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Summary

INFLAMMATORY BIOMARKER REDUCTIONS AND IMPROVEMENTS IN CLINICAL AND ENDOSCOPIC OUTCOMES WITH RISANKIZUMAB THROUGH 148 WEEKS OF TREATMENT IN PATIENTS WITH MODERATELY TO SEVERELY ACTIVE CROHN'S DISEASE: A POST HOC ANALYSIS FROM PART 2 OF THE SEQUENCE TRIAL

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UEG Week Barcelona 2026 | Presentation

Mechanisms & Personalised Medicine | IBD

October 20, 2026

In a post hoc analysis of the SEQUENCE open-label extension, long-term risankizumab treatment in moderately to severely active Crohn's disease achieved sustained simultaneous improvements in clinical, endoscopic, and inflammatory biomarker outcomes through 148 weeks.

KEY POINTS

- At week 148, 49.3% of patients achieved CDAI clinical remission and endoscopic response (as-observed analysis), maintained from 45.9% at week 52.
- Among patients with elevated baseline inflammatory markers, the proportion achieving normalised hs-CRP or FCP and CDAI clinical remission increased progressively from 61.5% at week 52 to 81.1% at week 148 (as-observed).
- At week 148, 60.2% of patients with elevated baseline inflammatory markers achieved normalised hs-CRP or FCP and endoscopic response (as-observed), compared to 51.4% at week 52.
- The study enrolled 224 patients who received open-label subcutaneous risankizumab 360 mg every 8 weeks after completing week 48 of the SEQUENCE trial (NCT04524611).
- AbbVie Inc. funded the trial; the presenting author disclosed consulting, speaking, and research support relationships with AbbVie and multiple other pharmaceutical companies.

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