

EFFICACY OF UPADACITINIB ON LUMINAL STENOSIS IN PATIENTS WITH MODERATELY TO SEVERELY ACTIVE CROHN'S DISEASE: A POST HOC ANALYSIS OF PHASE 3 STUDIES

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Post hoc analysis of three randomized controlled trials found that upadacitinib induction and maintenance therapy improved luminal stenosis resolution and clinical outcomes in patients with moderately to severely active Crohn's disease, regardless of baseline stenosis status.

KEY POINTS

- One-third of patients (33.0%) in the pooled induction studies had baseline luminal stenoses, most frequently in the ileum (161 stenoses) followed by the right colon, transverse colon, sigmoid and left colon, and rectum.
- At week 12, upadacitinib 45 mg showed nominally greater stenosis resolution in the sigmoid and left colon (68.3% vs 33.3%, $P \leq 0.05$) and numerically greater resolution in the ileum, transverse colon, and rectum compared to placebo.
- Upadacitinib 45 mg achieved nominally greater clinical remission and endoscopic response rates versus placebo in patients both with and without baseline stenoses at week 12.
- At week 52 of maintenance therapy, upadacitinib 30 mg showed nominally greater stenosis resolution in the sigmoid and left colon (87.5% vs 11.1%, $P \leq 0.01$) and numerically greater resolution in other intestinal segments compared to placebo.
- This post hoc analysis may be relevant to clinicians managing Crohn's disease patients with luminal stenoses who are considering Janus kinase inhibitor therapy.

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