LETTER TO THE EDITOR

Clinical experience with adalimumab in anti-TNF-naïve patients with ulcerative colitis

Dear Sir,

Both medications and surgery have been used to treat ulcerative colitis (UC).1,2 Treatment with anti-TNF has shown to be effective in UC resistant to steroid or immunomodulator treatments.3 In this sense, the European Commission has recently approved adalimumab for the treatment of moderately to severely active UC in adult patients who have had an inadequate response to conventional therapy.

We present a retrospective analysis of nine anti-TNF-naïve patients with UC in whom adalimumab was administered as compassionate use for first treatment choice was developed.

Nine patients aged between 28 and 60 year-old, suffering extensive UC in four cases and left sided in five cases were included. Two of them presented an evolution of more than 15 years, and only two cases less than five years (3 years in both cases). The patients received a loading dose of 160 mg of adalimumab subcutaneously in week 0, followed by 80 mg at week 2 and then 40 mg every other week starting at week 4. In the beginning, four cases had concomitant treatment with mesalazine and thiopurines (5ASA y AZA/6MP); four with mesalazine and steroids (5ASA y corticoids); and the other with azathioprine and steroids (AZA y corticoids).

Follow-up has been from 7 months to 3 years, with four patients more than one year of treatment. The basal Mayo score was 8 or higher for all patients; with the exception of one patient, which score was 6. After a year of treatment onset, five patients were in clinical and endoscopic remission with a Mayo score of 3 or lower (55.5% of the patients). Two patients were in partial clinical response (no endoscopy) and one in clinical remission (no endoscopic). A 77.7% of the patients were in response after 1 year of treatment (both remission and response). The endoscopic Mayo subscore also had been significantly reduced at 6 months from 2–3 to 0–1 in five of them, and from 3 to 2 in another patient.

Overall, treatment was discontinued in four patients presenting clinical and endoscopic remission, and kept with standard anti-TNF doses for the other three patients. Two patients worsened during treatment which prompted a switch to infliximab. Finally, one of these patients did not respond to infliximab and underwent a colectomy.

We observed that the rate of clinical and endoscopic remission was 55.5% after the first year of adalimumab treatment. Our findings showed that adalimumab is an effective treatment in patients with UC non-responders to steroid treatment/immunomodulators and naïve to anti-TNF in clinical practice.

References


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14 November 2012