

LOWER INFLIXIMAB CONCENTRATIONS IN PERIANAL FISTULIZING CROHN'S DISEASE ARE ASSOCIATED WITH INCREASED INFLIXIMAB CLEARANCE: POPULATION PHARMACOKINETIC ANALYSIS FROM THE ATLANTIC STUDY

Krisztina B. Gecse

UEG Week Berlin 2025

Poster

IBD

October 5, 2025

Active perianal fistulas in Crohn's disease independently increase infliximab clearance by 18%, resulting in significantly lower trough levels and a sevenfold higher risk of underexposure at week 14 compared to luminal disease only.

KEY POINTS

- In a study of 148 patients (63 with perianal fistulizing Crohn's disease, 85 with luminal Crohn's disease) receiving standard-dose infliximab, median trough levels at week 14 were significantly lower in perianal fistulizing disease (2.8 µg/mL versus 4.8 µg/mL, $P = .014$).
- Only 9% of perianal fistulizing Crohn's disease patients achieved target trough levels at week 14 compared to 46% of luminal disease patients ($P < .001$), with perianal disease conferring a sevenfold increased risk of underdosing (adjusted risk ratio 7.14, $P < .001$).
- Population pharmacokinetic modeling demonstrated an 18% increase in infliximab clearance in patients with active perianal fistulas after adjusting for dose, weight, serum albumin, and anti-drug antibodies ($P < 0.01$).
- Anti-drug antibody rates and levels at week 14 did not differ significantly between perianal fistulizing and luminal disease groups, suggesting increased clearance rather than immunogenicity primarily drives lower drug levels.
- The authors suggest these findings support the need for intensified or personalized infliximab dosing strategies during induction in perianal fistulizing Crohn's disease.

VIEW THIS CONTENT ON GUTFLIX

<https://gutflix.eu/search/d/e10eddb6-a813-11f0-996d-0242ac140006>



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.