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Summary

MATCHING-ADJUSTED INDIRECT COMPARISON OF UPADACITINIB VERSUS USTEKINUMAB ON ENDOSCOPIC OUTCOMES AMONG PATIENTS WITH MODERATELY TO SEVERELY ACTIVE CROHN'S DISEASE

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A matching-adjusted indirect comparison of phase 3 trial data shows upadacitinib achieved significantly higher rates of endoscopic response, remission, and mucosal healing than ustekinumab at the end of induction in patients with moderately to severely active Crohn's disease.

KEY POINTS

- At end of induction (week 12 upadacitinib, week 8 ustekinumab), placebo-adjusted treatment differences favoured upadacitinib 45mg over ustekinumab 6mg/kg intravenously: endoscopic response 26.3%, endoscopic remission 9.9%, mucosal healing 13.0%, and mean SES-CD reduction 3.7 points (all $P<0.05$).
- Effective sample sizes for induction were 207 upadacitinib and 155 ustekinumab patients; maintenance sample sizes were limited, ranging from 16 to 53 for upadacitinib and 17 to 46 for ustekinumab.
- In maintenance, endoscopic remission rates were numerically higher for upadacitinib 30mg versus ustekinumab 90mg, and outcomes with upadacitinib 15mg were comparable to ustekinumab; placebo-adjusted differences in endoscopic response and mucosal healing between upadacitinib 30mg and ustekinumab every 12 weeks were statistically significant.
- The comparison used individual patient data from upadacitinib trials matched to published ustekinumab endoscopy substudy results on treatment-effect modifiers including disease duration, location, phenotype, median CRP, prior biologic failure, and mean baseline SES-CD of 14.2.

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