

SUPPLEMENTARY TABLES AND FIGURES

Supplementary Table 1

Clinical and biochemical disease activity and remission rates in patients with intravenous preference and subcutaneous or no preference at switch. P-values not displayed, as there were no significant differences in any of the variables.

	Intravenous preference	Subcutaneous preference/ No preference
CRP (mg/L), mean (95% CI), number of patients (n)	2.2 [1.2-3.1], n=27	3.0 [2.2-3.9], n=80
FC (mg/kg), mean (95% CI), number of patients (n)	188 [57-320], n=15	127 [79-176], n=62
HBI (median, range), number of patients (n)	3 (0-7), n=13	2 (0-16), n=43
PMS (median, range), number of patients (n)	0 (0-2), n=14	0 (0-3), n=37
Clinical remission, n (%)	22 (81)	65 (81)
Biochemical remission, n (%)	10 (67)	41 (66)
Combined remission, n (%)	8 (53)	33 (53)

CRP C-reactive protein; FC faecal calprotectin; HBI Harvey Bradshaw Index; PMS partial Mayo score; Clinical remission defined as Partial Mayo Score ≤ 1 for Ulcerative colitis and Harvey Bradshaw Index ≤ 4 for Crohn's disease; Biochemical remission defined as C-reactive protein < 5 mg/L and Fecal Calprotectin < 250 mg/kg; Combined remission defined as clinical and biochemical remission.

Supplementary Table 2

Details on patient changing biological treatment due to loss of response to subcutaneous vedolizumab.

	CD		UC	
Number	7		3	
Time to discontinuation in months, median (range)	6 (1-12)		11 (6-15)	
	Status at switch	Status at discontinuation	Status at switch	Status at discontinuation
CRP (mg/L), median (IQR)	3.0 (0.9-9.4)	6.7 (2.3-19)	1.7 (1.3-7.3)	2.6 (2.1-30.0)
S-VDZ (mg/L), median (IQR)	22.1 (14.7-24.2)	41.0 (38.8-48.4)	20.6 (16.2-27.7)	37.3 (27.2-55.6)
HBI, median (range)	4 (0-11)	4 (0-8)		
PMS, median (range)			1 (0-3)	0 (0-2)

VDZ vedolizumab; CRP C-reactive protein; HBI Harvey Bradshaw Index; PMS partial Mayo score

Supplementary Table 3

Marginal means with 95% confidence interval A) for 108 patients during 18-month follow-up estimated with linear mixed model for repeated measurements and B) for the 77 patients (76 patients, one missing laboratory data at 18-month follow-up) who continued subcutaneous vedolizumab throughout the entire follow-up period of 18 months estimated with linear mixed model for repeated measurements.

A	Estimated means (95% CI)				
	Before switch	Switch	6 months	12 months	18 months
CRP, mg/L	3.4 [2.4-4.3]	2.8 [1.9-3.7]	3.2 [2.3-4.2]	3.9 [2.9-5.0]	3.6 [2.5-4.7]
FC, mg/kg	240 [171-306]	144 [76-212]	187 [116-257]	183 [105-260]	150 [71-226]
Ferritin, µg/L	134 [103-166]	167 [135-198]	174 [141-207]	156 [122-191]	153 [117-189]
S-VDZ, mg/L	22.0 [20.3-23.6]	38.3 [36.6-40.0]	48.0 [46.2-49.7]	46.1 [44.2-47.9]	39.2 [37.2-41.1]

B	Estimated means (95% CI)				
	Before switch	Switch	6 months	12 months	18 months
CRP, mg/L	3.5 [2.3-4.6]	2.7 [1.6-3.8]	2.7 [1.6-3.8]	3.3 [2.2-4.4]	3.4 [2.3-4.5]
FC, mg/kg	241 [160-322]	109 [30-189]	147 [68-226]	157 [73-241]	132 [53-212]
Ferritin, µg/L	142 [102-181]	162 [123-202]	185 [145-224]	165 [126-205]	157 [118-197]
S-VDZ, mg/L	22.2 [20.3-24.0]	37.9 [36.1-39.8]	48.2 [46.3-50.0]	45.7 [43.4-47.6]	39.1 [37.2-41.0]

CI confidence interval; CRP C-reactive protein; FC faecal calprotectin; VDZ vedolizumab;

Supplementary figure 1 Cumulative incidence

Cumulative incidence of discontinuing subcutaneous vedolizumab depicted using competing risk analysis with A) switching back to intravenous as main event and B) discontinuing vedolizumab due to loss of effect/surgery/remission/infection (e.g. all other causes for discontinuation) as competing event.

