

“Although additional information is required, these results suggest that sc. rituximab may become a useful option for treating patients with B-cell non-Hodgkin’s lymphoma” Solal-Celigny (2015).

Reference:

Solal-Celigny, P. (2015) Rituximab by subcutaneous route. Expert Review of Hematology. 8(2), p.147-53.

Experience of Rituximab administration by the subcutaneous route [http://ctt.ec/awt2H+](http://ctt.ec/awt2H+@ivteam)
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Abstract:

Rituximab has become a keystone of the treatment of B-cell lymphoproliferation. The standard administration route is intravenous infusion with risks of infusion-related reactions. In order to make administration easier, increase convenience for the patient and improve cost effectiveness, a subcutaneous (sc.) form has recently been developed. Early phase clinical studies in patients with follicular lymphoma have shown that a fixed dose of 1400 mg by sc. route yielded at least non-inferior pharmacokinetics that are at least as good as those of intravenous rituximab, as measured by C_{trough} levels. The safety profile was also comparable. Preliminary analyses of clinical efficacy showed at least non-inferior response rates. Although additional information is required, these results suggest that sc. rituximab may become a useful option for treating patients with B-cell non-Hodgkin’s lymphoma.

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