

INTESTINAL ULTRASOUND AND SHEAR-WAVE ELASTOGRAPHY: KINETICS IN ULCERATIVE COLITIS PATIENTS TREATED WITH FILGOTINIB

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UEG Week Berlin 2025

Presentation

IBD

Radiology & Imaging

October 6, 2025

In 23 ulcerative colitis patients starting filgotinib, early intestinal ultrasound at 4 weeks identified predictors of endoscopic response, with bowel wall thickness reduction of at least 24.7% yielding an odds ratio of 13.8, while shear-wave elastography did not predict early response.

KEY POINTS

- Endoscopic response (EMS decrease of at least 1 point) occurred in 6 of 21 patients (29%) after a median of 14 weeks on filgotinib 200 mg daily.
- At week 4, bowel wall thickness reduction of at least 1.33 mm or at least 24.7% predicted endoscopic response with odds ratios of 32.5 and 13.8, respectively.
- Submucosal thickness in the sigmoid decreased significantly more in responders than non-responders between baseline and week 4 ($\square 40\%$ versus $\square 11.5\%$, $p=0.022$), and a reduction of at least 20.8% predicted response (OR 13.8).
- Improvement in Colour Doppler Signal at week 4 predicted endoscopic response (OR 20.0), with a decrease of at least 1 in mLimberg classification or a score of 0 both strongly associated with response.
- Shear-wave elastography values at week 4 did not predict endoscopic response (OR 1.07, $p=0.088$), though change at follow-up endoscopy differed significantly between responders and non-responders (9.9 kPa versus $\square 8.1$ kPa, $p=0.002$).
- The study population was treatment-experienced, with 61% having failed two or more biologics and a mean disease duration of 14.4 years.

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