gutflix
GI learning, personalised

Summary

SUSTAINED IMPROVEMENT IN PATIENT-REPORTED OUTCOMES WITH LONG-TERM UPADACITINIB THERAPY IN PATIENTS WITH MODERATELY TO SEVERELY ACTIVE ULCERATIVE COLITIS: 4-YEAR RESULTS FROM THE U-ACTIVATE LONG-TERM EXTENSION STUDY

Corey A. Siegel

UEG Week Berlin 2025 Poster

IBD

October 4, 2025

Post hoc analysis of the U-ACTIVATE long-term extension study shows that upadacitinib maintenance therapy sustained patient-reported outcomes and health-related quality of life improvements in ulcerative colitis patients over up to 4 years of treatment.

KEY POINTS

- The analysis included 369 patients who received upadacitinib 15 mg or 30 mg once-daily maintenance therapy after completing 52 weeks in the U-ACHIEVE maintenance study, with efficacy assessed at weeks 0, 96, and 144 of the long-term extension.
- Patients achieved sustained improvements in absence of abdominal pain, absence of bowel urgency, IBDQ response and remission, and meaningful within-person changes in FACIT-Fatigue and SF-36v2 physical and mental component scores from week 0 through week 144 in both as-observed and modified nonresponder imputation analyses.
- For the upadacitinib 30 mg group in the as-observed analysis, 80.7% achieved absence of abdominal pain, 86.7% achieved absence of bowel urgency, 90.7% achieved IBDQ response, and 87.9% achieved IBDQ remission at week 144.
- The study was not designed to compare the 15 mg and 30 mg doses of upadacitinib, and the findings are presented as suggesting that upadacitinib maintains long-term improvements in patient-reported outcomes.
- This material would be most relevant to gastroenterologists managing ulcerative colitis patients on long-term upadacitinib therapy and those considering extended maintenance treatment strategies.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/a9229b18-a813-11f0-be86-0242ac140006

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.