Anti-TNF-α Agents in Inflammatory Bowel Disease and Course of COVID-19

To the Editors,

In a recent paper, Occhipinti and Pastorelli reported their experience in managing inflammatory bowel disease (IBD) patients during the coronavirus 2019 disease (COVID-19) outbreak, caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).[1] In their report, the authors claimed that biologic therapies should not be stopped, even for those living in a "red zone" (so called due to the severity of the outbreak and of the disease). We agree with this recommendation that could be further reinforced by the possible favorable role of anti-TNF-α antibodies in cases of patients testing positive to SARS-CoV-2 infection. Looking at the data of the Surveillance Epidemiology of Coronavirus Under Research Exclusion (SECURE)-IBD database, whichc includes cases of patients with IBD and COVID-19 spontaneously inserted by gastroenterologists worldwide, we notice that the prevalence of severe and complicated cases of COVID-19 is lower in patients in treatment with anti-TNF-α than that reported for patients taking steroids.[2] Indeed, up to the submission date of this article, only 15% (30 of 198) of IBD patients with COVID-19 in treatment with anti-TNF-α needed hospitalization, and very few of them required intensive care unit/ventilator use or died (3%) compared with patients assuming oral or parenteral steroids who needed hospitalization in 67% of cases and required intensive care unit/ventilator use or died in 25% of cases.[2] Additional data to support this evidence come from 2 case reports from Italy, the first reporting the fatal outcome in a patient with ulcerative colitis affected by COVID-19 on steroidal therapy,[3] and the second describing a case of a patient with Crohn's ileitis being treated with adalimumab with mild course of COVID-19 and rapid discharge from the hospital.[4] Certainly, the age of patients and disease activity at the time of SARS-CoV-2 infection are crucial factors to be considered in interpreting these data. However, the recommendation not to discontinue therapy with anti-TNF-α and taper steroids whenever possible—or do not start it at all if you have therapeutic alternatives—should be made to all our patients.

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