and time to discontinuation is shown in table 1. There were no associated factors with time to discontinuation. Maintenance frequency of 12 weeks was half as likely to be associated with discontinuation, but not statistically significant. Only 8/44 on 8-weekly maintenance frequency de-escalated to 12-weekly.

Conclusion Only a third of CD patients discontinued ustekinumab at 2 years follow-up and 5% discontinued therapy between year 1 and 2 of treatment. This suggests clinical response within the first year of treatment is likely to be sustained for another year. None of the patient, disease or drug-related factors predicted drug discontinuation.

P102 OUTCOMES OF BIOSIMILAR ADALIMUMAB SWITCHBACKS/REVERSE SWITCHING IN IBD: REAL-WORLD EXPERIENCE

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Introduction Biosimilars of adalimumab are now used throughout the National Health Service (NHS). Patients who switch to biosimilars may develop adverse effects such as cutaneous reactions or disease flares, and are sometimes switched back (reverse switching) to the originator. There is limited information about the outcomes of these switchbacks, particularly in the event of disease flares. At East Sussex NHS Trust (ESHT), clinical information regarding switchback patients was collected and the outcomes analysed to gain a better understanding of the effects of reverse switching.

Methods This was a retrospective review of a database of all IBD patients who underwent switching from the originator (Humira®) to biosimilar adalimumab (Imraldi®) at ESHT. Patients who encountered adverse events post-switch were discussed at the IBD multi-disciplinary meeting and a consensus decision was made whether a switchback was appropriate. Data was collected on Harvey Bradshaw Index (HBI), Simple Colitis Activity Index (SCCAI), CRP reactive protein, faecal calprotectin (FC) and adverse event reports. Disease flare for this study was defined as symptoms suggestive of a flare in conjunction with a rise in HBI/SCCAI. Patients who were switchbacked were followed up by the IBD specialist nurse and clinical outcomes post-switchback were documented.

Results At ESHT, 113 IBD patients were switched to Imraldi®(Biogen). There were in total 17 switchbacks (12 female, 5 male) to the originator Humira®(Abbvie). 11 of the switchbacks were due to cutaneous reactions/severe pain on injection/joint pain. These 11 patients continue to remain on Humira®. 6 of the switchbacks were due to disease flare (3 patients on weekly dosing, 3 patients on fortnightly dosing). Of these 6 switchbacks, only 4 patients remain on the originator to date. 1 patient was assessed further with tests and her symptoms were found to be functional in nature. 1 patient was switched to vedolizumab. 1 patient had a further hospital admission for a Crohn’s flare that required steroids but remains on Humira®. The rate of capture of clinical response was 50% if the switchback was due to a disease flare.

Conclusions As more NHS Trusts engage in switches to adalimumab biosimilars, they will increasingly also face patients where a switchback may be considered. Our local experience shows that switchbacks instigated due to a disease flare should be considered with caution as the rate of clinical response is low. More research is required to ascertain the true effects of switchbacks on patient clinical outcomes to devise appropriate treatment algorithms for such situations.