EFFECTIVENESS AND SAFETY OF INDUCTION THERAPY WITH VEDOLIZUMAB IN PATIENTS WITH INTESTINAL INFLAMMATORY DISEASE

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Introduction

Vedolizumab is a therapeutic alternative indicated in patients with moderate-severe Inflammatory Bowel Disease (IBD), Ulcerative Colitis (UC) and Crohn's Disease (CD), with loss of response or intolerance to first-line treatment.

Objective

To evaluate the **effectiveness** and **safety** of induction treatment with **vedolizumab** in patients diagnosed with IBD.

Materials and methods

- Observational retrospective study (February 2016 to September 2017)
- Patients with IBD who had received treatment with vedolizumab were included.
- **Variables**:

  Demographic: age, sex.

  Clinical: time from diagnosis to the start of treatment with vedolizumab, number of prior anti-TNFα.

  Related to **effectiveness**: variation of corticosteroid doses, hemoglobin, c-reactive protein, fecal calprotectin and number of stools from week 0 to week 6. Variables related to effectiveness were measured at week 0 and week 6.

  Related to **safety**: adverse events.

- Students´s t-test (SPSS 20.0) was used to quantify the variation in the analytical parameters.

Results

- **Demographic:**

  We included **19** patients (53% male, mean age of 46 (SD: 16) years), treated with vedolizumab.

  11 of them presented the diagnosis of CU.

- **Clinical:**

  - The mean number of months from diagnosis to start with vedolizumab was **83** (SD: 79).
  - **15.8%** were not treated with any anti-TNFα previously, **10.5%** with infliximab, **68.4%** with infliximab and adalimumab, and **5.3%** with infliximab, adalimumab and golimumab.
  - The reason for begin vedolizumab treatment was previous loss of response to anti-TNF in 84.2% of patients.

- **Effectiveness:**

  - Of the 14 patients being treated concomitantly with corticosteroids, the dose was reduced in 71.4% of them.
  - There were no statistically significant differences in fecal calprotectin, hemoglobin, c-reactive protein levels ($p > 0.05$) at week 6 compared to baseline level.
  - 18.2% had a decrease in the number of stools.

- **Safety:**

  2 patients presented adverse events associated with the treatment (skin reactions).

Conclusion

Vedolizumab has been shown to be **effective** and **safe** in our patients during the induction period, allowing to reduce corticoid doses and the number of stools, improving the quality of life of our patients. However, there were not differences in the analytical parameters.