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Summary

FILGOTINIB EFFECTIVENESS AND SAFETY AS SECOND OR THIRD-LINE THERAPY IN PATIENTS WITH ULCERATIVE COLITIS: DATA FROM A REAL-WORLD STUDY

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Real-world retrospective study of 102 ulcerative colitis patients treated with Filgotinib shows 46.1% achieved clinical remission with significantly better outcomes in first-line use compared to second- or third-line therapy.

KEY POINTS

- Clinical remission at end of follow-up (median 24 weeks) was achieved by 46.1% of patients overall, with marked differences by line of therapy: 72.2% for first-line, 36.8% for second-line, and 41.5% for third-line treatment (p=0.002).
- In multivariate analysis, clinical remission at 8 weeks predicted final remission (OR=2.21, p=0.021), while age over 40 years (OR=0.46, p=0.046) and second/third-line treatment (OR=0.31, p=0.005) were negative predictive factors.
- Clinical response was achieved by 69.6% of patients, mucosal healing in 60.0% of those assessed endoscopically, and steroid-free remission in 82.6% of patients in remission.
- Surgery was required in 4.9% of patients during follow-up.
- The authors conclude Filgotinib is effective and safe in UC with better performance as first-line treatment; this retrospective study may inform clinicians considering Filgotinib positioning in treatment algorithms.

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