

EFFICACY, SAFETY AND IMMUNOGENICITY OF SUBCUTANEOUS INFLIXIMAB (CT-P13 SC) MONOTHERAPY VERSUS COMBINATION THERAPY WITH IMMUNOSUPPRESSANTS – POST HOC ANALYSIS OF LIBERTY-CD STUDY AND LIBERTY-UC STUDY

SUNHEE LEE

UEG Week Copenhagen 2023

Poster

IBD

October 15, 2023

Post-hoc analysis of subcutaneous infliximab (CT-P13 SC) maintenance therapy in Crohn's disease and ulcerative colitis found no significant efficacy differences between monotherapy and combination therapy with immunosuppressants, though combination therapy was associated with significantly more infections and lower anti-drug antibody formation.

KEY POINTS

- Among 231 Crohn's disease and 294 ulcerative colitis patients randomized to CT-P13 SC 120 mg maintenance therapy, 30.7% and 22.1% respectively received concomitant immunosuppressants (primarily azathioprine).
- No statistically significant differences in clinical remission, endoscopic response, or clinical response were observed at week 54 between monotherapy and combination therapy groups in either disease, though a trend toward higher corticosteroid-free remission rates was seen with combination therapy.
- Combination therapy was associated with significantly higher infection rates during maintenance (36.4% versus 26.9%, $p=0.0400$) but significantly lower anti-drug antibody formation (47.8% versus 70.2%, $p<0.0001$) compared to monotherapy.
- Treatment-emergent adverse events and systemic injection reactions showed no significant differences between groups, and serious infection rates were similar (2.1% combination versus 2.5% monotherapy).
- This post-hoc analysis was not powered to detect differences between groups and patients were not randomized by immunosuppressant use, limiting interpretation of these findings.

VIEW THIS CONTENT ON GUTFLIX

<https://gutflix.eu/search/d/40001038-743b-11ee-a9f7-0242ac140004>



AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.