REINDUCTION AND INTENSIFICATION STRATEGY WITH USTEKINUMAB IN IBD PATIENTS, A SINGLE CENTER REAL LIFE EXPERIENCE

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UEG Week Copenhagen 2023 | Poster

IBD

October 15, 2023

A retrospective cohort study of 32 IBD patients found that dose optimisation with ustekinumab achieved clinical remission in 72% of cases, with secondary failure and extraintestinal manifestations associated with better response.

KEY POINTS

- Among 94 patients on ustekinumab, 32 (30%) required dose optimisation during follow-up, equally divided between primary non-response during induction (50%) and secondary failure (50%).
- Clinical remission was achieved in 23 patients (72%) after dose optimisation through reinduction and/or intensification strategies (90mg subcutaneous every 4 or 6 weeks, or 130mg intravenous every 4 weeks).
- Secondary failure to ustekinumab (p=0.049) and presence of extraintestinal manifestations (p=0.03) were significantly associated with better response to dose optimisation.
- No significant differences in response were observed between different intensification regimens or between patients who received prior reinduction versus those who did not.
- The authors conclude that dose optimisation with ustekinumab is useful in clinical practice, particularly for patients with secondary failure; the cohort included predominantly Crohn's disease patients (84.4%) with high rates of prior biologic exposure (87.5%).

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