

# THE ASSOCIATION OF ENDOSCOPIC OUTCOMES WITH LONG-TERM CLINICAL IMPROVEMENTS IN RISANKIZUMAB-TREATED PATIENTS WITH MODERATE TO SEVERE CROHN'S DISEASE: POST HOC RESULTS FROM THE PHASE 3 SEQUENCE TRIAL

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Poster

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**In risankizumab-treated patients with moderate to severe Crohn's disease who had failed TNF antagonist therapy, achieving endoscopic response or remission at week 48 was associated with significantly better clinical outcomes at week 100.**

## KEY POINTS

- This post hoc analysis of the phase 3 SEQUENCE trial included 224 risankizumab-treated patients who completed 100 weeks of treatment (48 weeks in Part 1 and 52 weeks in the open-label extension Part 2).
- At week 48, 50.9% of patients achieved endoscopic response and 35.7% achieved endoscopic remission.
- Patients achieving week 48 endoscopic response had significantly higher rates of week 100 CDAI clinical response (70.2% vs 55.5%,  $P=.0226$ ), CDAI clinical remission (67.5% vs 51.8%,  $P=.0164$ ), steroid-free CDAI clinical remission (67.5% vs 51.8%,  $P=.0164$ ), and normalized fecal calprotectin (58.8% vs 44.5%,  $P=.0332$ ) compared to those without week 48 endoscopic response.
- Similar associations were observed for patients achieving week 48 endoscopic remission or steroid-free endoscopic remission, with statistically significant differences for most endpoints except CDAI clinical response.
- This analysis may be of interest to clinicians managing patients with moderate to severe Crohn's disease who have previously failed TNF antagonist therapy.

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