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Summary

Navigating the Treatment Journey with Subcutaneous Infliximab across Clinical Scenarios (Celltrion) (Complete Session)

Bram Verstockt

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This industry-sponsored educational symposium reviewed clinical evidence for subcutaneous infliximab in inflammatory bowel disease, emphasising early treatment to prevent disease progression, monotherapy strategies when switching from intravenous therapy, and use in complex scenarios including perianal disease and extra-intestinal manifestations.

KEY POINTS

- Early top-down treatment with infliximab as demonstrated in the PROFILE study resulted in a five-fold reduction in abdominal surgery rates over five years compared to step-up therapy, with patients recruited at a median of 12 days after disease onset.
- Subcutaneous infliximab maintains stable drug levels without the trough dips seen with intravenous dosing every eight weeks, potentially reducing immunogenicity.
- The MINIMISE randomised trial showed that when switching from intravenous infliximab plus azathioprine to subcutaneous infliximab, stopping the azathioprine was non-inferior to continuing it in terms of immunogenicity, with only one patient developing antidrug antibodies.
- In patients losing response to subcutaneous infliximab, dose intensification from 120mg to 240mg every other week recaptured clinical response in two-thirds of patients after eight weeks.
- Subcutaneous infliximab showed efficacy in challenging scenarios including perianal Crohn's disease and extra-intestinal manifestations, with French data demonstrating clinical remission and response in active perianal disease.
- The speakers recommended that patients switching from high-dose intravenous infliximab may require higher subcutaneous dosing or close monitoring, though most can recapture response with dose escalation if needed.

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