

LA OPINIÓN DEL EXPERTO: ESTUDIO SONIC

Prof. Fernando Magro

Hospital São João
Faculty of Medicine, Oporto University Portugal

Many questions which arise concerning the use of infliximab in clinical practice remain unanswered. One of these important questions is when to begin Infliximab. Is the current paradigm of treatment in Crohn's disease (CD) the best way to prevent the disease's debilitating and progressive inflammatory process in the gut? Can the clinical course of CD be altered with a set-up strategy? Is surgery an inevitable outcome in the majority of CD patients?

SONIC is a study comparing azathioprine (AZA), infliximab (IFX), and the combination of AZA+IFX in immunomodulator-naïve CD patients. Most of the patients enrolled in trials with biologicals previous to SONIC had a median duration of CD of 8 years; however in this trial the patients had a median disease duration of two years. This is undoubtedly a notable point due to the questionable use of biologicals early in the IBD treatment algorithm. The clinical background of SONIC population was: 1) steroid-dependency or requiring a second (or greater) round of steroids within 1 year or 2) 5-ASA failures or 3) budesonide failures and 4) moderate or severe CD activity.

At 26 and 50 weeks of treatment, IFX was superior in comparison to AZA in regards to remission free of steroids. In patients with elevated baseline CRP and mucosal lesions, IFX or combination therapy (IFX+AZA) were twice as more effective than AZA. Furthermore, the proportion of patients with complete mucosal healing at week 26 in the combined treatment group was twice that of the monotherapy AZA group.

The results of this trial could serve as a landmark for clinicians to question existing therapeutic strategies. First, anti-TNF treatments are better than AZA in immunomodulator-naïve CD patients. Second, CRP levels and endoscopy are essential predictors of a better response to infliximab. Third, in patients with normal baseline CRP and endoscopy, with clinical activity, one must search for other causes of symptoms before therapeutic escalation. Fourth, infliximab is currently the most effective drug in mucosal healing. Finally, it is indisputably crucial to identify the right patient for a "Top-down" strategy due to some concerns relating the risk of lymphomas with combined treatment (AZA+IFX).