Abstract / Povzetek predavanja

Inflammatory Bowel Disease remission after switching to subcutaneous administration of vedolizumab

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BACKGROUND AND OBJECTIVES

The subcutaneous (SC) formulation of vedolizumab has proven to be effective for the maintenance of remission after intravenous induction. Little is known about the efficacy of switching from intravenous maintenance treatment to SC. We aimed to assess the real-world efficacy of switching to SC treatment and to assess the impact of a baseline treatment regimen.

METHODS

In this observational cohort study, adult patients with inflammatory bowel disease who were switched to SC vedolizumab maintenance treatment were enrolled. Patients after intravenous induction and patients who switched from intravenous maintenance treatment (every 8 weeks or every 4 weeks) were included. The SC vedolizumab dosing was 108 mg every 2 weeks, regardless of the previous regimen. The clinical, biochemical, and endoscopic disease activity parameters and vedolizumab serum concentrations at the time of the switch and at the follow-up were assessed.

RESULTS

In total, 135 patients (38% Crohn's disease, 62% ulcerative colitis) were switched to SC vedolizumab treatment. The median time to the first follow-up (FU) was 14.5 weeks (IQR 12–26), and the median time to the second FU was 40 weeks (IQR 36–52). Nine patients (7%) discontinued SC vedolizumab treatment, with two-thirds of them discontinuing due to active disease.

Characteristics, clinical and biomarker outcomes of patients switched to SC maintenance treatment are presented in Table 1. In all dosing regimens, there were no significant changes in the clinical scores and CRP at the baseline and first and second FUs. Clinical and biochemical remission appeared to be maintained irrespective of the previous dosing regimen.

CONCLUSIONS

The results of this real-world study suggest that the maintenance of clinical and biomarker remission can be achieved in patients who switched from intravenous to SC vedolizumab. The baseline vedolizumab dosing regimen (every 4 weeks versus every 8 weeks) did not have an impact on outcomes.

Table 1. Characteristics, clinical and biomarker outcomes of patients with IBD switched to SC vedolizumab maintenance treatment. Abbreviations: IV – intravenous; SC – subcutaneous; CD - Crohn's disease; UC - ulcerative colitis; VDZ - vedolizumab; HBI - Harvey Bradshaw index; pMayo - partial Mayo score (pMayo); IQR – interquartile range; FC – fecal calprotectin, FU – follow up.

	IV every 8 weeks to SC		**IV every 4 weeks to SC**		**after IV induction to SC**	
	CD (n =27)	UC (n = 36)	CD (n = 16)	UC (n = 19)	CD (n = 7)	UC (n = 21)
Age at first SC, median (range) years	55 (39-63)	47 (41-65)	51 (40-61)	41 (30-66)	54 (30-70)	43 (24-53)
Male sex, no. (%)	17 (63)	23 (64)	8 (50)	6 (32)	4 (57)	12 (57)
Disease duration: years (IQR)	11 (4-19)	13 (6-21)	19 (10-23)	9 (5-15)	10 (8-24)	10 (4-13)
Duration of VDZ IV, months (IQR)	28 (21-44)	17 (11-30)	24 (15-45)	23 (14-34)	/	/
Previous therapy with biologic, no. (%)	10 (37)	12 (34)	14 (88)	9 (47)	3 (43)	6 (32)
HBI < 5 (%)						
At baseline	17/18 (94)		7/11 (64)		7/7 (100)	
At 1st FU	20/20 (100)		12/14 (86)		7/7 (100)	
At 2nd FU	10/11 (91)		5/6 (83)		1/1 (100)	
pMayo <2						
At baseline		26/27 (96)		12/16 (75)		13/18 (72)
At 1st FU		25/28 (89)		14/16(88)		16/18 (89)
At 2nd FU		13/14 (93)		6/8 (75)		9/9 (100)
CRP <5mg/L						
At baseline	13/22 (59)	18/28 (64)	9/14 (64)	11/20 (55)	3/6 (50)	16/20 (80)
At 1st FU	13/18 (72)	21/28 (75)	11/13 (85)	11/16 (69)	3/7 (43)	15/18 (83)
At 2nd FU	8/14 (57)	8/11 (73)	4/7 (57)	5/9 (56)	1/1 (100)	8/11 (73)
FC <150mg/kg						
At baseline	16/20 (80)	20/22 (91)	4/7 (57)	4/12 (33)	4/5 (80)	6/15 (40)
At 1st FU	8/9 (89)	14/15 (93)	4/7 (57)	4/7 (57)	3/3 (100)	6/12 (50)
At 2nd FU	5/6 (83)	8/10 (80)	1/2 (50)	0/3 (0)	0/0	5/6 (83)