

Impact of Race on ANTI-TNF Immunogenicity in Patients with Inflammatory Bowel Disease

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INTRODUCTION

Immunogenicity is a major contributor to antitumor necrosis factor (anti-TNF) treatment failure in inflammatory bowel disease (IBD). Immunomodulator and anti-TNF combination therapy is associated with a decreased risk of immunogenicity. Anti-TNF immunogenicity was recently linked to HLA-DQA1*05 genotype. This study aims to determine the impact of race on rates of immunogenicity and treatment outcomes of IBD pts on anti-TNF combination therapy.

METHODS

This was a single-center, retrospective study of IBD pts who have been treated with immunomodulators and anti-TNF combination therapy between 2012 and 2020. Our primary outcomes were the rates of anti-TNF antibody formation and mean anti-TNF drug levels between Caucasian group(CG) and non-Caucasian group(NCG) on combination therapy. Secondary outcomes included steroidfree clinical remission (SFCR), endoscopic remission (ER) (absence of ulcers/erosions in CD and Mayo endoscopic score ≤ 1 for UC), & normal serum C-reactive protein (CRP) (defined as \leq 5. mg/L). Continuous variables were analyzed using unpaired student's t-test. Categorical variables were analyzed using a chi-square test.

Table T. Companson of Characteristics Detween Caucasian vs. Non-Caucasian race			
Outcomes	Caucasian (n=85), n (%) mean (SD)), Non-Caucasian (n=39), (%), mean (SD)	n pvalue
Baseline Characteristics			
Age (years)	34.7 (13.7)	34.7 (11.7)	0.98
Male sex	47 (55.3)	21 (53.9)	0.88
Smoking	7 (8.2)	6 (15.4)	0.23
Follow up (months)	36.4 (27.1)	41.9 (31.8)	0.3
	Disease	e Characteristics	
Disease type, Crohn's disease Ulcerative colitis Indeterminate colitis Pouchitis Prior bowel resection Presence of extra intestinal manifestations	53 (62.4) 29 (34.1) 2 (2.3) 1 (1.2) 21 (24.7) 24 (28.2)	32 (82.1) 5 (12.8) 2 (5.1) 0 15 (38.5) 14 (35.9)	0.07 0.12 0.81
	Medi	cation Factors	
Methotrexate	10 (11.8)	6 (15.4)	0.77
Infliximab	61 (71.8)	26 (66.7)	0.56
Escalated anti-TNF Dose	69 (81.2)	29 (74.4)	0.39
Labs (immediately pre combination therapy)			
CRP	12.5 (21.4)	6.8 (7.6)	0.15
Albumin	3.9 (0.6)	4.1 (0.4)	0.16
Figure: Outcomes of Caucasian vs. Non-Caucasian Race			
70% p 61.2 60%	= 0.82 [%] 58.9% <i>p</i> = 0.44	<i>p</i> = 0.28 58.9%	22.7 25 μg/mL
50% p = 0.16 40% 32.9%		51.8% <i>p</i> = 0.34 42.4% 33.3%	p = 0.01 20 μg/mL 15.4 μg/mL 15 μg/mL
30% 20% 10% 0%			10 μg/mL 5 μg/mL 0 μg/mL
Anti-TNF antibody Steroid	Free Clinical Endoscopic Remission	Normal CRP Discontinued anti-TNF	Mean anti-TNF drug levels

Remission

formation

Table 1. Companian of Characteristics Deturgen Coursesion ve New Coursesion Deep





- A total of 124 patients were included (CD; 68.5%, UC; 27.4%, indeterminate colitis; 3.2%, pouchitis; 0.9%). A total of 87 patients were on infliximab & 37 patients were on adalimumab.
- Combination therapy with thiopurine was employed in 87.1% while 12.9% were on methotrexate.
- There were no significant differences between CG vs NCG in terms of baseline and disease characteristics (Table 1).
- The outcomes of both groups are shown in Figure.

CONCLUSION

In our cohort, Caucasian patients on anti-TNF combination therapy for IBD had significantly lower anti-TNF drug levels as compared to the non-Caucasian group. However, there was no significant difference between rates of anti-TNF antibody formation and clinical outcomes between the groups. Larger studies are needed to clarify impact of race on anti-TNF therapy.