moderate to severe UC
  - Patients were unresponsive to IV corticosteroids and received infliximab 5 mg/kg as rescue therapy

Results

- Colectomy-free survival:
  - 3 months: 70%
  - 12 months: 63 %
- Steroid-free, clinical remission:
  - 3 months: 50%
  - 12 months: 53%
- Among patients escaping colectomy at 3 months (n=149):
  - Maintenance immunosuppressive therapy was given to 55%
  - Anti-TNF given to 26%
  - 5-ASA or no maintenance treatment given to 19%
- Six patients died during follow-up, three of whom with possible connection to IFX rescue treatment

RR, relative risk; TAR, time at risk in PYs

Results (Continued)

Clinical Data at Rescue Treatment (N=212)1

Disease duration since diagnosis	2 (0-8) years
First attack of UC	75 (35%)
Extensive UC	186 (88%)
Severe attack of UC	165 (78%)
Maintenance therapy prior to admission	
None	108 (51%)
5-ASA	85 (40%)
Immunomodulators	19 (9%)
Dose of IV betamethasone prior to rescue treatment	8 mg
Number of rescue infliximab infusions	
1	125 (59%)
2 (week 0 + 2)	21 (10%)
3 (week 0 + 2 + 6)	66 (31%)

Conclusions

- Infliximab is an effective rescue treatment in a moderate to severe attack of steroid-refractory UC
- 63% of the patients had a colectomy-free survival and 53% were in steroid-free remission at 12 months, supporting the long-term benefit of IFX rescue therapy
- The risk of serious complications including deaths is low but not negligible

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Infliximab is an Efficient Rescue Therapy in Acute Corticosteroid Resistant Ulcerative Colitis (OP211)

Sjöberg M et al
UEGW 2011

Methods

- Background
  - The value of infliximab as rescue therapy in severe UC has not been well studied
- Objective
  - Examine the efficacy of infliximab in patients with acute severe UC
- Methods
  - Observational, prospective study (2 centers)
  - 70 UC patients resistant to 1 week of IV steroid treated with infliximab as an alternative to colectomy
  - Efficacy defined as DAI: ↓ ≥30% and ≥3 points; bleeding: ↓≥1 point, score ≤1) including remission (DAI ≤2, no subscore >1)
  - Treatment
    - Infliximab induction with simultaneous initiation of long-term 6-MP
    - Scheduled infliximab used in patients who were 6-MP refractory or intolerant

Results

- Mean number of infliximab infusions: 3.3 ±0.31 (1 to 15)
- After mean follow-up of 16.9±1.6 mo 22 patients required colectomy
- Surgery due to primary nonresponse (4 to 12 weeks after first infusion) was required in 16% of patients
- Cumulative probabilities of colectomy were:
  - 6 months: 17%
  - 12 months: 25%
  - 18 months: 30%
  - 24 months: 36%
- Efficacy rates
  - 6 months: 80%
  - 12 months: 64%
  - 18 months: 50%
- Adverse events observed in 17% (infections 5.6%, acute infusion reactions 3%)
- Two patients died after colectomy (sepsis, stroke)

RR, relative risk; TAR, time at risk in PYs

Conclusions

- Our results suggest that IFX seems to be an effective rescue therapy in this highly severe group of UC
- Early use of thiopurines may be the factor that improved clinical response in this cohort of patients

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Adalimumab Therapy Reduces Hospitalization and Colectomy Rates in Patients With Ulcerative Colitis: Data from Controlled Trials (OP209)

Feagan BG et al
UEGW 2011

Methods

- Objective
  - Assess the effect of adalimumab on risk reduction of all-cause and UC-related hospitalization
- Methods
  - Data assessed from 2 double-blind, placebo-controlled trials
  - Patients in the 160/80 mg induction and placebo arms of study 1 and patients in the ADA and placebo arms of study 2 were combined into a single dataset (N=939)
  - Hospitalization and colectomy events were based on serious AE reports reviewed by 2 gastroenterologists blinded to treatment
  - Risk of hospitalization was compared between the treatment arms using person-year based incidence rates

Results

- 33% reduction in percentage of patients hospitalized for any reason and 38% reduction in the number of all-cause hospitalizations for ADA vs placebo (*P*<.05)
- Reductions in UC-related hospitalization (38%) and number of hospitalizations (48%) were statistically significant
- Rates of colectomy were 27% lower with ADA vs placebo group (*P*=NS)

	ADA		Placebo		Risk Ratio (Placebo/ADA)	P-Value
	n/TAR	IR (n/100-PYs)	n/TAR	IR (n/100-PYs)	RR [95% CI]	
Percentage of patients hospitalized						
All-cause	67/378	18	59/219	27	1.5 [1.1, 2.2]	0.018
UC-related	45/389	12	48/221	22	1.9 [1.3, 2.8]	0.002
Number of hospitalizations						
All-cause	82/401	20	73/230	32	1.5 [1.1, 2.1]	0.0065
UC-related	53/401	13	58/230	25	1.9 [1.3, 2.8]	0.0007
Colectomy	14/399	3.5	11/229	4.8	1.4 [0.6, 3.0]	0.435

RR, relative risk; TAR, time at risk in PYs

Conclusions

- ADA-treated patients had a significantly lower risk for UC-related and all cause hospitalization compared with placebo-treated patients

- A numerically lower colectomy rate in patients receiving ADA therapy vs placebo was observed

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Efficacy of Adalimumab in Patients With Ulcerative Colitis: Restoration of Serum Levels After Dose Escalation Results in a Better Long-term Outcome (OP312)

Ferrante M et al
UEGW 2011

Methods

- Background
  - Data on the long-term efficacy of adalimumab in UC are limited
- Methods
  - Long-term efficacy of adalimumab evaluated in 50 patients with moderate-to-severe UC previously treated with infliximab (IFX)
  - Infliximab was discontinued due to loss of response (66%), infusion reactions (30%) or intolerance (4%)
  - Treatments
    - Induction with 160/80mg ADA followed by 40 mg every other week
  - Short-term clinical response was evaluated at week 4 (defined as complete in case of absence of diarrhea and blood, and partial in case of marked clinical improvement but persisting rectal blood loss)
    - Durable complete response was defined as lasting control of disease activity in patients necessitating dose escalation
  - Adalimumab serum levels were analyzed before and after this intervention

Results

- 68% of patients had short-term CR (46% partial, 22% complete)
- Within 6 weeks of initiation, 20 patients (13 without short-term CR and 7 with partial CR) required dose escalation to weekly ADA 40 mg
  - Resulted in complete CR and dose de-escalation in 65%
- Eighteen patients required dose escalation because of loss of response
  - 72% regained complete response
- Successful dose escalation was associated with an increase in median adalimumab serum levels from 4.75 to 7.95 μg/mL (P=.023)
- After a median follow-up of 23 months, 26 patients (52%) achieved a durable CR to ADA, while 20% needed colectomy
- Short-term CR and response to dose escalation were associated with colectomy-free survival (P=.030 and P<.001)
- 65% and 73% of patients were able to stop concomitant CS and IMM

Conclusions

- After a median follow-up of 23 months, 52% achieved a durable response to adalimumab
- Dose escalation was necessary in 76% of patients and significantly increased adalimumab serum levels
- Short-term complete response and response to dose escalation were associated with colectomy-free survival
- The high proportion of patients responding to dose escalation suggests that higher adalimumab doses might be required in UC

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Influence of Trough Serum Levels and Immunogenicity on Long-term Outcome in Ulcerative Colitis (P0953)

Arias MT et al
UEGW 2011

Methods

- Background
  - Trough level and antibody measurement may help to optimize therapy but data in UC are scarce
- Objective
  - To study the influence of trough level and antibody formation on long-term clinical benefit of infliximab in UC
- Methods
  - Patients receiving induction and maintenance therapy (N=136)
  - Trough levels were measured at weeks 0, 2, 6, 14, 30 and 54 using ELISA
  - Antibodies were measured in samples with undetectable trough levels

Results

- With median follow-up of 63 weeks 56.6% of patients demonstrated sustained clinical benefit
- 66 patients (48.5%) needed dose optimization
- 16.2% of the total cohort needed to stop IFX due to complete loss of response
  - Significantly lower trough levels were seen at all time points in patients who stopped therapy

	Median TL in patients who discontinued (IQR)	Median TL in patients who continued (IQR)	P value
W2	21.8 (9.0-26.7)	24.6 (16-36.2)	0.02
W6	12.1 (6.4-21.2)	18.8 (11.6-25.2)	0.007
W14	5.1 (1.9-7.2)	7.5 (3.9-9.8)	0.04
W30	2.5 (0.3-6.1)	6.0 (2.4-9.1)	0.01
W54	0.3 (0.3-3.6)	4.9 (1.7-8.2)	0.01

Results (Continued)

- Patients who displayed trough levels <0.30 µg/mL at least once during follow up demonstrated significantly shorter time to dose optimization (log-rank *P*=.02) and clinical LOR (log-rank *P*=.01)
- 4 patients (3%) developed undetectable trough levels within 6 weeks following start of IFX, and all discontinued therapy despite dose optimization
- There was a positive correlation between serum albumin levels at baseline and trough levels at all time points (*P*=.006) and an inverse correlation with CRP

Conclusions

- 48% of patients lost response needing dose optimization and 16% needed to stop IFX
- Loss of response with need for discontinuation was associated with lower trough levels
- The presence of undetectable TL early after induction at week 6 predicts loss of response or need for discontinuation with high specificity
- These data are comparable to those observed in CD

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Fecal Lactoferrin as Biomarker for Mucosal Inflammation to Distinguish Patients With Ulcerative Colitis From IBS (PO902)

Langhorst J et al

UEGW 2011

Methods

- Objective
  - To investigate fecal lactoferrin, CRP, and the colitis activity index (CAI) to monitor status of inflammation on a mucosal level using 6 histological features in patients with UC and IBS
- Methods
  - 281 endoscopic procedures were performed in 242 patients (175 with UC; 67 with IBS)
  - Fecal specimens were analyzed for fecal lactoferrin (>7 g/mg defined as elevated), serum analyzed for CRP (0.5 mg/dL defined as elevated)
  - CAI calculated for all patients

Results

- Of the 281 histological work ups 121 showed an acute inflammation index ≥ 1 indicating acute inflammation on a mucosal level
- Fecal lactoferrin levels were 2.3 ± 19.4 mcg/mg for no inflammation and 37.9 ± 211.4 mcg/mg for active inflammation
- Mean FLA, CRP and CAI discriminated pts with acute inflammation from those with no signs (P<.0001)
- Diagnostic accuracy was 72.6% for FLA, 64% for CRP and 69.7% for the CAI
- FLA showed highest correlation to the acute inflammation index as well as the histological sum score

Conclusions

- Fecal lactoferrin serves as a useful biomarker for monitoring the mucosal status in patients with IBS and gives crucial information about status of mucosal healing in ulcerative colitis

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Serum Cytokine Profile Predicts Outcome in Ulcerative Colitis Patients: A Prospective Study (P0909)

Peralvarez MR et al
UEGW 2011

Methods

- Background
  - Several cytokines are overexpressed in serum and colonic mucosa of UC patients
  - The role of these biomarkers over the disease prognosis has not been established
- Objective
  - To identify serum cytokine profiles with prognosis capability in UC patients
- Methods
  - Consecutive UC patients (N=67)
  - Clinical, endoscopic and histological disease activity was assessed using Truelove Witts modified score and Baron and Geboes scale
  - Plasma samples analyzed for IL1β, IL2, IL6, IL8, IL 10, IL13, IL17, IFNγ and TNFα

Results

- Younger patients with higher IL-1β concentration and lower TNFα serum levels relapsed significantly more frequently
- Patients with moderate to severe endoscopic disease accompanied by high IL-8 and IL-10 and low concentration of TNF-α had an increased risk of dependence or resistance to steroids
- Previous steroid resistance, more severe histologic lesions and higher levels of IL-1β with lower concentration of IL-13, predicted the need for biologics during follow up

Conclusions

- The combination of clinical disease features and serum cytokine profile can identify UC patients at risk for poor outcomes

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Clinical and Genetic Markers of Disease Prognosis in Ulcerative Colitis (P0915)

Waterman M et al

UEGW 2011

Methods

- Background
  - >50% of patients with UC have poorly controlled disease and 20% will require colectomy
  - Few data are available on predictors of an aggressive disease course
- Objective
  - To identify clinical and genetic markers that can predict prognosis in UC
- Methods
  - Retrospectively review of records of UC patients with >5 years of follow-up and with DNA available for genotyping
  - DNA was genotyped for 50 known UC-associated SNPs
  - Need for colectomy, hospitalization and pattern of medication usage were utilized to group patients into 3 prognostic groups: mild, moderate, and severe disease

Results

- 601 UC patients were classified into mild (n=78), moderate (n=273) and severe (n=250)
- Disease severity was associated with:
  - Age >40 at diagnosis
  - Greater proximal extension rates on follow-up (*P*<.0001)
  - Shorter time to extension (*P*=.03)
  - Shorter time to prednisone initiation (*P*=.0004)
- Montreal A3 and E3 at diagnosis were associated with severe disease (OR=1.66 and 2.12, respectively)
- Smoking at diagnosis protected against severe disease (OR=0.62 borderline significant *P*=.06)
- A SNP within NOTCH4 was highly-associated with risk for proximal disease extension (*P*=.016, OR=2)

Conclusions

- Age >40 at diagnosis, extensive disease at initial endoscopy and steroid use within 6 months of diagnosis predict a more severe disease course

- Carriage of a SNP within NOTCH4 doubles the risk for proximal extension of disease

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Induction of Remission of Mild to Moderately Active Ulcerative Colitis With Budesonide MMX 9 mg: A Multicentre, Randomised, Double-Blind, Placebo-Controlled Study in North America and India (OP093)

Sandborn W et al
UEGW 2011

Induction of Remission of Mild to Moderately Active Ulcerative Colitis With Budesonide-MMX 9 mg: A Multicentre, Randomised, Double-Blind, Placebo-Controlled Study in Europe, Russia, Israel, and Australia (OP094)

Travis S et al
UEGW 2011

Methods

- Objectives
  - Evaluate induction of remission of mild to moderately active ulcerative colitis with a budesonide formulation targeted to the colon
- Design
  - Two multicenter, randomized, double-blind, placebo controlled trials
    - North America and India (n=509)
    - Europe, Russia, Israel, Australia (N=511)
  - Patients randomized to:
    - Budesonide MMX 9 or 6 mg tablets once daily
    - Placebo
  - In North America/India study, Asacol 2.5 mg/d given in non-powered reference arm
  - In European study, oral budesonide (3 x 3 mg once daily) given in non-powered reference arm

Results

Europe, Russia, Israel, India

mITT (n=410)	Placebo (n=89)	B-MMX 9mg (n=109)	B-MMX 6mg (n=109)	Entocort 9mg (n=103)
UCDAI remission, n (%)	4 (4.5)	19 (17.4)	9 (8.3)	13 (12.6)
Δ vs placebo (%)	–	12.9	3.8	8.1
95% CI	–	4.6–21.3	3.0–10.5	0.4–15.9
p value*	–	0.0047**	0.2876	0.0481†

*Chi-square test for remission vs placebo; Δ = difference between active treatment and placebo; **Statistically significant at p<0.025 (multiple testing); †Exploratory data; the study was not powered for multiple comparisons that included Asacol

North America, India

mITT (n=489)	Placebo (n=121)	B-MMX 9mg (n=123)	B-MMX 6mg (n=121)	Asacol 2.4g (n=124)
UC-DAI remission, n (%)	9 (7.4)	22 (17.9)	16 (13.2)	15 (12.1)
Δ vs placebo, %	–	10.4	5.8	4.7
95% CI	–	2.2–18.7	1.8–13.4	2.7–12.1
p value*	–	0.0143**	0.1393	0.2200†

*Chi-square test for remission vs placebo; Δ = difference between active treatment and placebo; **Statistically significant at p<0.025 (multiple testing); †Exploratory data; the study was not powered for multiple comparisons that included Entocort

Conclusions

- B-MMX 9 mg administered once daily is effective for inducing remission in patients with mild to moderately active UC and has a favorable safety profile

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Biologic Use is Associated With a Major Reduction in Venous Thromboembolic Events Compared With Steroid Use in the Treatment of IBD (OP143)

Higgins P et al
UEGW 2011

Methods

- Background
  - IBD is associated with increased rates of VTE
  - Corticosteroids might have a prothrombotic effect, and thereby independently contribute to VTE risk
- Objective
  - To determine whether use of biologic therapies for treatment of active IBD would have a reduced risk of VTE compared to use of steroids
- Methods
  - Retrospective analysis of adults with diagnoses of CD or UC using large database
  - Patients were included if they had no VTE in the 6 months prior to the index date and insurance coverage in the 6 months prior to and 12 months following index date
- Outcomes
  - Incidence of VTE in the 12 month follow-up period

Results

- 15,100 patients included in the analysis
- 325 VTEs occurred in the study period
- Rate of VTE:
  - Steroid without biologic: 2.3%
  - Biologic without steroid: 0.4%
  - Biologic and steroid: 2.5%
- Compared to reference treatment (steroids without biologics), patients on biologics had an odds ratio of 0.21 (95% CI, 0.05–0.84) for VTE
- Subjects on both steroids and biologics had an odds ratio (OR) of 0.99 for VTE
- Significant covariates included:
  - Age (OR, 1.02 per year of age)
  - Recent IBD surgery (OR, 3.62)
  - Recent IBD hospitalization (OR, 1.51)
  - Cancer (OR, 2.33)
  - Indeterminate colitis (OR, 1.61)

Conclusions

- Compared with biologic therapy, corticosteroid use was associated with nearly a 5-fold increase in VTE risk, suggesting that use of corticosteroids contributes to VTE risk

- Combination therapy with corticosteroids and biologics is associated with the same VTE risk as corticosteroids alone, suggesting that corticosteroids may truly increase VTE risk

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High-Sensitivity CRP at Diagnosis and During Follow-up in Patients With Crohn's Disease: Is it a Marker for Patient Classification? (PO400)

Kiss LS et al
UEGW 2011

Methods

- Background
  - C reactive protein (CRP) is a traditional non-specific marker of inflammation and CD is associated with a strong CRP response
  - No clear cut-off values exist
- Objective
  - To investigate whether a classification based on the hsCRP value at diagnosis is useful for prediction of disease phenotype and relapse rate
- Methods
  - 260 consecutive CD patients with complete clinical follow-up were included
  - Medical records including disease phenotype according to Montreal classification, extraintestinal manifestations, smoking habits, medical therapy and surgical events were analyzed retrospectively
  - Hs-CRP and clinical activity according Harvey-Bradshaw index was followed-up consecutively between 1 January, 2008 and 1 June, 2010

Results

- 32.3% of CD patients had normal hs-CRP at diagnosis.
- Elevated hs-CRP at diagnosis was associated with:
  - Disease location (*P*=.002)
  - Non-inflammatory disease behavior (*P*=.058)
  - Need for later azathioprine therapy (*P*<.001)
  - Need for later biologic therapy (*P*=.024)
- The accuracy of hs-CRP for identifying patients with active disease later during the course of the disease was good (AUC: 0.82, cut-off:10.7 mg/L)
  - AUC was better in patients with a elevated hs-CRP at diagnosis compared with non-elevated CRP at diagnosis
- hs-CRP was a significant predictor of 3- and 12-month clinical relapses in patients with an elevated hs-CRP at diagnosis
- Perianal involvement was associated with the 12-month relapse frequency

Conclusions

- Classification based on hs-CRP value at diagnosis is useful for identifying complicated disease phenotype, active disease and risk of relapses during follow-up

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Induction of Remission With Adalimumab in Patients With Moderate Crohn's Disease: Subanalysis of CLASSIC I (PO438)

Sandborn WJ et al
UEGW 2011

Methods

- Background
  - CLASSIC I showed that patients with baseline CRP ≥10 mg/L achieved higher rates of clinical remission (CDAI score <150) at week 4 with adalimumab
- Objective
  - Evaluate efficacy of adalimumab in patients with moderate CD and determine whether elevated CRP in this subgroup was associated with improved efficacy
- Methods
  - Post hoc analysis of patients enrolled in CLASSIC I

Results

- The highest efficacy was seen in patients with moderate CD and elevated baseline CRP

	Placebo	ADA 80/40	ADA 160/80
All Patients	12% (9/74)	24% (18/75)	36% (27/76)**
CRP ≥10mg/L, % (n/N)	4% (1/28)	27% (9/33)*	43% (12/28)**
CDAI ≤300, % (n/N)	17% (8/46)	29% (13/45)	46% (19/41)**
CRP ≥10mg/L, CDAI ≤300, % (n/N)	7% (1/15)	26% (6/23)	57% (8/14)**
CDAI >300, % (n/N)	4% (1/28)	17% (5/30)	23% (8/35)*
CRP ≥10mg/L, CDAI >300, % (n/N)	0% (0/13)	30% (3/10)	29% (4/14)

*P<.05 versus placebo
**P<.005 versus placebo

Conclusions

- In CLASSIC I, ADA 160mg/80mg was effective at inducing remission in all subgroups studied, including the subgroup of patients with moderate CD
  - In this subgroup, high baseline CRP was associated with substantially higher remission rates
- Suggests that patients with moderate disease can be treated effectively with adalimumab, especially when there is evidence of inflammation

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High Rates of Nonadherence for Anti-TNF Treatment in Crohn's Disease: Results of a Systematic Review (P0924)

Fidder H et al
UEGW 2011

Methods

- Background
  - Data on non-adherence in CD is scant and published studies show a great variation in non-adherence rates
- Objective
  - To investigate non-adherence rates in anti-TNF treatment in CD by systematic review of published medical literature
- Methods
  - Structured search and analysis of English-language publications involving anti-TNF treatment in adults with CD that provided information on adherence
  - Sample size-weighted pooled proportions of patients nonadherent to therapy were assessed
  - Rates of nonadherence were compared between adalimumab and infliximab

Results

- Out of 75 identified titles, 3 studies were selected that met prespecified criteria
  - Two studies (N=845) of infliximab
  - One study (N=108) of adalimumab
- The calculated overall sample size-weighted pooled proportion for non-adherence was 30% (95% CI 27%-33%)
- The nonadherence rate for adalimumab (45%) was higher compared to infliximab (28%), with a relative risk of 1.61 (95% CI 1.27-2.03)

Conclusions

- One-third of CD patients treated with anti-TNF treatment were non-adherent
- Although different routes and schedules of administration between infliximab and adalimumab may impede direct comparison, higher nonadherence rates were seen with adalimumab

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A Multicenter, Randomized, Double-Blind, Placebo-Controlled Phase 2B Study of Ustekinumab, A Human Monoclonal Antibody to IL-12/23 p40, in Patients With Moderately to Severely Active Crohn's Disease: Results Through Week 36 From the CERTIFI Trial

Feagan B et al

UEGW 2011

Methods

- Objective
  - To evaluate ustekinumab in patients with moderate to severe CD failing anti-TNFs
- Methods
  - Patients with CDAI score 220-450 were randomized to:
    - IV PBO
    - Ustekinumab 1, 3, or 6 mg/kg at week 0
  - At week 8,week 6 responders and nonresponders who received IV UST were separately re-randomized to subcutaneous 90 mg ustekinumab or placebo maintenance at weeks 8 and 16
  - During maintenance, steroid tapering was mandated and assessments were at week 22
  - Patients were followed until week 36
  - Primary endpoint was clinical response at week 6

Results

	Placebo	UST 1mg/kg	UST 3mg/kg	UST 6mg/kg	Combined UST
N	132	131	132	131	394
Clinical response[a]					
Wk6	23.5%	36.6%*	34.1%	39.7%*	36.8%*
Wk8	17.4%	32.1%*	31.8%*	43.5%*	35.8%*
Clinical remission[b]					
Wk6	10.6%	16.0%	15.9%	12.2%	14.7%
Wk8	10.6%	17.6%	18.2%	18.3%	18.0%*

[a]≥100pt reduction in CDAI; [b]CDAI<150;*P<.05 vs.placebo by CMH

Results (Continued)

- At week 6, 39.7% in the 6 mg/kg group were in clinical response vs 23.5% of placebo patients (*P*=.005)
- All 3 doses were associated with significant changes vs placebo in CRP, IBDQ, mean CDAI, 70 point drop, and lactoferrin/calprotectin
- In maintenance therapy, among patients in clinical response to ustekinumab at week 6, 41.7% on ustekinumab were in remission at week 22 vs 27.4% of placebo patients (*P*=.029)
- 69.4% vs 42.5% remained in clinical response (p<.001) and 30.6% vs 17.8% were in steroid-free remission at week 22 (*P*=.048)
- Adverse events
  - Proportions of AEs and infections were similar in the ustekinumab and placebo groups during both induction and maintenance
  - No major adverse CV events, deaths, serious opportunistic infections, or TB

Conclusions

- In moderate to severe CD patients previously failing anti-TNFs, ustekinumab induced and maintained clinical response

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Food Elimination Diets Based on IgG4 Antibodies in Crohn's Disease; A Double-Blinded Randomized Controlled Trial (P1454)

Gunasekera AV et al
UEGW 2011

Methods

- Background
  - Elemental diets are as effective as corticosteroids in inducing remission in CD
  - Recent data suggest a diet based on IgG4 titers can improve symptoms
- Objective
  - To evaluate the effect of exclusion diets determined by IgG4 titres on disease activity
- Methods
  - 76 CD patients recruited and randomized to sham diet (n=37) or true diet (n=39)
  - IgG4 titers to 18 common food types determined by ELISA
  - Disease activity assessed with CDAI, Harvey-Bradshaw Index, CRP, and fecal calprotectin

Results

	True Pre-Diet	True Post Diet	Sham Pre-Diet	Sham Post Diet	*P*
CDAI	181 (123; 308)	77 (96.0; 413)	183 (113.75; 272)	159 (128.25; 427)	.0035
HBI	7 (5.0; 14.0)	3 (4.0; 15.0)	7 (4.0; 13.0)	6 (5; 17)	.0093
CRP	4 (7.475; 23.8)	4 (6.4; 33.3)	5.8 (7.125; 75.4)	4 (6.05; 104.4)	.1944
Calprotectin	388 (397.5; 906)	240 (355; 982)	226 (357.5; 890)	180 (363.5; 1122)	.1289
SIBDQ	51 (14.5; 38)	59 (11.75; 39)	42 (16.25; 43.0)	49 (12.25; 39)	.2915

All values presented as median (IQR;Range)

Conclusions

- This trial supports the value of exclusion diets based on IgG4 titers in CD
- Food elimination based on IgG4 antibody titers may be effective in reducing symptoms
- The mechanism by which this occurs could be through a reduction in inflammatory activity