VEDOLIZUMAB: OUTCOMES AND THERAPEUTIC DRUG MONITORING IN INFLAMMATORY BOWEL DISEASE

Ballesta-López O1, Centelles-Oria M1, Palanques-Pastor T2, Marqués-Miñana MR1, Nos-Mateu P2, Poveda-Andrés JL1

1. Pharmacy Department, Hospital Universitari i Politècnic La Fe (Valencia)
2. Inflammatory Bowel Disease Unit, Gastroenterology Department, Hospital Universitari i Politècnic La Fe (Valencia)

Corresponding author: octavio.ballesta@gmail.com

BACKGROUND AND IMPORTANCE

Vedolizumab (VDZ) is an alternative in patients with IBD that have inadequate response or loss of response to previous treatment with tumour necrosis factor-alpha antagonists (TNFα). Therapeutic drug monitoring (TDM) has allowed to optimise anti-TNFα therapy but it is less known its implication with VDZ.

AIM AND OBJECTIVES

To evaluate prescribing patterns, effectiveness and VDZ trough levels (VTL) in clinical practice.

MATERIAL AND METHODS

• Type of study: Retrospective observational study from october 2015 to april 2019
• Inclusion criteria: age≥18 years, ulcerative colitis (UC) or Crohn’s disease (CD) treated with VDZ after antiTNFα

Treatment effectiveness: Mayo Score (MS) and Harvey-Bradshaw Index (HBI) scores in UC and CD, respectively
Clinical remission: MS≤2 or HBS≤4

RESULTS

25 patients (52% male)

UC 52% (n=13) CD 44% (n=11)

• Average age: 42 years (Range: 22-75)
• Average weight: 75 kg (CI95% 67-82)

Treatment suspension: 10 patients (mainly by secondary therapy failure)
Intensified schedule: 7 patients (28%) at 300mg/4weeks
Need of extra dose on W10: 36% patients (n=9).
Clinical remission: 50% in UC and 67% in CD

≥1 immunosuppressant+VDZ: 60% of the patients (in the beginning)
Median duration of the treatment: 79 weeks (CI95%;59-99)

VTL
Induction phase: 45.3 μg/mL (CI95%: 31.0-60.0) (6 patients)
Maintenance phase: 25.7 μg/mL (range: 6.40-105)

In patients with CRP≤5μg/mL, VTL was higher (mean 34.3 μg/mL) than in patients with CRP>5μg/mL (mean 21.1 μg/mL).

CRP and FC concentration were reduced by an average of 1.9 μg/mL and 1454 mcg/g, respectively, during the treatment.

AVA WERE NOT DETECTED IN ANY PATIENT

CONCLUSIONS AND RELEVANCE

Around 1/3 of patients requires intensification of treatment, despite not identifying the presence of AVA. Observed CR rates are quite modest, therefore VDZ TDM can be a useful tool for the physician in the decision-making process.