

Early drug monitoring helps fine-tune Ustekinumab dosing in pediatric Crohn's disease

a multi-centre, prospective, paediatric cohort study

OUR AIM - Previous studies suggested that some smaller children may not be receiving enough medication with standard weight-based dosing. We wanted to test whether smaller kids who weigh less need a different dose per kg and whether a different dosing approach based on body surface area, which may better match a child's individual size, might work better.

BACKGROUND - Ustekinumab dosing information for pediatric Crohn's disease (CD) is limited. Studies in adults have shown that Ustekinumab is effective for helping to achieve and maintain remission. However, approval of Ustekinumab to treat children has only been available in Europe since 2025, and is still not available in many other countries. Because of this delay, doctors have often prescribed Ustekinumab "off-label" to children, especially when other biologic treatments have not worked. However, there has been limited research on the best dose for children.

METHOD

- This study followed a cohort of 58 children with CD who were starting treatment with Ustekinumab given through an IV.
- The amount of drug in their blood after 8 weeks was measured to track how much drug they need to have good exposure.
- Statistical analysis was used to determine what drug level was most likely to predict successful treatment outcomes.

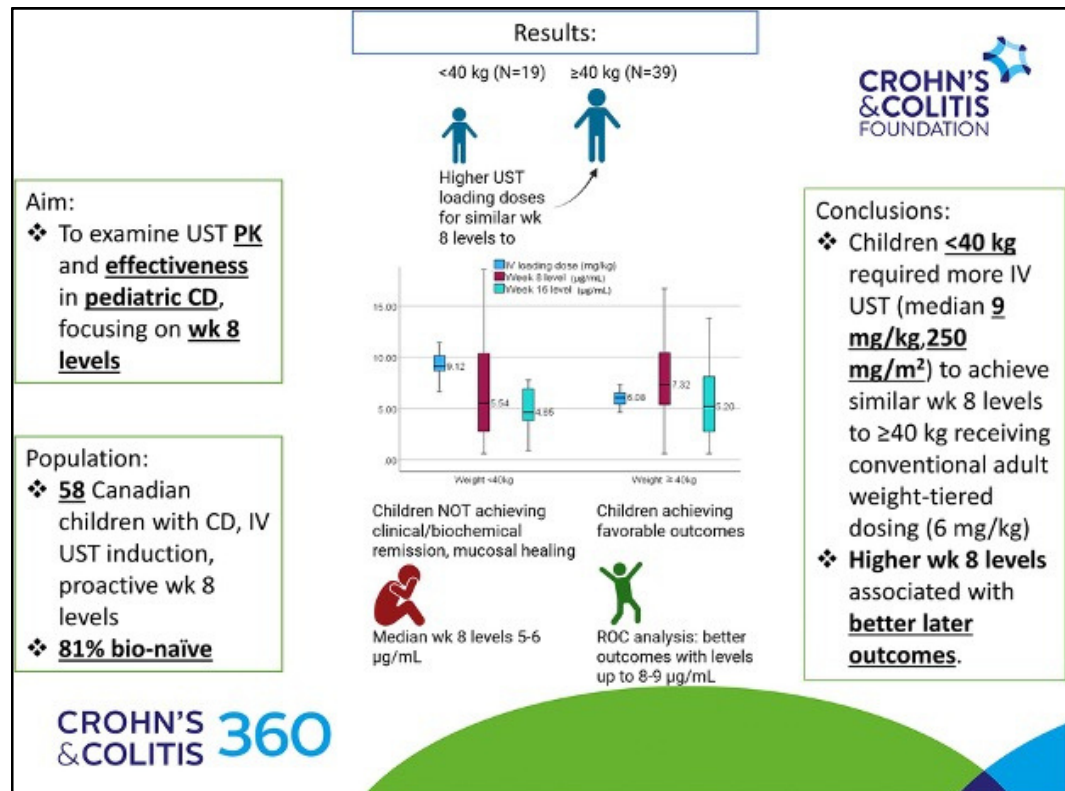


The Canadian Children Inflammatory
Bowel Disease Network

A Partnership with the
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PRIMARY OUTCOME

Children weighing less than 40 kg required more IV Ustekinumab to achieve similar week 8 levels to those weighing 40 kg or more and receiving adult weight-tiered dosing.



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