

TREAT-TO-TARGET IN ULCERATIVE COLITIS IN A REAL-WORLD SETTING: CLINICAL REMISSION AFTER INDUCTION AND COMPLETE MUCOSAL HEALING CORRELATE WITH SUPERIOR LONG-TERM OUTCOMES.

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Poster

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A retrospective real-world study of 145 ulcerative colitis patients treated with biologics found that achieving clinical remission at the end of induction and complete endoscopic healing predict better long-term treatment outcomes and drug continuation.

KEY POINTS

- At the end of induction, 49.7% of patients achieved clinical remission (UC-PRO2=0) and 62.1% achieved clinical response (drop in UC-PRO2 $\geq$ 50%).
- Patients in clinical remission at the end of induction had significantly higher rates at one year of drug continuation (94.4% vs 55.6%), clinical remission (87.5% vs 44.4%), steroid-free clinical remission (85.9% vs 33.3%), and mucosal healing (57.6% vs 23.5%) compared to those with clinical response alone.
- Patients with complete endoscopic healing (endoscopic MAYO score of 0) had significantly higher drug continuation rates at one year (100% vs 70.6%) and two years (81.6% vs 41.7%) compared to those with endoscopic MAYO score of 1.
- The study included patients treated with infliximab (46.9%), vedolizumab (28.3%), or ustekinumab (24.8%) in a single GI unit.
- This real-world data supports the use of early clinical remission and endoscopic healing as therapeutic targets in ulcerative colitis management.

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