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Summary

COMPLETE DISEASE CLEARANCE AS A NOVEL COMPOSITE ENDPOINT TO PREDICT LONG-TERM RELAPSE IN VEDOLIZUMAB-TREATED PATIENTS WITH ULCERATIVE COLITIS: A POST-HOC ANALYSIS FROM THE VIEWS RANDOMISED CONTROLLED TRIAL

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Post-hoc analysis of the VIEWS trial found that complete disease clearance (clinical, endoscopic, histologic remission plus faecal calprotectin <150µg/g) predicted significantly lower relapse rates than disease clearance without calprotectin in ulcerative colitis patients on vedolizumab over 24 months.

KEY POINTS

- Complete disease clearance was associated with significantly lower clinical relapse compared with disease clearance alone (HR: 0.17, 95%CI:0.04-0.64, P=0.009) and had the strongest predictive value for relapse (OR: 0.16, 95%CI:0.04-0.75, P=0.01).
- Among 62 UC patients in steroid-free clinical remission on vedolizumab, 63% achieved complete disease clearance at baseline (Mayo endoscopic score=0, Nancy index=0, faecal calprotectin <150µg/g).
- Female sex was the only independent predictor of complete disease clearance on multivariate analysis (OR: 7.0, 95%CI: 1.17-42.33, P=0.03).
- The authors conclude that faecal calprotectin should be incorporated into composite endpoints with endoscopy and histology for UC therapeutic targets.

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