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Summary

PHARMACOKINETIC AND IMMUNOGENIC PROFILE OF SUBCUTANEOUS INFLIXIMAB AFTER SWITCHING FROM INTRAVENOUS INFLIXIMAB: A POST HOC ANALYSIS OF THE PEREM COHORT

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In IBD patients in remission switching from intravenous to subcutaneous infliximab, mean drug levels more than doubled and anti-drug antibody titers decreased significantly, with over 95% persistence at one year.

KEY POINTS

- Mean infliximab levels increased from 8.9 ± 5.9 µg/mL at baseline to 19.3 ± 5.6 µg/mL at 3 months and 18.6 ± 6.9 µg/mL at 12 months after switching to subcutaneous administration ($p<0.01$).
- Median anti-infliximab antibody titers decreased from 17.6 µg/mL-eq at baseline to 10.9 µg/mL-eq at 3 months and 12.1 µg/mL-eq at 12 months ($p<0.01$), with the proportion of patients having high antibody levels (>37.4 µg/mL-eq) falling from 17.2% to 2.3% at one year ($p=0.039$).
- No pharmacokinetic differences in infliximab or anti-drug antibody levels were observed between patients with sustained clinical response and those who discontinued therapy or required corticosteroids ($p>0.05$).
- Gender, IBD subtype, and concomitant immunosuppressants did not influence the kinetic profile of anti-drug antibodies.
- Among 372 patients analyzed, 15 discontinued infliximab due to therapeutic failure, 6 required dose intensification, and 14 needed corticosteroid therapy during the 12-month follow-up.

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