

EFFICACY AND SAFETY OF LEUKOCYTAPHERESIS ADSORBER DEVICE LA25: EXPERIENCE IN 9 PATIENTS WITH INFLAMMATORY BOWEL DISEASE

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BACKGROUND AND AIMS

LA25 apheresis (Leukocyte Adsorber 25) is an effective and safe method for IBD patients in whom conventional therapy is ineffective, poorly tolerated, or contraindicated. However, long-term follow-up data are still not available.

METHODS

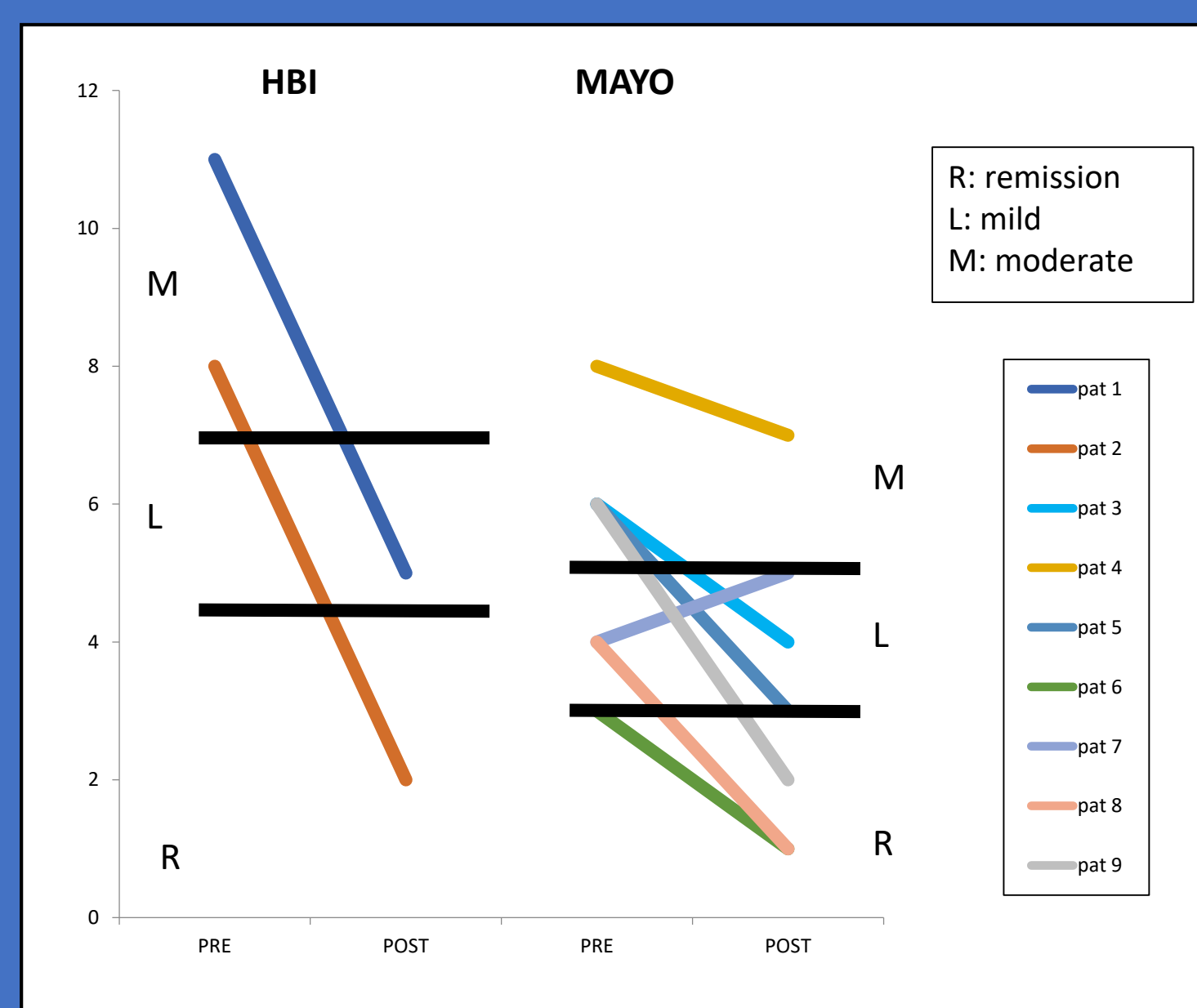
9 patients
Male/Female 6/3
Crohn/UC 2/7
Average age 56,6 yrs
3 other pts excluded
Follow-up: 3 -12 months

Patient characteristics	N
Active disease	4
Refractory disease	3
Age >65 years	3
Oncological comorbidities	2
Extraintestinal manifestations	4 (3 articular, 1 EN)
At least 1 contraindication to conventional therapies	8

RESULTS

3-month follow-up

Clinical scores



Characteristics	N
Endoscopic improvement	7
Endoscopic remission	1 (UC)
Steroid withdrawal	4/7
Clinical remission	4 (1 Crohn, 3 UC)
Fecal calprotectin	481 → 269 (55% reduction)
Pts with need to change therapy	3 (2 Vedolizumab, 1 Infliximab)

12-month follow-up

Characteristics	N
Pts still on remission	3 (2 UC, 1 Crohn)
Ongoing therapy	4 Vedolizumab 2 Infliximab 2 LA25 1 no therapy
Median months to relapse	4 (range 1-7)
Pts who had monthly LA25	5

2 patients with ongoing LA25

- 66 y/o Female with mild pancolic UC, intolerant to 5-ASA
- 33 y/o Male with multiple sclerosis and moderate left UC, responsive to steroids.

CONCLUSIONS

Leukocytapheresis using LA25 is safe and easy to perform and allows the obtainment of clinical and endoscopic response which ensues after 3 months of treatment in the majority of IBD patients.

It can be indicated in patients with high risk of complications using standard therapy or biologics.

Due to the high rate of disease relapse after 4-6 months, LA25 can be proposed as a “bridge therapy” to other maintenance therapies.

Maintenance therapy with monthly LA25 is effective only in highly selected patients.