Perioperative Safety of Tofacitinib in Surgical Inflammatory Bowel Disease Patients

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INTRODUCTION: Literature regarding mononuclear antibodies and increased postoperative complications in inflammatory bowel disease (IBD) remains controversial. No study has yet looked at perioperative exposure to small molecular inhibitors, tofacitinib, and postoperative outcomes.

METHODS: A retrospective chart review of all IBD patients undergoing an ileostomy for medically refractory distal ileal disease (proctocolitis, ileal perianal disease, colitis ileocecal, proctitis) between 2000 and 2019 at two inflammatory bowel disease centers was conducted. The primary outcome was the rate of clinical response defined as improvement in urgency, abdominal and perianal pain, decreased anal fistula drainage or weight gain. The secondary outcome was to assess factors associated with clinical response to fecal diversion.

RESULTS: The study cohort of 98 patients had a median age of 40 (range, 19-84) years and included 50 females (51%). Median duration of disease was 15 (1-43) years. Indication for surgery was medically refractory proctocolitis and perianal disease (n = 48, 49%), perianal disease alone (n = 34, 35%), proctocolitis (n = 8, 8%), segmental colitis (n = 5, 5%), and proctitis alone (n = 3, 3%). Medications used before surgery included corticosteroids (n = 34, 35%), biologics (n = 21), immunomodulators (n = 33, 34%) and biologics (n = 52, 53%). Medications used included adalimumab (n = 21), infliximab (n = 10), certolizumab (n = 8), vedolizumab (n = 8) and ustekinumab (n = 5). Only 16 (17%) patients were active smokers. Following ileostomy formation, 32 (33%) patients had a clinical response. The association between patient features and clinical response is shown in Table 1. Clinical response to fecal diversion was significantly decreased in the setting of proctocolitis with perianal disease (P = 0.008) and pre-diversion exposure to biologics (P = 0.034).

CONCLUSION: This largest report in the biologic era of fecal diversion for medically refractory CD proctocolitis or perianal disease showed that only 33% of patients achieved a clinical response. Biologic use before fecal diversion was significantly associated with clinical response to fecal diversion. The worse the disease, the lower the chance of response.