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Summary

SUSTAINED IMPROVEMENT IN PATIENT-REPORTED OUTCOMES WITH LONG-TERM RISANKIZUMAB TREATMENT IN PATIENTS WITH MODERATELY TO SEVERELY ACTIVE ULCERATIVE COLITIS: INTERIM 2-YEAR RESULTS FROM THE PHASE 3 COMMAND OPEN-LABEL EXTENSION STUDY

Joana Torres

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A post hoc analysis of the COMMAND open-label extension study evaluated patient-reported outcomes through week 96 in patients with ulcerative colitis receiving risankizumab maintenance therapy for up to 3 years.

KEY POINTS

- Of 1003 patients entering the open-label extension, 398 (39.7%) completed week 96; patients received subcutaneous risankizumab 180mg every 8 weeks, except those with prior rescue therapy who continued 360mg dosing.
- In as-observed analysis, both dosing regimens showed sustained improvements from week 0 to week 96 in absence of abdominal pain, bowel urgency, nocturnal bowel movements, tenesmus, faecal incontinence, and sleep disruption due to UC symptoms.
- Sustained improvements were observed in IBDQ response, meaningful within-person change in FACIT-Fatigue, SF-36v2 Physical Component Score, and SF-36v2 Mental Component Score through week 96.
- Despite risankizumab 360-treated patients having numerically higher clinical and endoscopic activity at baseline (mean Adapted Mayo Score 3.5 vs 2.0; clinical remission 24.8% vs 54.8%), both dosing regimens exhibited similar sustained improvements in patient-reported outcomes at week 96.

– Non-responder imputation analysis showed similar results for most endpoints through week 96, supporting sustained improvement in quality of life and patient-reported outcomes with 3 years of risankizumab maintenance therapy.

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