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Summary

# Is combination therapy the answer?

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**Combination advanced therapy for inflammatory bowel disease shows promising early signals in refractory patients but requires further evidence on optimal patient selection, delivery strategies, and long-term safety before routine clinical use.**

KEY POINTS

- The speaker presented data from multiple trials exploring combination advanced therapies, including the VIGOUR trial where guselkumab plus golimumab showed advantages in objective endpoints like endoscopic remission over single agents in ulcerative colitis, and the DUET trials where combination therapy showed efficacy trends in patients refractory to at least two prior systemic therapies for both ulcerative colitis and Crohn's disease.
- A Chinese study reported that eight-week induction with vedolizumab plus upadacitinib achieved more than double the rate of endoscopic remission compared to vedolizumab alone in ulcerative colitis, with safety profiles similar to known risks.
- Safety was broadly comparable across treatment arms in presented trials up to 48 weeks, though the speaker emphasized that long-term safety data are lacking and that safety risk assessment must account for patient-intrinsic factors, duration of combination, and specific regimen chosen.
- The speaker stated that multi-refractory patients who are primary non-responders to two consecutive lines represent the most relevant near-term scenario for considering combination therapy, while early high-risk disease should remain in the research setting only.
- Multiple ongoing trials are testing both combinations of currently available drugs and novel bispecific antibodies targeting TNF plus IL-23 or other dual pathways, with some results expected imminently.
- The speaker emphasized that precision medicine biomarkers are needed to identify which combination suits which patient, optimal delivery methods remain unknown, and real-world value including cost must be demonstrated before widespread adoption.

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