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Summary

VERDICT: A RANDOMISED TREAT-TO-TARGET TRIAL TO ASSESS THE OPTIMAL TREATMENT TARGET IN ULCERATIVE COLITIS

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VERDICT, the first randomised treat-to-target trial in ulcerative colitis, demonstrated that treating to corticosteroid-free symptomatic plus endoscopic remission (with or without histologic remission) significantly reduced time to UC-related complications compared to symptomatic remission alone over 80 weeks.

KEY POINTS

- Time to UC-related complication was significantly longer for patients treated to symptomatic plus endoscopic remission versus symptomatic remission alone (hazard ratio 0.30, 95% CI 0.14–0.64, p=0.004) and for those treated to symptomatic plus endoscopic plus histologic remission versus symptomatic remission (hazard ratio 0.33, 95% CI 0.17–0.67, p=0.0014).
- No significant difference in time to complication was observed between the endoscopic remission arm and the histologic remission arm (hazard ratio 1.10, 95% CI 0.45–2.69, p=0.8023), and 79.2% of patients achieving endoscopic remission also achieved histologic remission.
- Among 665 patients with moderate to severe UC (62.6% with Mayo endoscopic score 3, 48.1% on corticosteroids, 22.3% with prior advanced therapy) treated with vedolizumab-based escalation algorithms, 400 achieved their assigned target and 51 UC-related complications occurred, most commonly rescue therapy for flare.
- Adverse event rates were similar across all treatment groups and were unaffected by treatment escalation or more frequent vedolizumab dosing to achieve more stringent targets.

– The trial enrolled adults with Mayo rectal bleeding subscore ≥1 and Mayo endoscopic score ≥2, randomising them to corticosteroid-free symptomatic remission (n=184), symptomatic plus endoscopic remission (n=220), or symptomatic plus endoscopic plus histologic remission (n=261) using vedolizumab-based treatment algorithms.

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