**A blue and black logo

Description automatically generated**

**Withdrawal of antitumour necrosis factor in inflammatory bowel disease (IBD) patients in remission: a randomised placebo-controlled clinical trial of GETECCU**

*Gisbert J, Donday M, Riestra S, et al. Withdrawal of antitumour necrosis factor in inflammatory bowel disease patients in remission: a randomised placebo-controlled clinical trial of GETECCU. Gut 2025; 74(3): 387-396. doi: 10.1136/gutjnl-2024-333385.*

Withdrawal of antitumour necrosis factor (anti-TNF) therapy may result in relapse of Inflammatory Bowel disease but can avert potential side effects of therapy such as malignancies and opportunistic infections.

This prospective quadruple-blind randomised controlled study conducted across 33 IBD units in Spain, included patients with Ulcerative Colitis or Crohn’s disease in clinical remission for more than 6 months. They had been receiving concomitant immunomodulators at stable doses for at least 3 months prior to this study and maintained throughout the study. Patients with evidence of severe endoscopic or radiological lesions were excluded. 140 patients were randomised to a maintenance arm (MA) continuing anti-TNF therapy (infliximab or adalimumab) or to a withdrawal arm (WA).

The primary endpoint of the study was ‘sustained clinical remission at 12 months’ defined as Crohn’s Disease Activity Index (CDAI) score <150 points or a Partial Mayo Score (PMS) ≤2. Other endpoints included clinical activity, endoscopic activity, radiological activity, patient-reported outcomes and safety.

The proportion of patients in sustained clinical remission was similar in the two groups, with 59/70 patients (84%, 95% CI=74% to 92%) in the MA versus 53/70 patients (76%, 95% CI=64% to 85%) in the WA (p=0.2). Clinical relapse, endoscopic relapse, radiological worsening, adverse events and quality of life at 12 months were also similar in both groups with no statistically significant difference. However, biochemical relapse at 12 months as measured by faecal calprotectin >250 µg/g was significantly higher in the WA.

This study suggests that the withdrawal of anti-TNF therapy is not associated with lower sustained clinical remission at 12 months in this cohort of patients but caution may be applied in those with high faecal calprotectin.