gutflix
GI learning, personalised

Summary

INFLAMMATORY BIOMARKER REDUCTION AND IMPROVEMENT NORMALIZATION AND IN CLINICAL OUTCOMES WITH RISANKIZUMAB VERSUS USTEKINUMAB IN PATIENTS WITH MODERATE TO SEVERE CROHN'S DISEASE: A POSTHOC ANALYSIS FROM THE PHASE 3 SEQUENCE STUDY

Peter Irving

UEG Week Vienna 2024 Poster

IBD

October 13, 2024

In the phase 3 SEQUENCE trial comparing risankizumab versus ustekinumab in patients with moderate to severe Crohn's disease and prior anti-TNF failure, risankizumab demonstrated superior biomarker normalization and composite clinical-biomarker endpoints at weeks 24 and 48.

KEY POINTS

- Risankizumab achieved significantly higher rates of fecal calprotectin normalization versus ustekinumab at weeks 8, 24, and 48 in patients with elevated baseline levels (week 48: 42.4% vs 13.3%, P<0.0001).
- Risankizumab achieved significantly higher rates of high-sensitivity C-reactive protein normalization versus ustekinumab at weeks 24 and 48, but not week 8, in patients with elevated baseline levels (week 48: 43.6% vs 22.2%, P<0.0001).
- Composite endpoints combining biomarker normalization with CDAI clinical remission favored risankizumab over ustekinumab at weeks 24 and 48 (week 48: 46.0% vs 24.8%, P<0.0001).
- Rates of at least 50% biomarker reduction combined with CDAI clinical response were significantly higher with risankizumab versus ustekinumab at weeks 24 and 48 (week 48: 56.4% vs 31.2%, P<0.0001).
- Rates of biomarker normalization combined with IBDQ remission were similar between risankizumab and ustekinumab at weeks 24 and 48.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/29d4280a-9111-11ef-ad4b-0242ac140004

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.