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Summary

SUBCUTANEOUS INFLIXIMAB (CT-P13 SC) DOSE ESCALATION AS AN OPTION FOR MANAGING THE LOSS OF RESPONSE IN INFLAMMATORY BOWEL DISEASE: POST HOC ANALYSIS OF LIBERTY-UC STUDY AND LIBERTY-CD STUDY

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Post hoc analysis of LIBERTY-UC and LIBERTY-CD studies shows that dose escalation of subcutaneous CT-P13 infliximab from 120 mg to 240 mg every 2 weeks may restore efficacy in patients with loss of response, with comparable safety and immunogenicity profiles.

KEY POINTS

- Among patients randomized to CT-P13 SC 120 mg, dose escalation to 240 mg prior to Week 54 occurred in 27.6% of UC patients (81/294) and 16.9% of CD patients (39/231).
- At Week 54, 24.7% of dose-escalated UC patients achieved clinical remission and 53.8% of dose-escalated CD patients achieved clinical remission, with statistically significant mean reductions in modified Mayo score (□2.3, p<0.0001) and CDAI (□150.94, p<0.0001) compared to first dose escalation visit.
- Treatment-emergent adverse events during maintenance were comparable between patients with and without dose escalation in both UC (72.8% vs 65.2%) and CD (71.1% vs 72.5%), with no new safety concerns identified after dose escalation.
- Rates of anti-drug antibody and neutralizing antibody positive conversion up to Week 54 showed no difference between patients with and without dose escalation in either study.

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