

DATA IN A TERTIARY HOSPITAL ON SWITCHING FROM AN INTENSIFIED AND NON INTENSIFIED REGIMEN OF INTRAVENOUS VEDOLIZUMAB TO A SUBCUTANEOUS IN ADULTS WITH INFLAMMATORY BOWEL DISEASE

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A retrospective single-center study of 19 inflammatory bowel disease patients switching from intravenous to subcutaneous vedolizumab showed 100% clinical remission and 77.7% biochemical remission at 24 weeks, with progressive increases in drug levels after the switch.

KEY POINTS

- All 19 patients (10 ulcerative colitis, 9 Crohn disease) achieved clinical remission at 24 weeks after switching from intravenous to subcutaneous vedolizumab, while biochemical remission (fecal calprotectin <150 $\mu\text{g/g}$) was achieved in 14 patients (77.7%).
- Mean vedolizumab levels increased progressively after switching from 12.1 $\mu\text{g/ml}$ at baseline to 13.1 $\mu\text{g/ml}$ at week 4, 19.9 $\mu\text{g/ml}$ at week 12, and 22.9 $\mu\text{g/ml}$ at week 24 ($p=0.001$).
- Among the 8 patients (42.1%) who had been on intensified intravenous vedolizumab prior to switching, 50% did not achieve biochemical remission, though there was no statistically significant difference in biochemical remission between intensified and non-intensified patients.
- One adverse event (paraesthesia) was reported in one patient (5.2%) in relation to intravenous vedolizumab; 68% of patients had previously been exposed to anti-TNF therapy due to loss of response.
- This retrospective observational study may be most relevant to clinicians managing inflammatory bowel disease patients on vedolizumab considering a switch to subcutaneous formulation.

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