

Longterm Durability of Response to Ustekinumab in Refractory Crohns Disease patients



RM Corcoran, S. McKiernan, F. MacCarthy, C Dunne,
K Hartery, D Kevans



St James's Hospital, Dublin; School of Medicine, Trinity College Dublin; Trinity Academic Gastroenterology Group

INTRODUCTION

- Ustekinumab is a fully human IgG1 monoclonal antibody that binds to the p40 subunit shared by the pro-inflammatory interleukins 12 and 23.
- ECCO guidelines recommend ustekinumab for the induction of remission in patients with moderate to severe crohns disease (CD) with inadequate response to conventional therapy and/or to anti-TNF therapy.

AIM

- To describe the outcome of CD patients at a single institution receiving Ustekinumab therapy.
- The primary endpoint was the characterisation of long term therapy outcome and durability of response to Ustekinumab and whether mode of ustekinumab induction (IV compared with subcutaneous) effected these outcomes.

METHODS

- A chart review was carried out of all patients prescribed ustekinumab in St James's Hospital between July 2016 and July 2020.
- Patient demographics, baseline characteristics and disease behaviour were characterised.
- Medication history and duration of Ustekinumab therapy was documented.

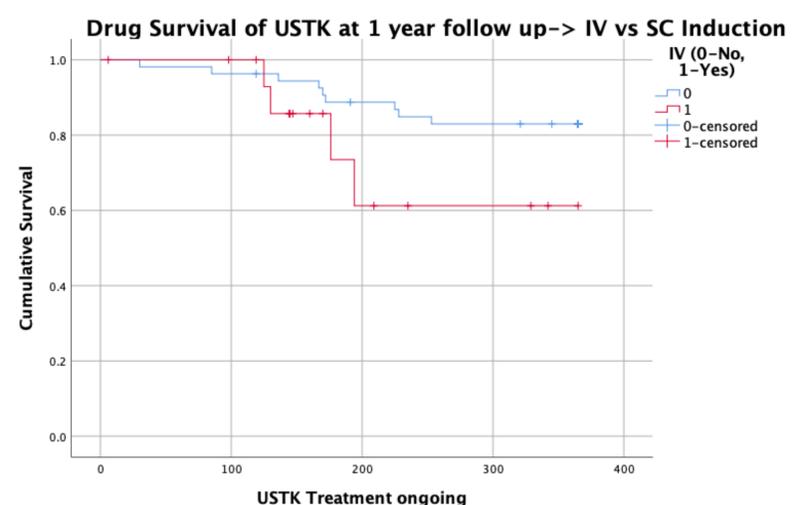
BASELINE CHARACTERISTICS

Gender (male)	32 (45%)
Age (years)	38 [18-69]
Disease Duration (years)	10 [1-35]
Current Smoker	7 (10%)
Gastrointestinal area involved	
• Ileum or colon	70 (99%)
• Ileum only	8 (11%)
• Colon only	23 (32%)
• Ileum and colon	39 (55%)
• Proximal GI tract	7 (10%)
• Perianal	22 (31%)
IV Induction	17 (24%)
Prednisolone at induction	12 (17%)
Budesonide at induction	8 (11%)
Previous Medication	
• Anti-TNF	69 (97%)
• Immunomodulator	23 (32%)
• Vedolizumab	6 (8%)
Concomitant immunomodulator	9 (13%)

Results

- 71 patients with CD were commenced on Ustekinumab during the study period, all had previously received at least 1 anti-TNF therapy.
- 13 (18%) patients underwent surgery during the follow up period.
- The median duration of ustekinumab treatment was 445 days.
- 44 patients remained on ustekinumab at the time of their last review (61%).
- 43 patients were in remission at 1 year (60%).
- 17 patients received IV induction and 54 patients received subcutaneous induction.
- There was no statistically significant difference in the duration of ustekinumab therapy comparing those who received IV and SC induction regimens.

Median Follow Up (days)	580
Still on USTK at last review	44 (61%)
Surgery during follow up	13 (18%)
• Panproctocolectomy	7 (10%)
• ICR	3 (4%)
• Colectomy	2 (3%)
• SB Resection	1 (1%)



CONCLUSIONS

- Ustekinumab is an effective therapy in patients with refractory CD.
- Mode of delivery of induction therapy did not impact on the long term outcome of ustekinumab therapy but studies with longer follow up period are required.