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Summary

HEALTH-RELATED QUALITY OF LIFE FROM THE INFLAMMATORY BOWEL DISEASE QUESTIONNAIRE AMONG PATIENTS WITH ULCERATIVE COLITIS STRATIFIED BY PRIOR AND CONCOMITANT THERAPIES: RESULTS FROM THE ETRASIMOD ELEVATE UC CLINICAL PROGRAMME

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Post hoc analysis of phase 3 ELEVATE UC trials shows etrasimod improved quality of life (IBDQ scores) versus placebo in patients with moderately to severely active ulcerative colitis, with greater effects in biologic/JAKi-naive and corticosteroid-free subgroups.

KEY POINTS

- At weeks 12 and 52, etrasimod demonstrated statistically significant improvements in IBDQ total and all four domain scores compared with placebo in patients without prior biologic or JAKi exposure and in patients without baseline corticosteroid use.
- IBDQ remission (score ≥170) at week 52 was achieved by significantly more etrasimod-treated patients: 46.8% versus 21.2% placebo in biologic/JAKi-naive patients and 41.3% versus 15.7% placebo in corticosteroid-free patients.
- Among patients with prior biologic/JAKi exposure, remission rates were 25.0% with etrasimod versus 11.1% with placebo; among those receiving baseline corticosteroids, rates were 38.7% versus 23.8%, though the latter difference did not reach statistical significance.
- This post hoc subgroup analysis drew on data from two phase 3 trials (ELEVATE UC 52 and ELEVATE UC 12) in patients with modified Mayo scores of 4 to 9, using the 32-item IBDQ to assess disease-related quality of life across bowel, systemic, emotional, and social domains.

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