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Summary

A HIGHER RED BLOOD CELL METHOTREXATE POLYGLUTAMATE 3 CONCENTRATION IS ASSOCIATED WITH METHOTREXATE DRUG-SURVIVAL IN PATIENTS WITH CROHN'S DISEASE

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UEG Week Copenhagen 2023 | Poster

IBD

October 15, 2023

In a prospective cohort of 80 Crohn's disease patients starting subcutaneous methotrexate, higher red blood cell MTX-PG_3 concentrations were associated with improved drug survival and reduced biochemical disease activity, while male sex and lower baseline plasma folate predicted treatment failure.

KEY POINTS

- Higher MTX-PG_3 levels at week 12 (median 51 nmol/L RBC) were associated with 14% lower discontinuation rate per 10 nmol/L increase, lower fecal calprotectin, and greater biochemical response (FCP < 250 µg/g).
- After one year, only 21 of 80 patients remained on subcutaneous MTX monotherapy; 21 stopped due to disease activity, 29 due to toxicity, and 4 for combined reasons.
- Male sex, higher baseline eGFR, higher baseline HBI, and lower baseline plasma folate were independent predictors of MTX discontinuation due to disease activity.
- No toxicity-specific predictors for MTX discontinuation were identified in this cohort.
- The authors conclude that RBC MTX-PG_3 measurement holds potential as a therapeutic drug monitoring tool for methotrexate in Crohn's disease.

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