IL-23

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IL-23 inhibitors (Risankizumab, Mirikizumab, Guselkumab) represent important treatment options in IBD, with evidence showing superiority over Ustekinumab for endoscopic outcomes in anti-TNF-experienced Crohn's disease patients, though their role as first-line therapy remains under investigation.

KEY POINTS

- The speaker stated that in the SEQUENCE trial, Risankizumab doubled the rate of endoscopic remission versus Ustekinumab in Crohn's disease patients who had all failed at least one anti-TNF therapy.
- In the GALAXI study, the speaker reported that endoscopic endpoints including response, remission at one year, and deep remission favored Guselkumab over Ustekinumab, though clinical remission rates were similar.
- The speaker noted that network meta-analysis of 14,000 patients across 36 trials showed Upadacitinib ranked best for inducing and maintaining clinical remission in ulcerative colitis, with Risankizumab and Guselkumab also performing very well.
- IL-23 inhibitors have almost no contraindications and can be used in elderly patients, those with heart failure, history of demyelinating disorders, and cautiously in cancer, according to the speaker.
- The speaker stated that one IL-23 inhibitor is now available as full subcutaneous therapy for both induction and maintenance, with IV and subcu induction showing similar efficacy.
- The speaker expressed his view that IL-23 is not the preferred option after anti-TNF failure in bio-naive Crohn's disease, where Ustekinumab remains a good option, and that ongoing trials will determine whether IL-23 inhibitors can replace current first-line therapies.

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