



P-38 - UNVEILING THE IMPACT ON IN UTERO EXPOSURE TO BIOLOGIC TREATMENTS FOR INFLAMMATORY BOWEL DISEASE (IBD) ON CHILDREN'S PSYCHOMOTOR DEVELOPMENT: INSIGHTS FROM THE DUMBO REGISTRY OF GETECCU

Laura Palomino¹, Marta Velasco Rodríguez-Belvis², Yanire Brenes Ruiz³, Eduardo Leo-Carnerero⁴, Cristina Calviño Suarez⁵, Montserrat Rivero⁶, Marta Calvo⁷, María Teresa Arroyo⁸, Agnes Fernández-Clotet⁹, Isabel Pérez-Martínez¹⁰, Ángeles Masedo González¹¹, Vicent Hernández¹², Alexandra Ruiz-Cerulla¹³, Pilar López Serrano¹⁴, Pablo Vega¹⁵, Iago Rodríguez-Lago¹⁶, Raquel Vicente Lidón¹⁷, Miguel Ángel de Jorge¹⁸, Iván Guerra¹⁹, Lara Arias García²⁰, Gema Molina Arriero²¹, Daniel Hervías Cruz²², David Busquets²³, Ana Gutiérrez Casbas²⁴, Manuel Van Domselaar²⁵, Gemma Valldosera Gomis²⁶, Juan María Vázquez Morón²⁷, Marta Piqueras Cano²⁸, Alfredo J Lucendo²⁹, María Dolores Martín Arranz³⁰, Patricia Ramírez de la Piscina³¹, María del Pilar Martínez Tirado³², Virginia Robles Alonso³³, Sandra Marín Pedrosa³⁴, Raquel Camargo Camero³⁵, Edisa Armesto González³⁶, Carlos Tardillo Marín³⁷, Esther Bernardos Martín³⁸, María Carmen Rodríguez Grau³⁹, José M. Huguet⁴⁰, Lucía Márquez-Mosquera⁴¹, Pau Sendra Rumbau⁴², Luis Bujanda⁴³, Carlos Castaño-Milla⁴⁴, Empar Sáinz Arnau⁴⁵, Luis Hernández⁴⁶, Laura Ramos⁴⁷, M.M. Boscá-Watts⁴⁸, Noemí Manceñido Marcos⁴⁹, Miquel Sans⁵⁰, Victor Jair Morales⁵¹, Sandra Hermida Vázquez³, Pablo Parra Pineda³, Almudena Durán Vegue³, Ana Garre³, Alberto García-Salido⁵², Rosana Muñoz Codoceo¹, Javier P. Gisbert³ and María Chaparro³

¹Hospital Infantil Universitario Niño Jesús, Gastroenterology Unit, Madrid. ²Hospital Infantil Universitario Niño Jesús Gastroenterology Unit, Madrid. ³Hospital Universitario de La Princesa, Instituto de Investigación Sanitaria Princesa IIS-IP and Centro de Investigación Biomédica en Red de Enfermedades Hepáticas y Digestivas CIBEREHD, Gastroenterology Unit, Madrid. ⁴Hospital Universitario Virgen del Rocío, Gastroenterology Unit, Sevilla. ⁵Complejo Hospitalario Universitario de Santiago de Compostela, Gastroenterology Unit, Santiago de Compostela. ⁶Hospital Universitario Marqués de Valdecilla e IDIVAL, Gastroenterology Unit, Santander. ⁷Hospital Universitario Puerta de Hierro, Gastroenterology Unit, Majadahonda. ⁸Hospital Clínico Universitario Lozano Blesa, IIS Aragón y CIBEREhd, Gastroenterology Unit, Zaragoza. ⁹Hospital Clinic de Barcelona, Centro de Investigación Biomédica en Red Enfermedades Hepáticas y Digestivas CIBEREhd, Institut d'Investigacions Biomèdiques August Pi i Sunyer IDIBAPS, Gastroenterology Unit, Barcelona. ¹⁰Hospital Universitario Central de Asturias, Diet- Microbiota and Health Group, Instituto de Investigación Sanitaria del Principado de Asturias ISPA, Gastroenterology Unit, Oviedo. ¹¹Hospital Universitario 12 de Octubre, Gastroenterology Unit, Madrid. ¹²Xerencia Xestión Integrada de Vigo- SERGAS, Grupo de Investigación de Patología Digestiva, Instituto de Investigación Sanitaria Galicia Sur IIS Galicia Sur, SERGAS UVIGO, Gastroenterology Unit, Vigo. ¹³Hospital Universitario de Bellvitge-L'Hospitalet de Llobregat, Gastroenterology Unit, Barcelona. ¹⁴Hospital Universitario Fundación Alcorcón, Gastroenterology Unit, Madrid. ¹⁵Complejo Hospitalario Universitario de Ourense, Gastroenterology Unit, Ourense. ¹⁶Hospital Universitario de Galdakao, Biobizkaia Health Research Institute, Gastroenterology Unit, Bizkaia. ¹⁷Hospital Universitario Miguel Servet, Gastroenterology Unit, Zaragoza. ¹⁸Hospital Universitario de Cabueñes, Gastroenterology Unit, Gijón. ¹⁹Hospital Universitario de Fuenlabrada, Gastroenterology Unit, Madrid. ²⁰Hospital Universitario de Burgos, Gastroenterology Unit, Burgos. ²¹Complejo Hospitalario Universitario de Ferrol, Gastroenterology Unit, A Coruña. ²²Hospital General Universitario de Ciudad Real, Gastroenterology Unit, Ciudad Real. ²³Hospital Trueta de Girona, Gastroenterology Unit, Girona. ²⁴Hospital General Universitario Dr. Balmis Alicante, ISABIAL-CIBEREhd, Gastroenterology Unit, Alicante. ²⁵Hospital Universitario de Torrejón- Universidad Francisco de Vitoria, Gastroenterology Unit, Madrid. ²⁶Hospital Universitario Joan XXIII, Gastroenterology Unit, Tarragona. ²⁷Hospital Universitario Juan Ramón Jiménez, Gastroenterology Unit, Huelva. ²⁸Consorci Sanitari de Terrassa CST, Gastroenterology Unit, Barcelona. ²⁹Hospital General de Tomelloso, Instituto

de Investigación Sanitaria La Princesa- Instituto de Investigación Sanitaria de Castilla-La Mancha IDISCAM- Centro de Investigación Biomédica en Red Enfermedades Hepáticas y Digestivas CIBERehd, Gastroenterology Unit, Ciudad Real. ³⁰*Hospital Universitario La Paz, Gastroenterology Unit, Madrid.* ³¹*Hospital Universitario de Álava, Gastroenterology Unit, Álava.* ³²*Hospital Clínico Universitario San Cecilio, Gastroenterology Unit, Granada.* ³³*Hospital Vall d'Hebron, Gastroenterology Unit, Barcelona.* ³⁴*Hospital Universitario Reina Sofía, Gastroenterology Unit, Córdoba.* ³⁵*Hospital Universitario Virgen de la Victoria, Gastroenterology Unit, Málaga.* ³⁶*Hospital Universitario San Agustín, Gastroenterology Unit, Avilés.* ³⁷*Hospital Universitario Nuestra Señora de Candelaria, Gastroenterology Unit, Tenerife.* ³⁸*Hospital Mancha Centro, Gastroenterology Unit, Alcazar de San Juan.* ³⁹*Hospital Universitario del Henares, Gastroenterology Unit, Coslada.* ⁴⁰*Hospital General Universitario de Valencia, Gastroenterology Unit, Valencia.* ⁴¹*Hospital del Mar, IMIM (Hospital del Mar Medical Research Institute), Gastroenterology Unit, Barcelona.* ⁴²*Hospital Universitario Son Espases, Gastroenterology Unit, Palma de Mallorca.* ⁴³*Bioodonostia Health Research Institute - Donostia University Hospital, Universidad del País Vasco (UPV/EHU), Centro de Investigación Biomédica en Red de Enfermedades Hepáticas y Digestivas (CIBERehd), Gastroenterology Unit, San Sebastián.* ⁴⁴*Hospital Universitario Rey Juan Carlos, Gastroenterology Unit, Móstoles.* ⁴⁵*Hospital Sant Joan de Déu, Manresa; Hospital Universitario de La Princesa and CIBEREHD, Madrid.* ⁴⁶*Hospital Santos Reyes Aranda de Duero SACyL, Gastroenterology Unit, Burgos.* ⁴⁷*Hospital Universitario de Canarias, Gastroenterology Unit, La Laguna.* ⁴⁸*Hospital Clínico Universitario de Valencia, Gastroenterology Unit, Valencia.* ⁴⁹*Hospital Universitario Infanta Sofía, Gastroenterology Unit, San Sebastián de los Reyes.* ⁵⁰*ISADMU Centro Médico Teknon, Gastroenterology Unit, Barcelona.* ⁵¹*Hospital de Granollers, Gastroenterology Unit, Barcelona.* ⁵²*Hospital Infantil Universitario Niño Jesús, Intensive Care Unit, Madrid.*

Resumen

Introduction: Our aim was to evaluate the impact of the exposure of biologics in utero on the psychomotor development of children during the first year of life.

Methods: Data from children included in the DUMBO registry with complete AQS-3 available up to 12 months of age were analysed. DUMBO is a prospective, observational, and multicentre registry endorsed by GETECCU, which enrolls pregnant women with IBD throughout 5 years in 70 centres in Spain. Study protocol is summarized in figure 1a. Normal psychomotor development was defined by ASQ-3 scores above the lower limit of normality (referral zone) in all domains. Serious adverse events (SAE) were defined in accordance with the ICH Topic E 2 A Clinical Safety Data Management.

Results: 352 children born to 343 mothers were included (9 pair of twins) (tables 1a, 1b and 1c). 134 children (38%) had been exposed to biologics in utero; from them, 50 (37%) had been exposed to adalimumab, 44 (32%) to infliximab, 3 (2.2%) to certolizumab, 1 (0.7%) to golimumab, 28 (20%) to ustekinumab, and 10 (7.5%) to vedolizumab. 8% of the mothers were smokers during pregnancy; no other toxic consumption (alcohol or drugs) was recorded. The ASQ-3 results across different domains are presented in figure 1b, and the impact of the different factors associated with the neurodevelopment is summarised in table 1d. In the multivariate analysis, to have been born to a mother with CD (vs. UC) was associated with higher likelihood (OR = 2, 95%CI = 1.1-3.9), while to be premature was associated with lower likelihood (OR = 0.3, 95%CI = 0.1-0.6) of having ASQ-3 scores above the limit of normality in all domains at 12 months of age.

Table 1a. Characteristics of mothers at conception depending on the presence of biologic treatment.

	Non exposed to biologics	Exposed to biologics	
Maternal age (years), mean ± SD	33 ± 5	32 ± 6	p<0.001
Time since IBD diagnosis (years), mean ± SD	8.2 ± 6.3	9.8 ± 6.7	p<0.05
Type of IBD			
Crohn's disease, n (%)	88 (42)	104 (78)	
Ulcerative colitis, n (%)	120 (58)	29 (22)	p<0.001
Non classified, n (%)	7 (3)	0	
IBD location			
Ileal (L1), n (%)	50 (57)	48 (45)	
Colonic (L2), n (%)	8 (9)	12 (12)	ns
Ileocolonic (L3), n (%)	30 (34)	45 (42)	
Crohn's disease			
Upper digestive tract involvement, n (%)	6 (7)	9 (9)	ns
Perianal disease, n (%)	11 (13)	25 (24)	p<0.05
Inflammatory behavior (B1), n (%)	61 (70)	62 (60)	
Stenosing behavior (B2), n (%)	20 (23)	25 (24)	ns
Fistulizing behavior (B3), n (%)	7 (8)	17 (16)	
Proctitis (E1), n (%)	52 (43)	2 (7)	
Ulcerative colitis			
Left colitis (E2), n (%)	36 (30)	7 (24)	p<0.001
Extensive colitis (E3), n (%)	34 (28)	20 (69)	
IBD activity (baseline), n (%)	10 (4.6)	4 (3)	ns
Maternal history			
Previous surgical interventions, n (%)	30 (14)	36 (27)	p<0.05
Comorbidities, n (%)	71 (34)	49 (37)	
Anemia, n (%)	173 (84)	113 (86)	
Previous pregnancies, mean ± SD	0.9 ± 1.3	0.8 ± 0.9	ns
Previous miscarriages, n (%)	55 (25)	34 (25)	ns
Previous fetal anomalies, n (%)	2 (1)	0	ns
Previous fetal deaths, n (%)	3 (1)	1 (0.8)	ns
Multiparous, n (%)	93 (43)	53 (40)	ns
Maternal weight at conception			
Body Mass Index (BMI), mean ± SD	24 ± 5	24 ± 3.9	ns
Normalweight (BMI 18.5-24.9), n (%)	134 (64)	82 (62)	
Overweight (BMI 25-29.9), n (%)	39 (19)	32 (24)	
Obesity (BMI <30), n (%)	19 (9)	9 (6.8)	ns
Underweight (BMI <18.5), n (%)	18 (8.6)	9 (6.8)	

SD, standard deviation; IBD, inflammatory bowel disease; n.s., non-statistically significant.

Table 1b. Characteristics of babies depending on the exposure to biologic treatment.

	Non exposed to biologics	Exposed to biologics	
Birth			
Female sex, n (%)	113 (52)	69 (51)	ns
Gestational age (weeks), mean ± SD	38.4 ± 2.5	39 ± 1.8	ns
Vaginal delivery, n (%)	114 (75)	56 (52)	p<0.05
Cesarean delivery, n (%)	38(25)	34 (38)	
Size at birth (cm), mean ± SD	49 ± 3	50 ± 2.6	ns
Birth weight (kg), mean ± SD	3.1 ± 0.6	3.21 ± 0.5	ns
Low birth weight, n (%)	31 (14)	10 (7.5)	ns
Appar ≥7 at 5 minutes, n (%)	217 (99.5)	134 (100)	ns
Appar ≥7 at 10 minutes, n (%)	217 (99.5)	134 (100)	ns
Feeding in the 1st month of life			
Exclusive breastfeeding, n (%)	141 (65)	78 (58)	ns
Mixed breastfeeding, n (%)	28 (13)	19 (14)	
Feeding in the 6th month of life			
Exclusive breastfeeding, n (%)	43 (22)	23 (21)	ns
Mixed breastfeeding, n (%)	19 (9.7)	5 (4.5)	
Feeding (with complementary feeding) in the 12th month of life			
Exclusive breastfeeding, n (%)	9 (6)	4 (4.4)	ns
Mixed breastfeeding, n (%)	2 (1.3)	1 (1)	
Follow-up first 12 months of life			
Hearing impairment, n (%)	16 (7.3)	12 (9)	ns
Visual impairment, n (%)	1 (0.5)	2 (1.5)	ns
Family concern about behavior, mean ± SD	0.5 ± 1	0.2 ± 0.6	ns
Health problems according to parents, mean ± SD	1.6 ± 1.9	1.4 ± 1.5	ns
Daycare attendance, n (%)	88 (40)	45 (34)	ns
Serious adverse events, n (%)	61 (28)	25 (19)	p<0.05
Hospital admission, n (%)	58 (27)	24 (18)	ns
ICU admission, n (%)	14 (6.4)	5 (3.7)	ns
Surgical intervention, n (%)	8 (3.7)	5 (3.7)	ns
Complete vaccination, n (%)	215 (99)	131 (98)	ns
Allergies, n (%)	12 (5.5)	7 (5.2)	ns
Infections, n (%)	17 (7.8)	9 (6.7)	ns
Malformations, n (%)	2 (0.9)	0	ns
Neoplasms, n (%)	0	0	ns

SD, standard deviation; ICU, intensive care unit; n.s., non-statistically significant.

Table 1c. Characteristics of pregnancies depending on the presence of biologic treatment.

	Non exposed to biologics	Exposed to biologics	
Mother's information during pregnancy			
Natural pregnancy, n (%)	185 (88)	120 (90)	ns
Fertility treatment, n (%)	26 (12)	14 (10)	
Difference in BMI from baseline on last ultrasound scan, mean ± SD	0.1 ± 0.9	0.1 ± 0.7	ns
Hospital admission, n (%)	8 (3.7)	9 (6.7)	ns
Surgical interventions, n (%)	6 (2.8)	1 (0.8)	ns
IBD activity, n (%)	28 (13)	11 (8.2)	ns
Smoking habit, n (%)	15 (6.9)	13 (9.7)	ns
Daily cigarettes consumption, mean ± SD	3.8 ± 4.5	3.4 ± 3.4	ns
Relevant disease, n (%)	24 (11)	13 (10)	ns
Paternal antecedents			
Known genetic alterations, n (%)	1 (0.5)	0	ns
Treatment at the time of conception, n (%)	22 (10)	11 (8.2)	ns

SD, standard deviation; BMI, Body Mass Index; n.s., non-statistically significant.

Table 1d. Distribution of factors according to psychomotor development at 12 months, according to normality in all domains of the ASQ-3 questionnaire.

	Anormal ASQ-3	Normal ASQ-3	
Mother's factors			
Biologic treatment, n (%)	13 (25)	77 (41)	p<0.05
Thiopurine treatment, n (%)	20 (38)	60 (32)	ns
Crohn's disease, n (%)	23 (43)	112 (59)	p<0.05
Ulcerative colitis, n (%)	30 (57)	75 (40)	p<0.05
IBD mother activity during pregnancy, n (%)	3 (5.7)	18 (9.2)	ns
Comorbidities	10 (19)	24 (13)	ns
Natural pregnancy n (%)	44 (83)	167 (88)	ns
Fertility treatment n (%)	9 (17)	22 (12)	ns
Multiparous, n (%)	30 (57)	92 (49)	ns
Miscarriages, n (%)	0.3 (0.6)	0.3 (0.7)	ns
Smoking habit n (%)	2 (3.8)	15 (8)	ns
Known genetic alteration, n (%)	0	1 (0.5)	ns
Father's factors			
Father's treatment at the time of conception, n (%)	1 (1.9)	16 (8.5)	ns
Male sex, n (%)	28 (53)	92 (49)	ns
Female sex, n (%)	25 (47)	97 (51)	ns
Prematurity, n (%)	13 (25)	18 (9.5)	p<0.05
Vaginal delivery, n (%)	38 (72)	132 (70)	ns
Cesarean delivery, n (%)	15 (28)	57 (30)	ns
Low birth weight, n (%)	11 (21)	21 (11)	ns
Appar ≥7 at 5 minutes, n (%)	50 (94)	182 (96)	ns
Appar ≥7 at 10 minutes, n (%)	52 (98)	189 (100)	ns
Exclusive breastfeeding ≤ 3months, n (%)	7 (33)	31 (33)	ns
Daycare attendance, n (%)	24 (45)	79 (42)	ns
Hearing impairment, n (%)	5 (9.4)	23 (12)	ns
Visual impairment, n (%)	1 (1.9)	2 (1)	ns
Babies factors			
Family concern about behavior, mean ± SD	0.7 ± 1.2	0.3 ± 0.8	p<0.001
Other family concerns, mean ± SD	0.9 ± 1.7	0.5 ± 1.4	p<0.05
Health problems according to parents n (%)	1.7 ± 1.9	1.5 ± 1.7	ns
Serious adverse events n (%)	21 (40)	40 (21)	p<0.05
Hospital admission n (%)	19 (36)	41 (22)	p<0.05
ICU admission n (%)	6 (11)	9 (4.8)	ns
Surgical intervention n (%)	2 (3.8)	6 (3.2)	ns
Complete vaccination n (%)	50 (100)	188 (99.5)	ns
Allergies, n (%)	3 (5.7)	11 (5.8)	ns
Infections, n (%)	5 (9.4)	16 (8.5)	ns
Malformations, n (%)	1 (1.9)	0	ns
Neoplasms, n (%)	0	0	ns

SD, standard deviation; ICU, intensive care unit; IBD, inflammatory bowel disease; n.s., non-statistically significant.

Figure 1a. Summary of the DUMBO registry protocol.

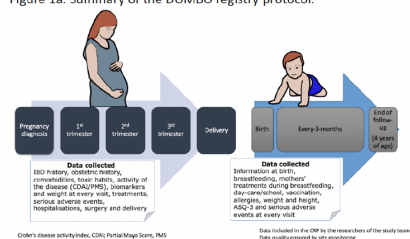
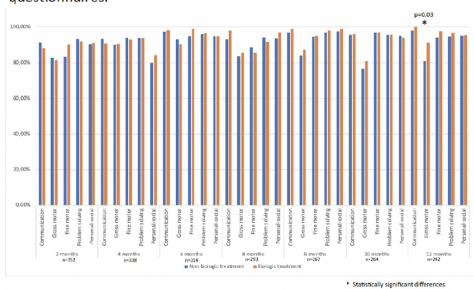


Figure 1b. Normal neurodevelopment based on ASQ-3 questionnaires.



SD, standard deviation; ICU, intensive care unit; IBD, inflammatory bowel disease; n.s., non-statistically significant.

Conclusions: In the multicenter, prospective DUMBO registry, the exposure to biologics for the treatment of IBD in utero (including anti-TNF and non-anti-TNF agents) did not impair the psychomotor development of the children.