P236. Disease severity after 3 years of treating newly diagnosed pediatric Crohn's disease patients (the BELCRO cohort)

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Background

The BELCRO cohort was initiated in 5/2008 to prospectively study newly diagnosed pediatric Crohn's disease patients. We here report on disease outcome at 3 y follow up.

Methods

Data from the BELCRO database were evaluated at diagnosis (M0), after 24 (M24) and 36 months (M36). Cross sectional analysis at M36 and longitudinal analysis from M0 to M36 were performed on the outcome data obtained. Hypothesis were tested at 5% significance.

Results

At M 36, consecutive data were available on 84 patients. From the initial 65%, 56% remained under pediatric care at M36 with an unchanged proportion (70%) at tertiary care hospitals. Between time point M0 and M36, disease severity evolved from 5% inactive to 70%, from 19% mild disease to 24% and from 76% moderate to severe disease to 6%. No positive associations were found with disease severity as outcome. Especially none of the following variables were associated with disease severity as outcome at M36: cumulative treatment, disease location at diagnosis, sex nor age. Over time, adult physicians followed active patients (p-value = 0.03 moderate–severe vs inactive; p = 0.007 mild vs inactive). There were no deaths or cancers reported. Treatment changed as follows: immunomodulator (IM) monotherapy from 49 to 29%, steroids from 78 to 6%, combination therapy (IM+biologicals) from 1 to 17% and biologicals monotherapy from 0 to 43%. The median disease duration before initiating biologicals was 5 m (range 5 d to 2.3 y) and 60% of patients had biological as part of their treatment. Six % never received IM or biologicals and 6% had no therapy at M36. Disease related surgery was performed in 13%. In 91% of patients, BMI z-scores and in 97% height z-score were >−2SD and <2SD.

Conclusion

In the BELCRO cohort disease activity appears very well controlled at M36 with the current treatment strategies. The majority of patients received biologicals as part of their treatment and are followed in tertiary care hospitals. Further follow-up is planned and will be crucial to confirm this favourable outcome.