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Summary

SYMPTOMATIC IMPROVEMENT OBSERVED WITHIN 2 DAYS OF ETRASIMOD INDUCTION THERAPY: RESULTS FROM ELEVATE UC 52 AND ELEVATE UC 12 STUDIES IN PATIENTS WITH ULCERATIVE COLITIS

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Post hoc analysis of pooled phase 3 trial data (ELEVATE UC 52 and UC 12) shows etrasimod 2 mg once daily demonstrated statistically significant separation from placebo on symptomatic response measures as early as day 2 in patients with moderately to severely active ulcerative colitis.

KEY POINTS

- Symptomatic response (≥30% reduction in partial modified Mayo score) separated from placebo on day 2 (16.83% etrasimod vs 11.16% placebo, adjusted difference 5.56, p=0.022).
- Stool frequency remission separated on day 3 (6.19% vs 2.45%, adjusted difference 3.51, p=0.009), symptomatic remission on day 11 (13.59% vs 8.71%, adjusted difference 4.69, p=0.034), and rectal bleeding remission on day 15 (31.35% vs 25.21%, adjusted difference 6.33, p=0.045).
- Pooled analysis included 527 etrasimod and 260 placebo patients with inadequate response, loss of response, or intolerance to at least one approved UC therapy; baseline disease activity was balanced between groups.
- Analysis used daily patient e-diary data with Mantel-Haenszel weighted testing stratified by biologic/JAKi naïve status, baseline corticosteroid use, and baseline disease activity; patients missing assessments were considered nonresponders.
- Clinicians evaluating oral therapies for moderately to severely active UC may find this post hoc analysis of early symptomatic improvement relevant for treatment discussions.

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