

WHAT IS THE REAL IMPACT OF THE HLA-DQA1*05 POLYMORPHISM ON INFLIXIMAB TREATMENT IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE?

Joana Torres

UEG Week Copenhagen 2023

Poster

IBD

October 15, 2023

In a Portuguese cohort of 115 IBD patients treated with infliximab, the HLA-DQA1*05 polymorphism (prevalent in 70.4%) did not predict development of anti-infliximab antibodies, while concomitant immunomodulator use was protective.

KEY POINTS

- The HLA-DQA1*05 polymorphism showed no association with anti-infliximab antibody development in unadjusted analysis (HR 0.8, 95%CI 0.4-1.6, $p=0.4$) or after adjusting for other risk factors (HR 0.5, 95%CI 0.1-1.9, $p=0.3$).
- Concomitant immunomodulator use was significantly lower in patients who developed anti-infliximab antibodies (13% vs 40%, $p<0.01$), and among HLA-DQA1*05 carriers, immunomodulator use reduced antibody risk (HR 0.2, 95%CI 0.04-0.9, $p=0.03$).
- Patients who developed anti-infliximab antibodies had significantly lower infliximab trough levels compared to those without antibodies (median 0.4 vs 7.4, $p<0.001$).
- Overall, 26% of patients developed anti-infliximab antibodies at a median of 8 months, with no significant difference between Crohn's disease and ulcerative colitis patients.
- The authors conclude that larger real-world studies are needed to determine the clinical utility of HLA-DQA1*05 genotyping for predicting immunogenicity in IBD patients treated with infliximab.

VIEW THIS CONTENT ON GUTFLIX

<https://gutflix.eu/search/d/01f4b918-743d-11ee-8369-0242ac140004>



AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.