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Summary

EFFICACY OF ETRASIMOD AS FIRST-LINE ADVANCED TREATMENT FOLLOWING FAILURE OF AMINOSALICYLATES ONLY: DATA FROM THE ELEVATE UC 52 PHASE 3 CLINICAL TRIAL

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In a prespecified subgroup analysis of ELEVATE UC 52, etrasimod demonstrated significantly superior efficacy versus placebo at Weeks 12 and 52 across clinical, endoscopic, and histological endpoints in patients with moderately to severely active ulcerative colitis who had failed only prior oral 5-ASA therapy.

KEY POINTS

- Among 45 etrasimod-treated and 29 placebo patients with prior 5-ASA failure only, clinical remission rates at Week 12 were 42.2% versus 3.4% (difference 38.3%, $p < 0.001$) and at Week 52 were 46.7% versus 3.4% (difference 45.0%, $p < 0.001$).
- Endoscopic improvement at Week 12 was achieved by 60.0% versus 3.4% (difference 54.7%, $p < 0.001$) and at Week 52 by 53.3% versus 6.9% (difference 47.8%, $p < 0.001$) for etrasimod versus placebo.
- Composite histological endpoints including endoscopic improvement-histologic remission, endoscopic normalisation-histologic remission, and disease clearance all showed statistically significant superiority for etrasimod at both time points (all $p \leq 0.008$).
- Patients who had failed other therapies also achieved significantly more endpoints with etrasimod versus placebo at Weeks 12 and 52 ($p < 0.01$).
- The authors conclude that etrasimod shows efficacy when used early in the UC treatment algorithm as first-line advanced therapy following 5-ASA failure.

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