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Summary

EXTENDED INDUCTION RESPONSE OVER TIME IN PATIENTS WITH MODERATELY-TO-SEVERELY ACTIVE ULCERATIVE COLITIS TREATED WITH MIRIKIZUMAB IN THE LUCENT-1 AND -2 TRIALS

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Extended induction with mirikizumab (three additional IV doses at weeks 12, 16, and 20) induced clinical response in 53.7% of patients with moderately-to-severely active ulcerative colitis who did not respond to standard 12-week induction.

KEY POINTS

- Among 272 patients who were clinical non-responders at week 12, extended induction with mirikizumab 300mg IV every 4 weeks resulted in clinical response in 146 patients (53.7%) at week 24.
- Symptomatic response increased progressively from 30.5% at week 12 to 52.9% at week 16, 62.1% at week 20, and 72.4% at week 24.
- Symptomatic remission improved from 4.8% at week 12 to 19.5% at week 16, 26.8% at week 20, and 37.1% at week 24.
- Among patients with baseline Urgency NRS ≥3 (n=256), bowel urgency remission increased from 7.0% at week 12 to 19.9% at week 24, with mean urgency score reduction of 2.5±2.7 points at week 24.
- Non-responders at week 12 were characterised by more severe disease features including higher rates of pancolitis, Mayo endoscopic score of 3, corticosteroid use, and prior biologic or tofacitinib failure.
- Incremental improvement in symptomatic and bowel urgency outcomes was observed at weeks 16 and 20, indicating some patients benefited earlier during extended induction.

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