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The Impact of Early vs. Late Biologic Initiation Among Real-World Patients with Crohn's Disease in TARGET-IBD

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Background

- Crohn's disease is a chronic, progressive inflammatory disease that affects both adult and pediatric populations and has an increasing prevalence worldwide.
- The objective of this study was to investigate the link between time-to-initiation of biologics/small molecules and endpoint risk among adult patients with Crohn's disease (CD).

Methods

- TARGET-IBD is a prospective longitudinal cohort of over 4,474 patients with inflammatory bowel disease (IBD) receiving care at 34 US academic and community sites enrolled between June 2016 and February 2022
- Multivariable probit and Cox proportional hazard models were used to estimate the impact of biologic/small molecule timing on primary endpoints: the proportion of patients who undergo IBD surgery/procedure or experience disease progression (i.e., change in Crohn's phenotype from B1 to B2/3) .

Study Population

TARGET-IBD
N=4474

↓

Patients with use of one or more dated biologic/small molecule and at least one CD or ulcerative colitis assessment[1]
N=3,056

↓

At least one CD assessment[1]
N=2,015

↓

A CD assessment[1] within three years of enrollment
N=611

[1] An assessment refers to a diagnosis; IBD patients have routine assessment/diagnoses of their disease

Results

- Of the 4,474 adult patients enrolled in TARGET-IBD, 611 CD patients were included in the analysis.
- The risk of undergoing surgery was significantly higher for individuals who initiated a biologic /small molecule 2 to 5 years following CD diagnosis, in whom 30% required surgery within 20 months of diagnosis.
- Similarly, the risk of disease progression decreased with an early biologic/small molecule initiation; those starting a biologic/small molecule within 1 month of diagnosis had the lowest risk (15%)
- In contrast, of patients who initiated a biologic 2 to 5 years following diagnosis, approximately 50% had disease progression by 20 months following diagnosis and nearly 60% had evidence of disease progression by 60 months.

Figure 1. Time from Diagnosis to Surgery with Biologic/Small Molecule Use

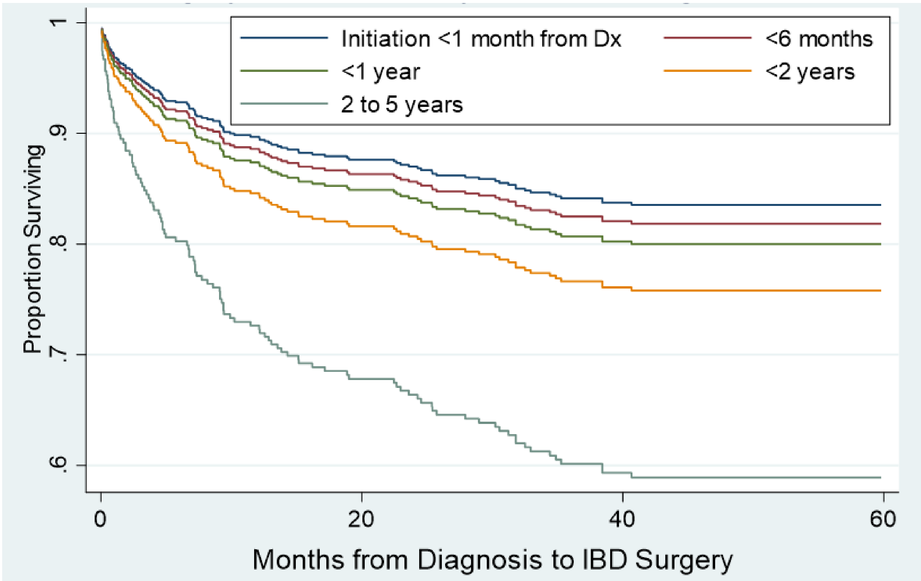
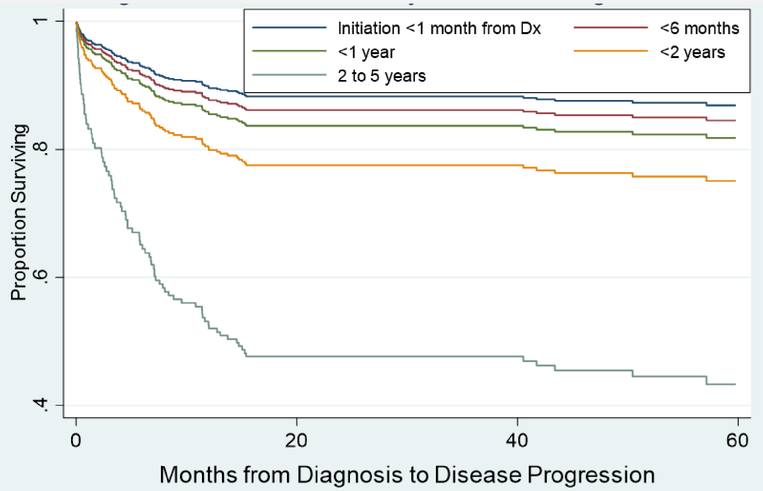


Figure 2. Time from Diagnosis to Disease Progression with Biologic/Small Molecule Use



Conclusions

- Patients with CD who initiated a biologic/small molecule closer to their diagnosis had lower risks of surgery and disease progression.
- These results of real-world evidence confirm the importance of biologic/small molecule use early in the management of patients with CD.

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