Vedolizumab: early experience and medium-term outcomes in inflammatory bowel disease.

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Background
Vedolizumab is a monoclonal antibody approved for the treatment of moderately to severely inflammatory bowel disease (IBD) who have had inadequate or loss of response or were intolerant to a tumor necrosis factor-alpha inhibitor (anti-TNF).

Purpose
To assess prescribing patterns and effectiveness of vedolizumab in patients with IBD.

Material and Methods
• Retrospective review of patients with Crohn’s disease (CD) and ulcerative colitis (UC) treated with vedolizumab (July 2015–September 2017).
• Variables:
  • Demographic, clinical and pharmacotherapeutic information.
  • Reasons for starting vedolizumab.
  • Previous treatment with anti-TNF, dose regimen and use of an additional induction dose (week-10) of vedolizumab.
  • Biochemical parameters [(C-reactive protein (CRP) and fecal calprotectin (FC)].

Results

<table>
<thead>
<tr>
<th>Demographic characteristics</th>
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<tbody>
<tr>
<td>(women) 40 (21)</td>
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<tr>
<td>Age (years)</td>
<td>48.4 (12-87)</td>
</tr>
<tr>
<td>median (range)</td>
<td></td>
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<tr>
<td>Diagnosis</td>
<td>21 CD / 19 UC</td>
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<tr>
<td>Weight (Kg)</td>
<td>51.1 (31.6)</td>
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<tr>
<td>Average (SD)</td>
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</tbody>
</table>

![Additional induction dose (week-10)*](image)

7 patients had seen their posological interval reduced to 4-6 weeks.
1 patient received lower dose of vedolizumab than 300 mg (12-year-old patient).

• Previous treatment with anti-TNF
• Shortened the dosage interval
• Additional induction dose

52.5 % REACHED A GOOD CLINICAL RESPONSE

Conclusion
• The suitability of vedolizumab treatment in patients with IBD was appropriate in a high percentage of patients.
• In terms of efficacy, approximately half of the patients benefited from the treatment.
• It would be necessary to evaluate the continuity of treatment with vedolizumab in patients who had not responded to therapy.