RAPID INFlixIMAB INFUSION IN CHILDREN: A MULTICENTER COHORT STUDY

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Background: A significant drawback of infliximab administration is the length of infusion time. While a number of adult studies have found rapid infusion to be safe, pediatric data continues to be scarce.

Objective: We report our experience with a 1-hour rapid infusion protocol, prescribed in four pediatric IBD units over a period ranging from 6-20 months.

Materials and Methods: 1-hour infliximab infusions were administered to children with IBD who fulfilled the following criteria: 1) They had received at least 4 standard duration infusions with no infusion reactions; 2) There was no recent dose increase; 3) No more than 10 weeks had elapsed since the previous infusion. Standard duration infusions were administered over the course of approximately 3 hours for the first 3 infusions, and approximately 2 hours for subsequent infusions. Premedication administration was left to the discretion of each individual center. Patients were followed prospectively and all infusion reactions were recorded in patients’ charts.

Results: 85 children with IBD received infliximab infusions (69 CD, 9 UC and 7 IBD-U); mean age 15.4±2.9 years, 55.3% males, and median disease duration 23 (IQR 48-12) months. 50 children qualified for the rapid infusion protocol. 448 standard duration infusions and 311 rapid
infusions were administered. 57/85 (67%) patients received concomitant immunomodulators. 7 infusion reactions (1.6%) occurred during standard duration infusions and 3 (0.96%) occurred during rapid infusions (p=0.54).

Conclusion: Consistent with adult data, our results indicate that 1-hour infliximab infusions in selected pediatric IBD patients offer a safe alternative to traditional 2-3 hour infusions. By decreasing the time patients and their parents need to spend in the infusion center, rapid infliximab infusion can mitigate an important obstacle to patient acceptance of infliximab therapy.