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Summary

REAL-LIFE EXPERIENCE OF THE EFFICACY, SAFETY AND PHARMACOKINETIC DATA OF SWITCHING FROM INTRAVENOUS TO SUBCUTANEOUS INFLIXIMAB IN INACTIVE INFLAMMATORY BOWEL DISEASE PATIENTS. RESULTS FROM THE ENEIDA REGISTRY

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In a multicentre observational study of 155 IBD patients in remission on IV infliximab, switching to subcutaneous infliximab maintained clinical remission with significantly increased trough levels and a 5.8% discontinuation rate over 24 weeks.

KEY POINTS

- 155 patients (91 Crohn's disease, 54 ulcerative colitis) in clinical and biological remission for at least 24 weeks switched from IV to subcutaneous infliximab, with data collected from the Spanish ENEIDA registry.
- Median subcutaneous infliximab trough levels significantly increased from baseline 4.5 µg/dl to 14 µg/dl at week 12 and 13.2 µg/dl at week 24, with no factors associated with this increase.
- Clinical activity indices, CRP, and fecal calprotectin remained unchanged during 24 weeks of follow-up; 90% of patients remained on standard subcutaneous dosing.
- Adverse events occurred in 5.8% of patients, 2.6% required hospitalization, 2.6% had surgery, and 5.8% discontinued subcutaneous infliximab for various reasons including adverse events and loss of response.
- The authors conclude that switching maintains clinical remission safely with higher drug levels, though the clinical significance of increased trough levels requires further exploration.

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