

# Two year follow up of children with Inflammatory Bowel Disease (IBD) treated with Vedolizumab and Ustekinumab

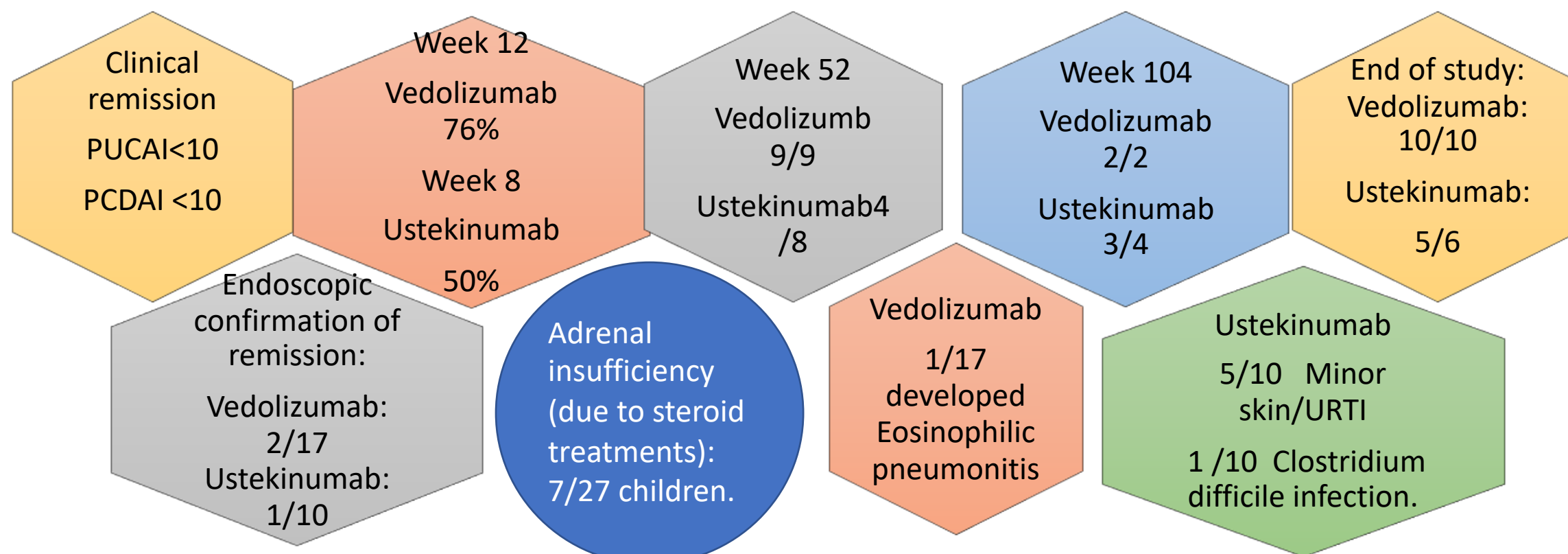
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RESULTS	Vedolizumab	Ustekinumab
N (*Data expressed as median and range)	17 (1 patient received both drugs)	10
Median age at diagnosis (years)	9.1 (4.7 – 14.4)	7.0 (4.0 – 12.4)
Diagnosis n	UC 13/17 IBDU 2/17 CD (2/17 - research)	CD 10/10
Disease location (Paris classification) n	E4 14/17 E2 1/17 L2L4apG0 2/17	L3 8/10 L2 2/10 Upper involvement 50% Peri anal disease 70% Growth failure 70%
Length of prior anti-TNF treatment (months)	4.8 (0 – 44.7)	24.3 (6.8 – 50.3)
Treatment length (months)	13.5 (2.6 – 41.2)	22.0 (7.1 – 28.1)
Follow up length (years)	4.1 (2.0 – 12.4)	8.0 (2.8 – 11.9)

## RESULTS: clinical remission, adverse events, treatment failure.



All patients had failed anti-TNF medication, except 1 research patient who commenced on Vedolizumab at diagnosis. All patients underwent endoscopy prior to initiating Vedolizumab or Ustekinumab. At 2 years follow up, 55% (15/27) remained in remission on treatment. 1/27 is currently still on Ustekinumab and has mild CD and 1/27 had their Vedolizumab stopped due to compliance and monitoring issues. Of the 10/27 who failed, 50% were primary non-responders and 50% had secondary loss of response. 9/10 required subtotal colectomy and ileostomy, while the research patient, who was anti-TNF naïve, switched to Infliximab after failing Vedolizumab.

## CONCLUSION

In children with refractory IBD failing anti-TNF treatment, Vedolizumab and Ustekinumab are effective and safe alternatives for inducing and maintaining remission, avoiding major invasive surgery.

The authors declare that there is no conflict of interest.

