2022. REMSWITCH

Observ/IFX subcut/ IBD/Persistence

Effectiveness of Switching From Intravenous to Subcutaneous Infliximab in Patients With Inflammatory Bowel Diseases: the REMSWITCH Study

Observational multicenter study. Patients with IBD in clinical remission were switched to IFX SC 120 mg eow.

Endpoint: Relapse defined as a clinical recurrence (pMayo score >2 or Harvey-Bradshaw index >4) leading to therapeutic escalation or an increase of fecal calprotectin value of more than 150 mg/g compared with baseline.

Results:

- Relapse occurred in 10.2% ; 7.3%; 16.7% and 66.7% (p < .001) of patients receiving 5 mg/kg q8w, 10 mg/kg q8w, 10 mg/kg q6w, and 10 mg/kg q4w, respectively.
- Dose escalation to 240 mg q2w led to recapture clinical remission in 93.3%. IFX serum levels increased after the switch (P < .0001) except for patients receiving 10 mg/kg q4w.
- Multivariable analysis, 10 mg/kg q4w regimen (OR, 12.4; 1.6–98.4; P [.017) and FCAL >250 mg/g at baseline (OR, 5.4; 1.1–27.6; P [.042) had a higher risk of relapse as well as reduced (41.7%) or stable (36.8%)IFX serum levels between baseline and visit 1 compared with increased serum levels (12.7%) (p 0.020 and p 0 .019, respectively).

Conclusion:
Switching from intravenous to subcutaneous infliximab 120 mg every other week is safe and well accepted, leading to a low risk of relapse in IBD patients except for those receiving 10 mg/kg every 4 weeks requiring 240 mg every other week.

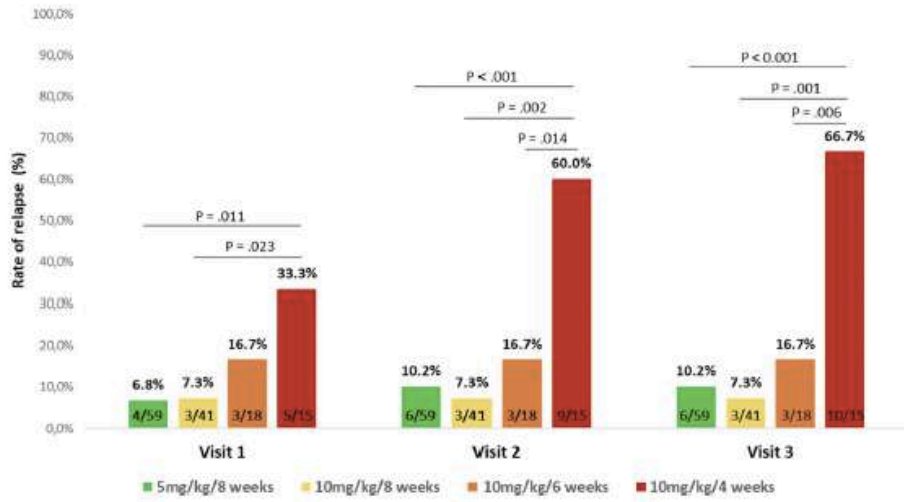

Figure 2. Cumulative rate of relapse at V1, V2, and V3 according to the IV infliximab maintenance regimen at baseline.

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