

THE ADDITION OF BOWEL URGENCY IMPROVEMENT TO THE ACHIEVEMENT OF CLINICAL RESPONSE OR REMISSION WAS ASSOCIATED WITH BETTER WORK PRODUCTIVITY IN PATIENTS WITH ULCERATIVE COLITIS FROM MIRIKIZUMAB PHASE 3 TRIALS

Nathan Morris

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Analysis of LUCENT Phase 3 trials demonstrates that adding bowel urgency improvement to standard clinical response or remission measures was associated with significantly greater reductions in work productivity impairment among patients with moderately-to-severely active ulcerative colitis treated with mirikizumab.

KEY POINTS

- Patients achieving both clinical response or remission and bowel urgency clinically meaningful improvement (≥ 3 -point UNRS decrease) showed significantly greater reductions in activity impairment, absenteeism, and overall work impairment compared to those achieving clinical endpoints alone ($p < 0.005$ at weeks 12 and 52).
- Combined clinical remission and bowel urgency remission (UNRS 0-1) was associated with significantly higher reduction in activity impairment at week 12 (-36.1% versus -27.3%, $p = 0.0147$) and overall work impairment at week 52 (-39.9% versus -29.8%, $p = 0.0394$) compared to clinical remission alone.
- No significant differences in absenteeism were observed when bowel urgency improvement was added to clinical response or remission measures.
- The analysis included patients from LUCENT-1 induction (mirikizumab 300mg IV versus placebo, 3:1 randomization) and LUCENT-2 maintenance (mirikizumab 200mg SC versus placebo, 2:1 randomization among week-12 responders) studies, with assessments using the 11-point Urgency Numeric Rating Scale and Work Productivity and Activity Impairment Questionnaire for UC.

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