

EFFECTIVENESS AND SAFETY OF SWITCHING FROM INTRAVENOUS TO SUBCUTANEOUS VEDOLIZUMAB FORMULATION IN INFLAMMATORY BOWEL DISEASE PATIENTS IN CLINICAL REMISSION: A SINGLE CENTRE REAL WORLD EXPERIENCE

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A prospective cohort study of 93 inflammatory bowel disease patients in clinical remission found that 89.2% maintained combined steroid-free clinical and biochemical remission 24 weeks after switching from intravenous to subcutaneous vedolizumab.

KEY POINTS

- At 24 weeks, 89.2% of patients (74 of 93) who switched from intravenous to subcutaneous vedolizumab maintained combined steroid-free clinical remission plus biochemical remission.
- The cohort included 43 Crohn disease and 50 ulcerative colitis patients who had received intravenous vedolizumab for a median of 36 months before switching.
- 25 adverse events were reported in 23 patients, most commonly SARS-CoV-2 infections and injection site reactions, with 12 patients (12.9%) discontinuing subcutaneous therapy and restarting intravenous vedolizumab.
- The authors conclude that switching to subcutaneous vedolizumab appears reasonably safe and effective for maintaining remission at 24 weeks and may reduce healthcare costs, though larger long-term studies are needed.

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