

When & for Whom: Intravenous vs Subcutaneous Therapies in IBD Maintenance (Celltrion) (Complete Session)

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Presentation

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This industry-sponsored symposium reviewed evidence supporting subcutaneous infliximab as an alternative to intravenous maintenance in IBD, emphasizing early treatment, flexible switching strategies, real-world persistence data, and benefits in cost, patient preference, and environmental impact.

KEY POINTS

- The speaker presented trial data showing early infliximab use (top-down approach) achieved steroid and surgery-free remission in almost 80% versus 15% with step-up, and that early biologic use consistently yields higher remission and mucosal healing rates across multiple agents.
- EMA-approved switching to subcutaneous infliximab is supported after two IV doses or at week 30, with the speaker stating that real-world and registration studies showed no difference in clinical remission or endoscopic outcomes between early and late switch timing.
- The REPORT study from France reported that at 24 months, treatment persistence was highest in the IV-to-subcutaneous switch group, with a trend toward higher persistence in the subcutaneous initiation group versus IV-only in Crohn's disease (approximately two-thirds versus 55%) and a larger difference in ulcerative colitis, though the speaker noted these data are unadjusted for disease activity.
- The speaker stated that switching patients with inadequate IV response, immunogenic failure, or perianal Crohn's disease to subcutaneous infliximab yielded high remission rates (93% clinical remission in the SWITCH study for dose-escalated patients), and that subcutaneous formulations showed higher serum and tissue drug levels than IV in maintenance.

- Real-world experience from Leeds showed that subcutaneous formulations reduced patient travel time, infusion unit burden, and carbon footprint drastically, with the speaker noting that the majority of patients preferred subcutaneous therapy and cost savings varied by local pricing and healthcare setup.
- The speaker disclosed that this was an industry-sponsored educational symposium and characterized subcutaneous infliximab as a valuable option based on accumulating real-world evidence, while acknowledging that observational data require adjustment for confounders such as disease activity.

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