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Summary

VEDOLIZUMAB PERSISTENCE IN INFLAMMATORY BOWEL DISEASE PATIENTS AFTER SWITCHING FROM INTRAVENOUS TO SUBCUTANEOUS ADMINISTRATION: THE REAL-LIFE MULTICENTRE DOPER STUDY

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A multicentre prospective cohort study found that patients with ulcerative colitis or Crohn's disease in clinical remission who switched from intravenous to subcutaneous vedolizumab had a treatment persistence rate of 93.9% at 6 months.

KEY POINTS

- 337 patients (73% ulcerative colitis, 27% Crohn's disease) in clinical remission for at least 3 months were switched from intravenous to subcutaneous vedolizumab 108 mg every other week and followed for 6 months.
- Treatment discontinuation-free survival at 6 months was 93.9% (95% CI: 91.3-96.5) with no significant difference between Crohn's disease and ulcerative colitis.
- 10% of patients required dose optimisation to weekly subcutaneous vedolizumab, and 4% switched back to intravenous vedolizumab, mainly due to injection site reactions (7 patients) or loss of response (3 patients).
- Adverse events were reported by 54% of patients, most commonly injection site reactions (18-20%) and infections (15-17%), with only one serious adverse event (digestive infection requiring hospitalisation) that did not lead to treatment discontinuation.
- This study provides persistence and safety data for clinicians managing stable inflammatory bowel disease patients considering switch to subcutaneous vedolizumab; 12-month results are pending.

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