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Summary

Timely action in UC: Achieving mucosal healing to optimize patient outcomes (AbbVie) (Complete Session)

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UEG Week Vienna 2024 | Presentation

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This AbbVie-sponsored symposium presented by gastroenterologists from Calgary, Erlangen, and Alicante argued that timely therapeutic action targeting inflammation and mucosal healing in ulcerative colitis can optimise long-term patient outcomes.

KEY POINTS

- The speakers stated that over 44% of ulcerative colitis patients in a European and North American cross-sectional study were not adequately controlled per STRIDE-II consensus, with continued steroid overuse cited as the number one reason.
- The speakers reported that a meta-analysis of over 2000 patients from 13 studies showed sustained clinical remission was 65% with mucosal healing versus 34% without mucosal healing.
- The speakers stated that post-hoc analysis of the phase 3 Upadacitinib trial showed patients achieving histological-endoscopic mucosal remission had no hospitalisations or surgeries over 52 weeks.
- The speakers reported week 52 data for advanced therapy-naive patients showing mucosal healing rates around 76% for Risankizumab and clinical remission rates of 65% for Upadacitinib 30mg with steroid-free remission.
- The speakers stated that faecal calprotectin rises six months before symptomatic relapse in ulcerative colitis and recommended holistic monitoring strategies combining symptoms, biomarkers, endoscopy, and potentially histology.
- The speakers recommended that even a single steroid course during maintenance therapy should trigger treatment reassessment and that moderate endoscopic disease warrants treatment intensification, not acceptance.

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