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Summary

BASELINE CHARACTERISTICS ASSOCIATED WITH ACHIEVING EFFICACY ENDPOINTS IN PATIENTS WITH ULCERATIVE COLITIS TREATED WITH FILGOTINIB

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Post hoc analysis of the SELECTION trial shows filgotinib 200 mg improved clinical, endoscopic, and histologic outcomes versus placebo in both moderately and severely active ulcerative colitis, with moderately active patients achieving higher response rates at week 10 that converged with severely active patients by week 58 in biologic-naive individuals.

KEY POINTS

- At week 10, biologic-naive patients with moderately active UC treated with filgotinib 200 mg achieved higher numerical response rates than those with severely active UC, including endoscopic response (46% versus 24%) and Mayo Clinic Score response (70.5% versus 63.2%).
- Filgotinib 200 mg demonstrated statistically significant improvements versus placebo across most endpoints in both disease severity subgroups, including endoscopic remission, Mayo Clinic Score remission and response, histologic remission, PRO-2 remission, and IBDQ remission at week 10.
- By week 58, numerical differences between moderately and severely active subgroups diminished in biologic-naive patients (endoscopic response: 59% versus 46%) because response rates increased in the severely active subgroup over time, while differences persisted in biologic-experienced patients.
- Patients were stratified by Mayo endoscopic subscore into moderately active (score 2) or severely active (score 3) UC; baseline characteristics showed 41% of moderately active and 66% of severely active patients had CRP ≥3 mg/L.
- This post hoc analysis of the phase 2b/3 SELECTION study may inform clinicians treating patients with varying ulcerative colitis severity and biologic exposure status.

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