

REAL-WORLD DATA ON THERAPY RESPONSE TO INFLAMMATORY BOWEL DISEASE BIOLOGICAL TREATMENTS IN PATIENTS WITH CONCURRENT PRIMARY SCLEROSING CHOLANGITIS: A CASE-CONTROL STUDY

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Poster

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In a propensity-matched cohort study comparing IBD patients with and without concurrent PSC, Ustekinumab showed significantly lower clinical response rates in PSC patients, while Infliximab and Vedolizumab response rates did not differ significantly between groups.

KEY POINTS

- Among 46 matched PSC/IBD and 46 control IBD patients receiving biologic therapy, clinical remission or partial response within 20 weeks was significantly lower with Ustekinumab in PSC patients (42.9% versus 76.9%, $p=0.044$) but not significantly different with Infliximab (78.9% versus 75.0%, $p=1.000$) or Vedolizumab (82.1% versus 86.4%, $p=0.521$).
- Mucosal healing rates were lower in PSC/IBD patients compared to controls across all three biologics: Infliximab 50.0% versus 87.5%, Vedolizumab 45.0% versus 84.6%, and Ustekinumab 20.0% versus 75.0%.
- Decreased levels of C-reactive protein and faecal calprotectin were also lower in PSC/IBD patients across all therapies, particularly with Vedolizumab (47.1% versus 88.9%) and Ustekinumab (40.0% versus 77.8%).
- Time to loss of response among responders did not differ significantly between PSC/IBD and control groups for any of the three biologics.
- This retrospective single-center study suggests clinicians may need to consider concurrent PSC when selecting biologic therapy for IBD patients, particularly regarding Ustekinumab efficacy.

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