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Summary

DURABLE EFFICACY OF RISANKIZUMAB THROUGH WEEK 100 IN PATIENTS WITH MODERATELY TO SEVERELY ACTIVE CROHN'S DISEASE: A POST HOC ANALYSIS FROM PART 2 OF THE SEQUENCE TRIAL

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Risankizumab demonstrated durable clinical remission and quality of life improvements through week 100 in patients with moderate to severe Crohn's disease and prior anti-TNF failure in the SEQUENCE open-label extension study.

KEY POINTS

- CDAI clinical remission rates increased from 48.0% at week 8 to 75.3% at week 52 and 84.4% at week 100, with the majority of patients who achieved early remission maintaining it through week 100.
- Among patients achieving CDAI remission at week 8, 96.1% remained in remission at week 100, and among those achieving remission at week 52, 91.1% maintained remission at week 100.
- IBDQ remission rates increased from 41.5% at week 8 to 62.1% at week 52 and 65.3% at week 100, with 91.5% of week 8 responders and 85.7% of week 52 responders maintaining remission at week 100.
- Inflammatory biomarker normalization showed progressive improvement, with hs-CRP normalization increasing from 38.8% at week 8 to 62.0% at week 100, and faecal calprotectin normalization increasing from 34.6% to 60.0%.
- This analysis of 224 patients receiving 360mg subcutaneous risankizumab every 8 weeks provides long-term efficacy data relevant to clinicians managing Crohn's disease patients with prior anti-TNF failure.

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