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Summary

A RETROSPECTIVE COHORT STUDY TO DEMONSTRATE MAINTENANCE OF REMISSION RATES FOR SUBCUTANEOUS COMPARED TO INTRAVENOUS VEDOLIZUMAB IN THE TREATMENT OF INFLAMMATORY BOWEL DISEASE

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UEG Week Vienna 2024 | Poster

IBD

October 13, 2024

A single-centre observational study of 195 IBD patients found that switching from intravenous to subcutaneous vedolizumab maintained clinical remission with higher rates at 12 months in the subcutaneous group compared to those continuing intravenous therapy.

KEY POINTS

- At 12 months, 86 percent of patients switched to subcutaneous vedolizumab maintained clinical remission compared to 79 percent continuing intravenous therapy, with statistical significance (q=0.002 versus baseline for subcutaneous group).
- Drug persistence for subcutaneous vedolizumab was 93 percent at 6 months and 87 percent at 12 months, with 8 percent switching back to intravenous due to adverse events, homecare issues, or symptom control and 4 percent switching to a different drug due to loss of response.
- No statistically significant differences in CRP or faecal calprotectin were observed between intravenous and subcutaneous groups at baseline, 6 months, or 12 months.
- An expected cost reduction of £72,010 per annum was calculated based on this cohort of patients.
- This material is relevant for gastroenterologists and IBD specialists considering transition strategies from intravenous to subcutaneous vedolizumab formulations in clinical practice.

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