gutflix
GI learning, personalised

Summary

GUSELKUMAB VERSUS RISANKIZUMAB AS MAINTENANCE TREATMENT FOR MODERATELY TO SEVERELY ACTIVE ULCERATIVE COLITIS: NETWORK META-ANALYSES OF CLINICAL REMISSION AND ENDOSCOPIC OUTCOMES

Maxwell Jones

UEG Week Berlin 2025 Poster

IBD

October 5, 2025

A network meta-analysis comparing guselkumab and risankizumab for maintenance therapy in moderate to severely active ulcerative colitis found that guselkumab 200 mg every 4 weeks was significantly more efficacious than risankizumab 360 mg every 8 weeks on clinical remission and endoscopic improvement.

KEY POINTS

- Guselkumab 200 mg every 4 weeks showed statistically significant superiority over risankizumab 360 mg every 8 weeks for clinical remission (odds ratio 2.38; 95% CI 1.25, 4.52) and endoscopic improvement (odds ratio 2.26; 95% CI 1.21, 4.22).
- Guselkumab 200 mg every 4 weeks demonstrated numerical but not statistically significant benefits over risankizumab 360 mg every 8 weeks for endoscopic remission (odds ratio 1.53; 95% CI 0.74, 3.16) and histologic endoscopic mucosal improvement (odds ratio 1.89; 95% CI 0.98, 3.63).
- The network meta-analysis used data from the QUASAR trial of guselkumab and the COMMAND trial of risankizumab, with maintenance endpoints assessed at 44 weeks and 52 weeks, respectively.
- Both guselkumab and risankizumab are monoclonal antibodies targeting interleukin 23 approved for moderate to severely active ulcerative colitis in the United States, but have not been directly compared in a controlled setting.
- This analysis may be relevant to clinicians making treatment decisions between these two IL-23 inhibitors for ulcerative colitis maintenance therapy.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/fd61b794-a814-11f0-8670-0242ac140006

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.