

POSTER PRESENTATION

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Superior efficacy of Adalimumab in treating childhood refractory chronic uveitis when used as first biologic

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Background

We previously reported that Adalimumab is more efficacious than Infliximab in maintaining remission of chronic childhood uveitis.

Aim

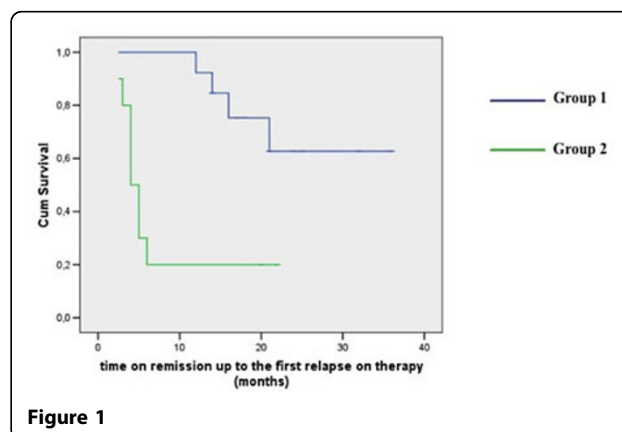
To compare the efficacy of Adalimumab when used as first anti-TNF α therapy *versus* Adalimumab used after the failure of a previous anti-TNF α (Infliximab). Open-label, comparative, multi-centre, cohort study of childhood non-infectious chronic uveitis.

Methods

26 patients (14 F, 12 M; median age: 8.6 years) with refractory, vision threatening, non-infectious active uveitis were enrolled. Due to the refractory course of uveitis to previous DMARD treatment, Group 1 received Adalimumab (24 mg/sq mt, every 2 weeks), as *first* anti-TNF α choice; Group 2 received Adalimumab, as *second* anti-TNF α drug, due to the loss of efficacy of Infliximab, after a period of at least 1 year (5 mg/kg at weeks 0, 2, 6 and then every 6–8 weeks). Both groups received Adalimumab for at least 1 year of treatment. Primary outcome was, once remission was achieved, the time to a first relapse. Time to achieve remission, and time to systemic corticosteroid discontinuation were also considered.

Results

14 children (10 with JIA, 3 with idiopathic uveitis, 1 with Behçet's disease) were recruited in Group 1; 12 children (7 with JIA, 3 with idiopathic uveitis, 1 with



early-onset sarcoidosis, 1 with Behçet's disease) in Group 2. Cox-regression analysis did not show statistical significant differences between the two groups with regard to time to achieve remission, whilst Group 2 needed a longer time to discontinuation steroid (median \pm SE: 7 \pm 1.7 vs 3 \pm 0.9 months, CI 95%: 3.6-10.4 vs 1.1-4.8, $p < 0.001$) and a lower probability to steroid discontinuation during the first 12 months of treatment (Mantel-Cox χ^2 4.12, $p < 0.041$). In long-term follow-up, Group 1 had higher probability of uveitis remission (time to first flare) than Group 2 during the time of treatment on Adalimumab (median \pm SE: 18 \pm 1.1 vs 4 \pm 0.6 months, CI 95%: 15.6-27.5 vs 2.7-5.2, Mantel-Cox χ^2 10.1, $p < 0.002$) (Figure 1).

Conclusions

Even if limited to a relatively small group, our study suggests a better efficacy of Adalimumab when used as *first* anti-TNF α treatment in chronic childhood uveitis.

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