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Summary

MIRIKIZUMAB LONG-TERM IMPACT ON BOWEL URGENCY IN CROHN'S DISEASE AND ITS ASSOCIATION WITH CLINICAL AND OTHER EFFICACY OUTCOMES: RESULTS FROM THE VIVID-2 OPEN-LABEL EXTENSION STUDY

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UEG Week Berlin 2025 | Poster

IBD

October 6, 2025

In patients with moderately to severely active Crohn's disease treated with mirikizumab for two years, over 50% achieved bowel urgency remission, which was significantly associated with higher rates of clinical remission, endoscopic remission, reduced fatigue, and improved quality of life.

KEY POINTS

- Over 50% of mirikizumab-treated patients achieved bowel urgency remission at week 104, with rates of 56% in week 52 endoscopic responders and 43% in non-responders
- Patients achieving bowel urgency remission had significantly higher clinical remission rates compared to those without bowel urgency remission: 96% versus 48% in the total group, 98% versus 54% in endoscopic responders, and 93% versus 41% in non-responders (all p<0.0001)
- Bowel urgency remission was associated with significantly greater improvement in fatigue scores (FACIT-Fatigue mean change 12.2-12.3 versus 5.7-6.1, p□0.002) and quality of life remission rates (IBDQ remission 82-89% versus 40-45%, p<0.0001) across all patient subgroups
- Endoscopic remission at week 104 was significantly higher in patients with bowel urgency remission in the total group (34% versus 21%, p=0.018), though differences were not statistically significant in the endoscopic non-responder subgroup
- This analysis is relevant for clinicians managing long-term outcomes in Crohn's disease patients, particularly regarding the relationship between symptom control and broader disease outcomes

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