

Anti-TNF en zwangerschap

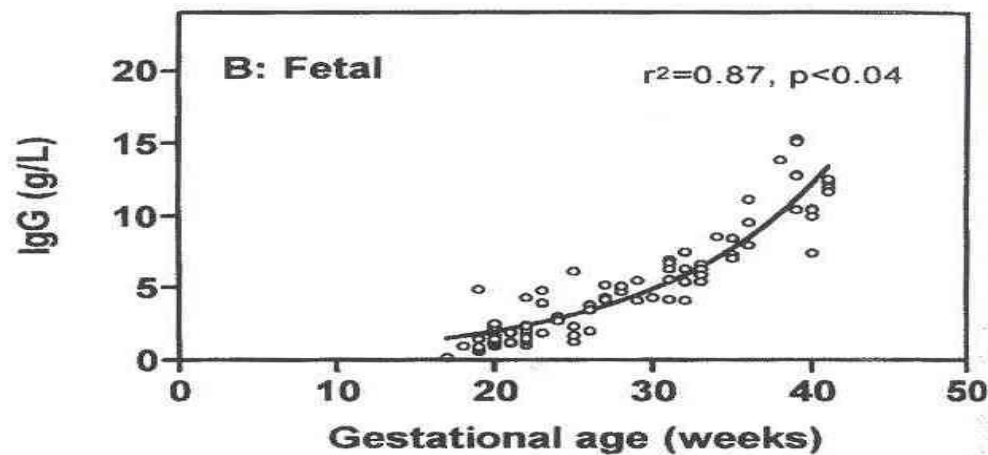
**C. Janneke van der Woude,
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Anti-TNF

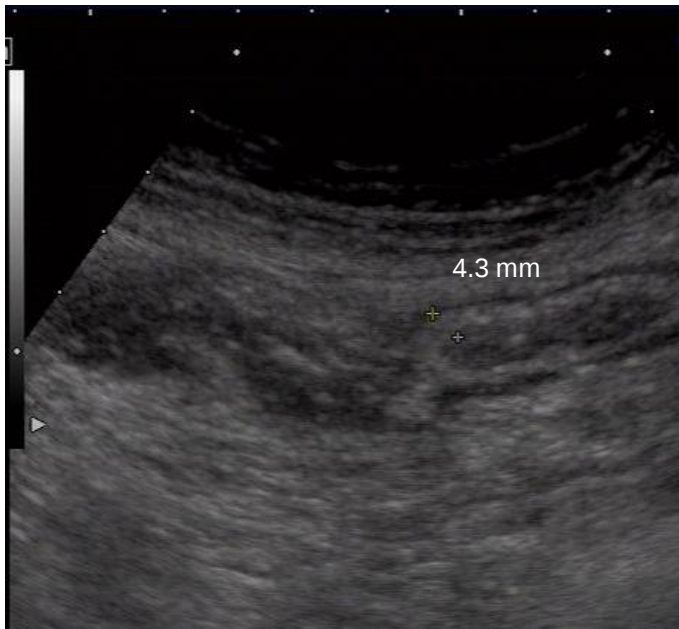
- IgG antilichaam
- Gebruikt voor de behandeling van de ziekte van Crohn en colitis ulcerosa
- Verschillende vormen: subcutaan (adalimumab) en intraveneus (infliximab)

Anti-TNF gebruik tijdens de zwangerschap

- Actief transport



Patiënte met 1 maand prednison en zwanger



Persisterende actieve ziekte te zien hier op echo

Wat betekent dit voor het kind?

	<u>Normaal Malformaties Vroeggeboorte</u>			
<u>Miskraam</u>	[%]	[%]	[%]	[%]
Controle	83	2	6	9
Inactieve CD	82 (71-93)	1 (0-6)	7	10 (3-27)
Actieve CD	54	1	25	20
Inactieve UC	84 (76-97)	1 (0-3)	6	9 (1-16)
Actieve UC	65	2	12	21

November 2007

Opname: 22 weken zwanger en actieve ziekte

Colonoscopie: geen effect prednison en progressie inflammatie

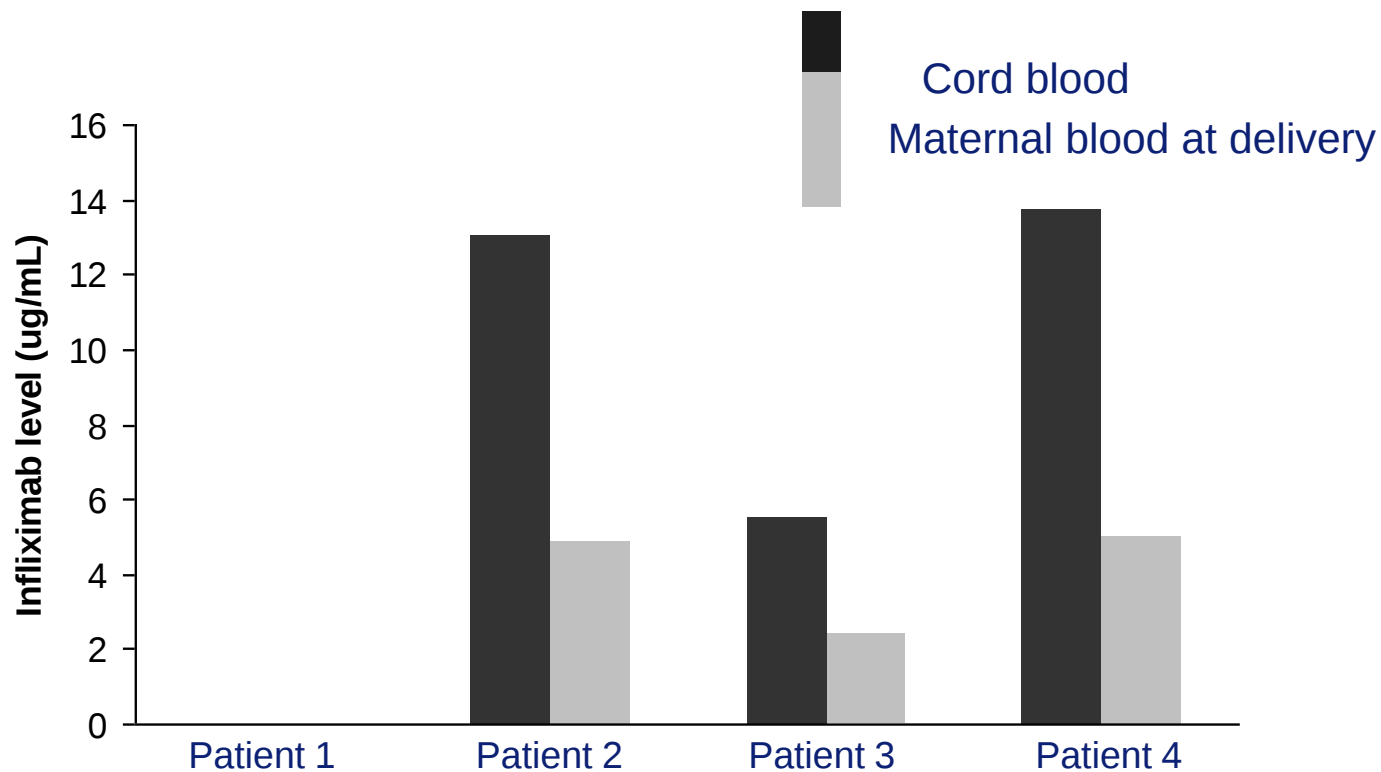
Weigerde anti-TNF

Door met prednison en ook sondevoeding

March 2008

Intra-uteriene vruchtdood 33 weken

Anti-TNF spiegels bij geboorte



Gestational week stop IFX

21

26

26

30

Delivery (weeks)

37

36

41

39

Na 1 jaar kinderen vergeleken met niet-IBD populatie

Table 4. Child outcomes in the first year of life

Variable		Anti-TNF stop group (n=31)	Anti-TNF continue group (n=24)	P	Anti-TNF exposed children (n=55)	Healthy controls (n=459)*	P
Growth	Normal (%)	30 (96.7)	24 (100.0)	1.00	54 (98.2)	789 (98.2)	0.77
	Abnormal (%)	1 (3.3)	0 (0.0)		1 (1.8)	15 (1.8)	
Median no of infections (IQR)	Requiring antibiotics	0 (0-1)	0 (0-1)	0.58	0 (0-1)	(0-1)	0.22
	Requiring hospitalization	0 (0-0)	0 (0-0)	0.74	0 (0-0)	0 (0-0)	0.49
Absolute no of infections requiring antibiotics (%)	0	19 (61.3)	17 (73.9)	0.57	36 (66.7)	252 (54.9)	0.15
	1-2	10 (30.3)	3 (13.3)	0.12	13 (24.1)	183 (39.9)	0.02
	3-4	2 (6.5)	3 (13.3)	0.64	5 (9.3)	20 (4.4)	0.17
	5-6	0 (0.0)	0 (0.0)	1.00	0 (0.0)	4 (0.9)	1.00
Allergies (%)		1 (3.0)	1 (4.2)	1.00	2 (6.3)	33 (6.6)	1.00
Eczema (%)		3 (9.1)	4 (16.7)	0.67	7 (21.9)	71 (14.6)	0.30
Adverse reactions to vaccines (%)		0 (0.0)	0 (0.0)	1.00	0 (0.0)	n/a	n/a

* follow-up varies, proportions are calculated accordingly

Langetermijnsuitkomsten kinderen van vrouwen met IBD (tussen evaluatie)

S. Kanis s.kanis@erasmusmc.nl

<u>Included hospitals</u>	<u>Local approval</u>	<u>Awaiting approval</u>	<u>Positive response to mail</u>
Erasmus Medical Center, Rotterdam	Radboud Universitair Medisch Centrum	Amphia Ziekenhuis, Breda	Slotervaart Ziekenhuis, Amsterdam
Universitair Medisch Centrum Groningen	Onze Lieve Vrouwe Gasthuis (OLVG) Amsterdam	Kennemer Gasthuis, Haarlem	Flevoziekenhuis
VU Medisch Centrum, Amsterdam	Universitair Medisch Centrum Utrecht	AMC, Amsterdam	Jeroen Bosch ziekenhuis,
Zuid Limburg Cohort (MUMC, Atrium MC, Orbis MC)	Albert Schweitzer ziekenhuis, Dordrecht		Catharina Ziekenhuis, Eindhoven
Sint Franciscus Gasthuis, Rotterdam	Sint Lucas Andreas ziekenhuis		Martini Ziekenhuis, Groningen
Ikazia ziekenhuis, Rotterdam			MC Leeuwarden
Leids Universitair Medisch Centrum (LUMC)			

Resultaten

935 brieven verstuurd

438 response (46.8%)

Langetermijnsuitkomsten kinderen van vrouwen met IBD (tussen evaluatie)

S. Kanis s.kanis@erasmusmc.nl

BASELINE CHARACTERISTICS		
IBD type (%)	Crohn's disease	257 (70.8)
	Ulcerative colitis	94 (25.9)
	IBD unclassified	12 (3.3)
Median age mother at conception (IQR)		30 yrs (28-33)
IBD medication during pregnancy (%)	None	98 (27.0)
	5-ASA	72 (19.8)
	Steroids	19 (5.2)
	5 ASA + steroids	24 (6.6)
	Thiopurines	79 (21.8)
	Anti-TNF	39 (10.8)
	Thiopurine + Anti-TNF	20 (5.5)
	Unknown	12 (3.3)
Disease activity during pregnancy (%)	No activity	286 (79.2)
	Luminal activity	74 (20.5)
	Extra-intestinal manifestation	1 (0.3)
Folic acid use (%)	Yes	313 (86.2)
	No	39 (10.8)
	Unknown	11 (3.0)
Smoking during pregnancy(%)	No smoking	340 (93.7)
	Around conception	1 (0.3)
	Entire pregnancy	19 (5.2)
	Unknown	3 (0.8)
Median age child years (IQR)		6 yrs (4-11)

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Karakteristieken

SHORT TERM OUTCOME		
	Study cohort (n=363)	Dutch population
Birth weight (g)	3300 (2900- 3600)	3400 ¹
Preterm birth	45 (12.4%)	5.4% ²
Congenital malformations	2.5%	2.4% ³

¹ Centraal Bureau voor de Statistiek (CBS)

² Gaillard R et al. International Journal of Epidemiology, 2014

³ EUROCAT report <http://www.rug.nl/research/genetics/eurocat/tabellen>

Anti-TNF

All anti-TNF exposed children (n=59)							
		Anti-TNF vs all others			Anti-TNF vs no IBD medication		
	Overall (N=363)	All other (n=304)	Anti-TNF (n=59)	<i>P</i>	No IBD medication (N=98)	Anti-TNF (n=59)	<i>P</i>
Growth deficiency (%)	5 (1.4)	4 (1.4)	1 (1.7)	1.00	2 (2.2)	1 (1.7)	1.00
Infection incidence (pp/ year)	0.33	0.30	0.40	0.75	0.40	0.33	0.25
Allergies (%)	88 (24.6)	80 (26.8)	8 (13.6)	0.03	33 (33.7)	8 (13.6)	0.04
Adverse reactions to vaccinations (%)	1 (0.3)	1 (0.3)	0 (0.0)	1.00	0 (0.0)	0 (0.0)	1.00
Chronic diseases (%)	9 (2.5)	9 (4.1)	0 (0.0)	0.36	5 (5.1)	0 (0.0)	0.16

Uitdagingen onderzoek

Opsporen van de vrouwen met IBD die zwanger zijn geweest
Krijgen van PIF van moeder EN vader
Verkrijgen van gegevens van huisarts

Implementatie

Vooraf in preconceptioneel spreekuur