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Summary

Paving the way to comprehensive management in CD: Long-term remission with mirikizumab (Eli Lilly and Company) (Complete Session)

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UEG Week Berlin 2025 | Presentation

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Mirikizumab demonstrated early symptom control and sustained clinical, endoscopic, and histological remission through two years in the VIVID trials for moderately to severely active Crohn's disease.

KEY POINTS

- At week 12, 73% of patients achieved clinical response based on reduction in abdominal pain and stool frequency, with significant improvement in bowel urgency observed as early as week 4.
- At week 52, 54% achieved clinical remission by CDAI score and nearly half achieved endoscopic response, with 93% and 88% respectively maintaining these outcomes through year 2 in the open-label extension.
- Nearly 60% of patients achieved histological response at week 52, defined as absence of epithelial neutrophils or at least 50% reduction in histology score, with 92% maintaining this response through year 2.
- Faecal calprotectin showed rapid and statistically significant reduction from week 4 onwards compared to ustekinumab and placebo.
- The speaker reported no significant safety signals, with infections not more common than placebo and occasional reversible liver abnormalities as with other agents in this class.
- The induction regimen is 900mg intravenous at weeks 0, 4, and 8, followed by 300mg subcutaneous maintenance every 4 weeks, now available in a citrate-free injection device.

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