

PWE-027

ACHIEVEMENT OF EARLY DEEP REMISSION IS ASSOCIATED WITH LOWER RATES OF WEEKLY DOSING FOR ADALIMUMAB-TREATED PATIENTS WITH CROHN'S DISEASE: DATA FROM EXTEND

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Introduction We explored the relationship between early deep remission and rates of dosage adjustment for patients (pts) with Crohn's disease (CD).

Methods EXTEND studied the effects of adalimumab (ADA) on mucosal healing in pts with moderate to severe ileocolonic CD (CDAI 220–450). Pts received open-label (OL) ADA 160-/80-mg induction therapy at weeks 0/2 and were randomised at week 4 to maintenance therapy with ADA 40 mg every other week (eow) or placebo through week 52. From week 8, pts with flares or non-response could receive OL ADA 40 mg eow. The maintenance regimen could be adjusted to weekly OL ADA for continued flares/non-response. Endoscopic assessments of mucosal disease activity were performed at baseline, week 12 (or unscheduled visits weeks 8–12 prior to switch to OL), time of switch to OL ADA (if after week 12) and week 52 (or early termination). Early deep remission was defined as mucosal healing (visually determined) plus clinical remission (CDAI <150) at week 12. Rates of moving to OL eow and weekly therapy through week 52 were compared between pts randomised to blinded ADA maintenance therapy who achieved week-12 deep remission and those who did not.

Results 64 pts were randomised to ADA maintenance therapy at week 4. ADA-treated pts who achieved deep remission by week 12 had significantly lower rates of dosage adjustment compared with pts not achieving early deep remission (table 1). No pts achieving early deep remission moved to weekly therapy.

Table 1 PWE-027 Rates of ADA dosage adjustment with and without early deep remission

Outcome	Deep remission		p Value ^a
	Yes (N=11)	No (N=53)	
OL eow ^b , % (n/N)	9 (1/11)	49 (26/53)	0.02
Weekly therapy ^c , % (n/N)	0 (0/11)	28 (15/53)	0.05

^ap Values from Fisher's exact test.

^bDosage adjustment to OL ADA eow for flare/non-response.

^cDosage adjustment to OL ADA weekly therapy for continued flare/non-response.

Conclusion Deep remission, defined as complete mucosal healing plus clinical remission, may be an important treatment goal in CD. Pts in EXTEND who achieved deep remission by week 12 were less likely than those not achieving deep remission to move to OL eow dosing and subsequently receive weekly therapy.

Competing interests W. Sandborn Grant/Research Support from: Abbott, Consultant for: Abbott, J.-F. Colombel Consultant for: Abbott, Speaker bureau with: Abbott, K. Lomax Shareholder with: Abbott, Employee of: Abbott, P. Pollack Shareholder with: Abbott, Employee of: Abbott, R. Thakkar Shareholder with: Abbott, Employee of: Abbott, A. Comez Shareholder with: Abbott, Employee of: Abbott, N. Chen Shareholder with: Abbott, Employee of: Abbott, M. Yang Shareholder with: Abbott, Employee of: Abbott, J. Chao Shareholder with: Abbott, Employee of: Abbott, P. Mulani Shareholder with: Abbott, Employee of: Abbott.

Keywords adalimumab, Crohn's disease, deep remission.