persistence rate at 6 months post-switch was 89% (16/18). There were no safety issues or adverse events of note.

Conclusions Patients with pCD who were switched from IV to SC IFX had a high rate of symptom free survival and treatment persistence at 6 months. Treatment switch was associated with an increase in IFX levels. The efficacy of SC IFX at 6 months appears comparable to IV IFX for maintenance of remission in pCD (2).

REFERENCES

- Schreiber S, Ben-Horin S, Leszczyszyn J, Dudkowiak R, Lahat A, Gawdis-Wojnar-ska B, Pukitis A, Horynski M, Farkas K, Kierkus J, Kowalski M, Lee SJ, Kim SH, Suh JH, Kim MR, Lee SG, Ye BD, Reinisch W. Randomized Controlled Trial: Subcutaneous vs Intravenous Infliximab CT-P13 Maintenance in Inflammatory Bowel Disease. *Gastroenterology*. 2021 Mar 5:S0016-5085(21)00474-1.
- Sands BE, Anderson FH, Bernstein CN, Chey WY, Feagan BG, Fedorak RN, Kamm MA, Korzenik JR, Lashner BA, Onken JE, Rachmilewitz D, Rutgeerts P, Wild G, Wolf DC, Marsters PA, Travers SB, Blank MA, van Deventer SJ. Infliximab maintenance therapy for fistulizing Crohn's disease. *N Engl J Med*. 2004 Feb 26;350(9):876-85.

PMO-29 SWITCHING BETWEEN INFlixIMAB BIOSIMILARS: EXPERIENCE FROM TWO INFLAMMATORY BOWEL DISEASE CENTRES

¹Adele Mott*, ¹Adele Mott, ²Nina Taherzadeh, ²Tina Shah, ¹Lisa Whitley, ^{1,2}Charles Murray, ¹Yogini Jani. ¹University College London Hospitals NHS Foundation Trust, London, UK; ²Royal Free London NHS Foundation Trust, London, UK

10.1136/gutjnl-2021-BSG.168

Introduction Switching from originator to biosimilar infliximab (IFX) in patients with inflammatory bowel disease (IBD) is safe, effective and common practice in the UK. Less is known about switching between biosimilars. Four biosimilar IFX brands are available in the UK, and 'best value' describes the brand with the lowest acquisition cost. The aim was to report outcomes of a program to switch from biosimilar (Remsima®; CT-P13) to 'best value' IFX (Zessly®; GP1111) in a multi-centre real-life IBD cohort.

Methods A quality improvement approach was used to assess the impact on patient acceptability, infusion reactions and quantity of 'best value' IFX administered over a 6 month period. All patients on treatment with biosimilar IFX for management of Crohn's disease or ulcerative colitis were eligible to switch. Patients received written information and had the opportunity to ask questions before the switch. Infusion rates were not adjusted for the first dose of 'best value' infliximab. Details of infusion reactions, requests to switch back and treatment discontinuations due to loss of response (LOR) were collected prospectively. The number of vials used of each biosimilar was collected retrospectively as a measure of the efficiency of the switch programme.

Results 289 patients were eligible for the switch; all patients (100%) consented and received at least one dose of 'best value' IFX. One infusion reaction was reported (0.3%) which was successfully treated following standard infusion reaction procedure, and subsequent doses of IFX were not given. One patient (0.3%) switched back to the previous biosimilar IFX due to loss of efficacy and 17 (6%) stopped treatment due to LOR. 'Best value' IFX accounted for over 90% of total IFX use after 6 months.

Conclusions Switching between infliximab biosimilars was acceptable to patients and was associated with a low rate of

infusion reactions. The proportion of patients who discontinued treatment due to LOR over a 6 month period was consistent with the historical norm. Larger than previously published evaluations, this short-term evaluation adds to the literature that switching between biosimilar IFX is safe and appears effective.

PMO-30 CORTICOSTEROID-FREE REMISSION OF ULCERATIVE COLITIS WITH FILGOTINIB MAINTENANCE THERAPY: POST-HOC ANALYSIS OF THE SELECTION STUDY

¹Ben Morison*, ²Edward V Loftus, ³Severine Vermeire, ⁴Brian Feagan, ⁵Chohee Yun, ⁵Jeremy Hsieh, ⁵Xiaopeng Liu, ⁵Sally Zhao, ⁶Ulrik Moerch, ⁷William J Sandborn, ⁸Toshifumi Hibi. ¹Norfolk and Norwich University Hospital, Norwich, UK; ²Mayo Clinic College of Medicine, Rochester, USA; ³University Hospitals Leuven, Leuven, Belgium; ⁴Western University, London, Canada; ⁵Gilead Sciences, Inc., Foster City, USA; ⁶Gilead Sciences, Inc., Copenhagen, Denmark; ⁷University of California San Diego, La Jolla, USA; ⁸Kitasato Institute Hospital, Kitasato University, Japan

10.1136/gutjnl-2021-BSG.169

Introduction Filgotinib (FIL) is a once-daily, oral, preferential Janus kinase 1 inhibitor. FIL for the treatment of moderately to severely active ulcerative colitis (UC) was evaluated in the phase 2b/3 randomised, double-blind, placebo (PBO)-controlled SELECTION study (NCT02914522). The aim of this *post hoc* analysis was to assess the CS-sparing effects of FIL in the SELECTION study.

Methods Patients (18–75 years old) with moderately to severely active UC were randomised (2:2:1) to receive FIL 100 mg (n = 564), FIL 200 mg (n = 507) or PBO (n = 280) once daily orally for up to 11 weeks (induction study). At week 11, FIL induction responders were rerandomised 2:1 to continue their induction FIL dose or to receive PBO (maintenance study). CS use was kept stable up to week 14, at which point mandatory CS tapering occurred. CS could be resumed; however, if the baseline CS dose was exceeded this was considered treatment failure. In this *post hoc* analysis, CS-free remission was defined as remission at week 58 (endoscopic subscore ≤ 1, rectal bleeding subscore = 0 and ≥ 1-point decrease in stool frequency subscore to achieve 0 or 1) without systemic or localized CS use that was indicated for UC in the previous 1, 3, 6 or 8 months.

Results Baseline characteristics of patients in the maintenance study were similar across treatment groups. Of the 92 patients receiving CS at maintenance baseline (week 11; maintenance week 0) who received FIL 200 mg during the maintenance study, 25 (27%) were in remission at week 58 and had been continuously CS-free for at least the previous 6 months. In patients taking CS at maintenance baseline who had continued CS-use post baseline, lower median prednisone dosing was observed with FIL 200 mg than with PBO throughout the maintenance study (maximum difference at week 34 [maintenance week 23]: 5.0 mg vs 13.8 mg). In SELECTION, a total of 199 patients received FIL 200 mg in the maintenance study, of whom 74 (37.2%) were in remission at week 58; of these 74 patients, 69 (93.2%) were continuously CS-free for at least the previous 6 months.

Conclusions In this *post hoc* analysis of SELECTION maintenance study data, FIL 200 mg was effective in reducing and eliminating CS use through to week 58. The vast majority of patients taking FIL 200 mg who were in remission at week 58 had not taken CS in the previous 6 months.