

Effect of Therapeutic Drug Monitoring vs Standard Therapy During Infliximab Induction on Disease Remission in Patients With Chronic Immune-Mediated Inflammatory Diseases

Randomized, parallel-group, open-label phase 4 superiority study. Patients with immune-mediated diseases including (rheumatoid arthritis, spondyloarthritis, psoriatic arthritis, UC,CD or psoriasis) who were initiating infliximab were randomized to proactive therapeutic drug monitoring (TDM) vs standard of care (SOC).
 *SOC arm: patients received 5mg/kg (0,2,6 and q8w thereafter) dose adjustments were considered according to clinical parameters.
 *TDM arm: levels and antibodies were done prior to each infusion and dose adjusted either increasing or decreasing those was done.

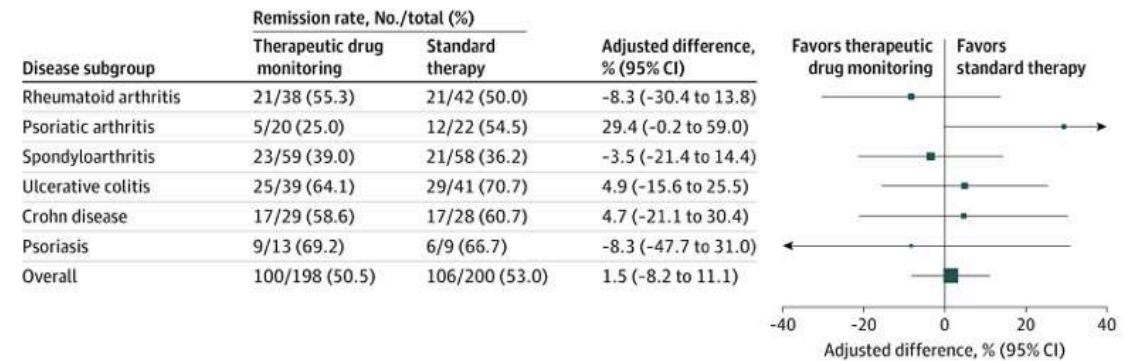
Primary endpoint: Clinical remission at week 30.

Results: N=411

- Clinical remission at week 30: 50.5% TDM vs 53% SOC, p=0.78
- No differences were found in adverse events among arms.

Conclusion:

Among patients with immune-mediated inflammatory diseases initiating therapy with infliximab, proactive TDM compared to standard therapy, did not significantly improve clinical remission at week 30.



Clinical Remission at 30 Weeks (Primary Outcome)

