MAINTENANCE OF CLINICAL, ENDOSCOPIC, AND BIOMARKER IMPROVEMENTS WITH UPADACITINIB IN PATIENTS WITH MODERATELY TO SEVERELY ACTIVE CROHN'S DISEASE: A POST HOC ANALYSIS OF THE PHASE 3 U-ENDURE STUDY

Maria T. Abreu

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In this post hoc analysis of the U-ENDURE maintenance study, both upadacitinib 30 mg and 15 mg once daily demonstrated durable clinical, endoscopic, and biomarker improvements at 52 weeks in patients with moderately to severely active Crohn's disease who had responded to induction therapy.

KEY POINTS

- Maintenance of clinical response (CR-100) at week 52 was achieved by 60.8% with upadacitinib 30 mg, 48.8% with 15 mg, and 17.9% with placebo (nominal P <0.0001 for both doses).
- Maintenance of CDAI clinical remission was achieved by 65.2% with upadacitinib 30 mg, 49.5% with 15 mg, and 21.2% with placebo (nominal P <0.0001).
- Maintenance of endoscopic response occurred in 59.0% with upadacitinib 30 mg, 48.6% with 15 mg, and 8.6% with placebo (nominal P <0.0001 for both doses).
- Maintenance of normal fecal calprotectin was achieved by 50.9% with upadacitinib 30 mg, 41.7% with 15 mg, and 0% with placebo (P <0.001 for both doses).
- Upadacitinib 30 mg achieved numerically higher rates than 15 mg across all endpoints, with the difference most pronounced in patients with prior biologic failure.
- The study was funded by AbbVie, and four authors are AbbVie employees; the presenter stated during Q&A that, in his opinion, upadacitinib should be offered as first-line or preferred second-line therapy after anti-TNF.

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