

USTEKINUMAB AND VEDOLIZUMAB AS FIRST-LINE BIOLOGICAL THERAPY FOR INFLAMMATORY BOWEL DISEASE IN CLINICAL PRACTICE. A MULTICENTER STUDY BASED ON THE ENEIDA REGISTRY

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In a Spanish registry study of 406 IBD patients receiving ustekinumab or vedolizumab as first-line biologics, both agents showed similar clinical remission rates but ustekinumab demonstrated significantly higher treatment persistence at median 21 months follow-up.

KEY POINTS

- Ustekinumab and vedolizumab were used as first-line biologics in older patients (median age 60-61.5 years) with high rates of comorbidities (48-53%) and past malignancy (33-36%).
- Ustekinumab was predominantly used in Crohn's disease (92.6%) while vedolizumab was more common in ulcerative colitis (59%), with most patients showing endoscopic activity at baseline (90-92%).
- Clinical remission rates at week 56 were similar between ustekinumab and vedolizumab for both ulcerative colitis (83.3% vs 89%) and Crohn's disease (74.6% vs 61.9%).
- Treatment persistence was significantly higher with ustekinumab compared to vedolizumab (67.8% vs 43.2%, $P=0.006$), with fewer discontinuations due to adverse effects (1.5% vs 5.1%).
- This real-world evidence supports the use of both agents as first-line biologics in patients with contraindications to anti-TNF therapy or significant comorbidities.

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