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Summary

IBD

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Paediatrics | Hepatobiliary | Small Intestine & Nutrition | Immunology | IBD | Digestive Oncology

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Review of five pivotal IBD studies from DDW 2025 covering novel therapies for fistulizing Crohn's disease, dual-antibody treatment for refractory disease, long-term IL-23 inhibitor data in ulcerative colitis, and practical guidance on thiopurine withdrawal and sequencing after vedolizumab failure.

KEY POINTS

- The FUSION trial reported that guselkumab achieved combined clinical and radiological fistula remission in 28% of patients at week 24 versus 10% with placebo, with response separating as early as week 4 in patients with at least one active draining perianal fistula.
- The DUET CD study showed that high-dose dual-antibody therapy (golimumab plus guselkumab) achieved 49% clinical remission at week 48 in patients with prior exposure to two or more systemic therapies, compared to 27% with guselkumab alone, with no new safety signals.
- In ARTEMIS UC, two-thirds of patients who responded to tofacitinib at week 12 achieved symptomatic remission at week 50, and 40 to 50% achieved disease clearance (symptomatic remission, endoscopic subscore 0 to 1, and mucosal healing) regardless of prior advanced therapy exposure.
- A retrospective COMPARE IBD study found no statistical difference in clinical or endoscopic remission at 3 and 12 months between JAK inhibitors and IL-23p19 inhibitors in patients who lost response to vedolizumab, though JAK inhibitors may be superior for colon-only Crohn's disease.

- The MINIMISE trial demonstrated that thiopurine can be safely stopped when switching from intravenous to subcutaneous infliximab in patients on stable combination therapy for at least 22 weeks, with no difference in antibody formation, drug levels, or disease activity at 24 weeks.
- The speaker positions guselkumab as a first-line or second-line option in clinical practice for moderate to severe Crohn's disease and simpler perianal disease, reserving infliximab plus azathioprine for very complex perianal cases.

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