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Summary

BOWEL URGENCY OUTCOMES ARE ASSOCIATED WITH CLINICAL OUTCOMES, HEALTH-RELATED QUALITY OF LIFE AND BIOMARKERS IN THE ETRASIMOD ELEVATE UC 52 CLINICAL TRIAL

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Analysis of ELEVATE UC 52 trial data shows that bowel urgency outcomes at Weeks 12 and 52 in etrasimod-treated ulcerative colitis patients are associated with improved clinical and endoscopic endpoints, quality of life scores, and reduced faecal calprotectin.

KEY POINTS

- Patients achieving bowel urgency remission (Urgency NRS ≤ 1) at Week 12 had significantly higher rates of clinical remission (OR 4.0, $p < 0.0001$) and endoscopic improvement (OR 3.6, $p < 0.0001$) compared to those without bowel urgency remission.
- Clinically meaningful improvement in bowel urgency (≥ 3-point NRS decrease) at Week 12 was similarly associated with clinical remission (OR 3.7, $p < 0.0001$) and endoscopic improvement (OR 2.6, $p = 0.0003$).
- Patients with bowel urgency remission at Week 12 showed significantly greater improvements in health-related quality of life, with IBDQ score differences of 21.8 points ($p < 0.0001$) and SF-36 physical component differences of 4.0 points ($p < 0.0001$).
- Median faecal calprotectin levels at Week 12 were substantially lower in patients with bowel urgency remission (119.9 µg/g) compared to those without (554.8 µg/g, $p < 0.0001$).
- Similar associations between bowel urgency outcomes and efficacy, quality of life, and biomarkers were observed at Week 52, suggesting bowel urgency outcomes may serve as surrogate markers of disease activity in etrasimod-treated patients.

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