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Summary

EARLY SYMPTOMATIC IMPROVEMENT ASSOCIATIONS WITH WEEK 12 OUTCOMES: E-DIARY RESULTS FROM THE ETRASIMOD ELEVATE UC CLINICAL PROGRAMME

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Post hoc analysis of the ELEVATE UC trials demonstrates that etrasimod-treated ulcerative colitis patients who achieved early symptomatic response by Day 7 had significantly higher rates of Week 12 clinical remission, endoscopic improvement, and histologic remission compared to placebo, though benefit over placebo was also observed in Day 7 non-responders.

KEY POINTS

- Among Day 7 symptomatic responders, etrasimod 2 mg once daily versus placebo achieved significantly higher Week 12 rates of clinical remission (47.7% vs 15.0%, p<0.001), endoscopic improvement (54.3% vs 20.0%, p<0.001), and endoscopic improvement with histologic remission (31.1% vs 6.7%, p<0.001).
- Even among Day 7 symptomatic non-responders, etrasimod versus placebo demonstrated significantly higher Week 12 clinical remission (18.9% vs 10.0%, p=0.002), endoscopic improvement (27.7% vs 17.0%, p=0.002), and endoscopic improvement with histologic remission (16.0% vs 7.5%, p=0.002).
- Similar patterns were observed when stratifying by Day 7 rectal bleeding response and Day 7 stool frequency response, with all etrasimod versus placebo comparisons reaching statistical significance (all p<0.001) for both responders and non-responders.
- This post hoc analysis pooled data from the ELEVATE UC 52 and ELEVATE UC 12 trials (NCT03945188, NCT03996369) in patients with moderately to severely active ulcerative colitis treated with etrasimod, an oral once-daily selective sphingosine 1-phosphate receptor modulator.

– Clinicians managing ulcerative colitis patients on etrasimod therapy may find these data useful for counseling on likelihood of Week 12 response based on early symptom trajectories.

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