

SWITCHING FROM INTRAVENOUS TO SUBCUTANEOUS INFLIXIMAB FORMULATION DETERMINES A REDUCTION OF ANTIDRUG ANTIBODY LEVELS

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Poster

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Switching from intravenous to subcutaneous infliximab in IBD patients in deep remission resulted in statistically significant increases in drug trough levels and reduction of anti-drug antibodies in a preliminary 36-patient multicentre cohort study.

KEY POINTS

- All 36 IBD patients (61% Crohn's disease, 39% ulcerative colitis) remained in clinical remission during follow-up (mean 212 days) after switching from IV to SC infliximab.
- Median infliximab trough levels increased significantly from baseline (10.77 ug/ml) to 37.9 ug/ml at three months and 35.75 ug/ml at six months after switching ($p < 0.00001$ for both).
- Among seven patients (30%) with anti-drug antibodies at baseline, median trough levels increased from 0.2 ug/ml to 13.24 ug/ml at six months, and 42% showed significant reduction in antibody levels over time.
- This preliminary report from a prospective multicentre study is the first to investigate whether switching to SC formulation reduces anti-drug antibodies in addition to increasing drug levels.

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