

SWITCHING TO SUBCUTANEOUS INFLIXIMAB FOR REGAINING CLINICAL REMISSION IN IBD PATIENTS WHO LOST RESPONSE TO INTRAVENOUS INFLIXIMAB: AN OBSERVATIONAL STUDY FROM THE ENEIDA REGISTRY

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Poster

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A retrospective multicenter study of 94 IBD patients with active disease who lost response to intravenous infliximab found that switching to subcutaneous infliximab achieved clinical remission in 46.8% at week 8 and 37.2% at 12 months.

KEY POINTS

- Among 94 patients (64 CD, 25 UC, 5 IBDU) switched from IV-IFX to SC-IFX due to active disease, clinical response was observed in 70.3% at week 8, 69.1% at week 16, 69.1% at 6 months, and 45.7% at 12 months.
- Clinical remission was achieved in 46.8% at week 8, 55.3% at week 16, 54.3% at 6 months, and 37.2% at 12 months, with over 90% of patients in remission being corticosteroid-free.
- CD patients showed significantly higher clinical response at week 8 compared to UC patients (81.2% vs 52.0%, $p=0.011$), though differences were not significant at later timepoints.
- Mean SC-IFX levels after switch (13.9-17.4 $\mu\text{g/mL}$) were higher than pre-switch IV-IFX levels (7.6 $\mu\text{g/mL}$), with adverse events reported in only 2.5% and no serious adverse events.
- This study is relevant for clinicians managing IBD patients who have lost response to IV-IFX and are considering therapeutic options.

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