

SAFETY OF VEDOLIZUMAB, USTEKINUMAB AND TNF INHIBITORS IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE: A RETROSPECTIVE MONOCENTRIC COHORT STUDY

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Poster

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A retrospective study of 267 IBD patients at Ghent University Hospital found no significant difference in severe adverse event rates between vedolizumab, ustekinumab, infliximab, and adalimumab, but identified age 60 years or older and higher number of previous biologics as independent risk factors for severe adverse events.

KEY POINTS

- Overall severe adverse event rates did not differ significantly between biologic groups: ustekinumab 37.7%, infliximab 33.3%, vedolizumab 23.8%, adalimumab 22.2% (P=0.148).
- Age 60 years or older was independently associated with increased risk of severe adverse events (adjusted hazard ratio 2.00, 95% CI 1.11-3.60, P=0.020) and treatment-related hospitalization (adjusted hazard ratio 4.93, 95% CI 1.91-12.76, P=0.001).
- Higher number of previous biologic treatments was an independent risk factor for severe adverse events (adjusted hazard ratio 1.29, 95% CI 1.03-1.60, P=0.024) and IBD-related hospitalization (adjusted hazard ratio 1.32, 95% CI 1.02-1.71, P=0.036).
- Previous immunomodulator use was independently associated with intestinal resection risk (adjusted hazard ratio 4.26, 95% CI 1.62-11.19, P=0.003).
- Six patients developed malignancies (three on vedolizumab, two on infliximab, one on adalimumab) and one patient died from progressive melanoma while on vedolizumab.

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