

REAL-WORLD STUDY ON VEDOLIZUMAB EFFICACY AND SAFETY AFTER THE TRANSITION FROM INTRAVENOUS TO SUBCUTANEOUS VEDOLIZUMAB IN INFLAMMATORY BOWEL DISEASE PATIENTS

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Poster

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A real-world study of 31 IBD patients switching from intravenous to subcutaneous vedolizumab found significantly higher drug concentrations but paradoxically lower remission rates, particularly in ulcerative colitis patients.

KEY POINTS

- Mean vedolizumab serum trough concentration increased significantly after switching from intravenous to subcutaneous formulation (25.62 vs. 34.93 mg/L; $p=0.002$), with larger increases in Crohn's disease than ulcerative colitis patients.
- Remission rates decreased significantly in all patients (100% to 71%; $p=0.004$) and in ulcerative colitis patients specifically (100% to 57.1%; $p=0.031$) after the switch, despite patients being in remission at transition.
- In ulcerative colitis patients, fecal calprotectin and Partial Mayo scores were significantly higher after switching ($p=0.011$ and $p=0.018$), though the difference was stated as not clinically significant.
- Therapy was discontinued in 22.6% of patients due to loss of response, with median follow-up of 12 months; no new safety signals were observed.

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