

EFFICACY OF UPADACITINIB FOR MODERATELY TO SEVERELY ACTIVE CROHN'S DISEASE BY DISEASE DURATION: A POST HOC ANALYSIS OF PHASE 3 INDUCTION AND MAINTENANCE STUDIES

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Poster

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Post hoc analysis of three phase 3 upadacitinib trials in Crohn's disease found that patients with shorter disease duration achieved numerically higher endoscopic response rates than those with longer disease duration, though efficacy was demonstrated across all duration subgroups.

KEY POINTS

- In pooled induction data (N=1021, 12 weeks), upadacitinib 45 mg once daily showed nominally greater improvement versus placebo across most efficacy endpoints in all disease duration subgroups (less than 2 years, 2 to 5 years, greater than 5 to 10 years, and greater than 10 years).
- Endoscopic response at week 12 with upadacitinib 45 mg was 61.8 percent in patients with disease duration less than 2 years versus 30.7 percent in those with disease duration greater than 10 years; corresponding placebo rates were 14.5 percent and 5.1 percent.
- In the maintenance study (52 weeks), both upadacitinib 30 mg and 15 mg once daily demonstrated nominally or numerically greater improvement in efficacy endpoints versus placebo regardless of disease duration, with a general trend toward greater improvements in patients with shorter disease duration.
- Clinical remission per stool frequency and abdominal pain score at week 52 with upadacitinib 30 mg ranged from 50.0 percent (disease duration less than 2 years) to 33.9 percent (disease duration greater than 10 years) versus 31.6 percent to 11.1 percent with placebo.
- The analysis was funded by AbbVie; all P-values are nominal and not adjusted for multiple comparisons; clinicians treating moderately to severely active Crohn's disease may find these subgroup data relevant when considering timing of advanced therapy initiation.

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