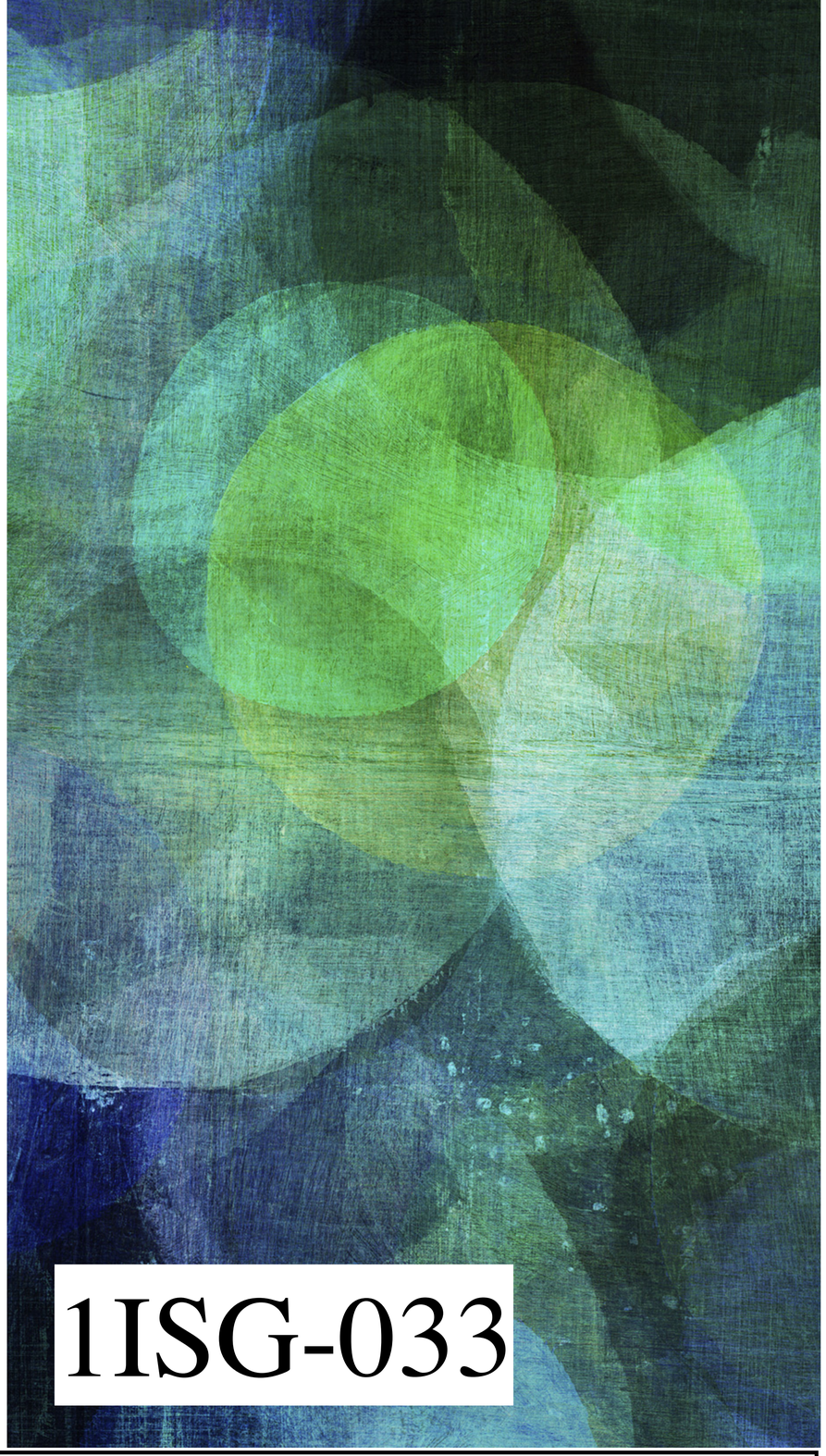
INFLAMMATORY BOWEL DISEASE: BIOLOGICAL PRESCRIBING TRENDS IN AN ITALIAN HOSPITAL



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Background

Inflammatory bowel disease (IBD) is a group of inflammatory conditions of the colon and small intestine. The major types of IBD are ulcerative colitis and Chron's disease. Symptoms can occur at any time and exacerbations can be followed by periods of remission. The objective of IBD treatment is induction, maintenance of remission or both. An increasing number of biologics has been approved for the treatment of refractory moderate to severe IBD in patients who have not responded to traditional therapy; due to the absence of direct comparison data and the introduction of biosimilars, treatment choice is still controversial.

Purpose

The aim of this study is to analyse prescribing trends of biologics used at the Centre for the treatment of patients with moderate to severe IBD refractory to traditional therapy.

Material and methods

Data were extracted from the management software used at the Centre and collected in an Excel spreadsheet. Included data were: dispensing data of biologics prescribed for every refractory moderate to severe patient with IBD treated at the Centre between January 2014 and November 2017. For each patient dispensed treatments, switches and reason for switches were analysed.

Results

Eight-hundred and fourteen patients with IBD treated with biologics were included: Adalimumab (42.7%), Infliximab (27.4% originator; 14.4% biosimilar), Golimumab (6.8%), Vedolizumab (8.7%). Five percent of overall on-treatment patients changed treatment. Switch rates were: 8.5% from Infliximab originator to Vedolizumab, 3.6% from Golimumab to Adalimumab, 1.8% from Golimumab to Infliximab biosimilar, 12.8% from Infliximab biosimilar to Vedolizumab, 2.8% from Vedolizumab to Infliximab biosimilar, 4.5% from Infliximab originator to Infliximab biosimilar, 1.7% from Infliximab biosimilar to originator. Reasons for switching were inefficacy (61%) or treatment cost reduction (39%).

Conclusion

Analysis showed a high variability in biological therapy prescription trends at the Centre, which could be related to patients' characteristics. Even in absence of clear comparison data between different treatments, clinical choices included all biological treatments approved in Italy, which were almost always effective and were associated with a low overall switch rate.

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