BASELINE CHARACTERISTICS ASSOCIATED WITH PROBABILITY OF REMISSION AND GREATER ABSOLUTE BENEFIT OF TREATMENT WITH AFIMKIBART (RO7790121/ RG6631)

Bruce E. Sands

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Post hoc analysis of the TUSCANY-2 phase IIb trial examined how baseline clinical characteristics influenced Week 14 remission rates with afimkibart, an anti-TL1A antibody, versus placebo in patients with moderate to severe ulcerative colitis.

KEY POINTS

- The pooled afimkibart dose arm achieved 32.5% clinical remission by modified Mayo score at Week 14 compared with 13.3% for placebo, a treatment delta of 19.2%.
- Patients with higher baseline probability of remission (27-76%) showed a larger absolute treatment benefit of 28.5% compared with 7.6% in patients with lower baseline probability (2-27%).
- Lower baseline C-reactive protein, lower Robart's Histopathology Index, and higher serum albumin were associated with greater probability of remission and absolute benefit from afimkibart treatment.
- Clinical characteristics included in a regularised logistic regression model explained approximately 10% of the variability in observed outcomes, with no evidence of heterogeneous treatment effects on the relative scale.
- This analysis used the Predictive Approaches to Treatment effect Heterogeneity (PATH) statement framework and may be of interest to clinicians and researchers seeking to interpret IBD trial results with precision medicine approaches.

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