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Summary

EFFICACY AND SAFETY OF ETRASIMOD IN PATIENTS WITH ULCERATIVE COLITIS STRATIFIED BY BODY MASS INDEX: A POST HOC ANALYSIS FROM THE ELEVATE UC CLINICAL PROGRAMME

Remo Panaccione

UEG Week Vienna 2024 | Poster

IBD

October 13, 2024

Post hoc analysis of ELEVATE UC 52 and ELEVATE UC 12 trials demonstrates that etrasimod 2 mg once daily achieves significant improvements in clinical remission and other efficacy endpoints versus placebo in patients with moderately to severely active ulcerative colitis across all body mass index subgroups.

KEY POINTS

- Of 787 patients enrolled, 56.3% had BMI less than 25 kg/m^2, 27.6% had BMI 25 to 30 kg/m^2, and 16.1% had BMI greater than 30 kg/m^2.
- Patients receiving etrasimod versus placebo achieved significantly higher rates of clinical remission at Week 52 across all BMI subgroups: BMI less than 25 kg/m^2 (30.8% vs 10.0%, difference 22.7%, p less than 0.001), BMI 25 to 30 kg/m^2 (33.3% vs 6.3%, difference 26.3%, p less than 0.001), and BMI greater than 30 kg/m^2 (36.5% vs 3.9%, difference 33.3%, p less than 0.001).
- Etrasimod demonstrated significant improvements in endoscopic improvement, clinical response, and corticosteroid-free clinical remission across BMI subgroups at Weeks 12 and 52.
- The proportions of patients with treatment-emergent adverse events were generally consistent between BMI subgroups receiving etrasimod, and incidence of serious adverse events was generally similar across BMI subgroups (5.5%, 5.8%, and 1.2% for BMI less than 25, 25 to 30, and greater than 30 kg/m^2, respectively).
- This analysis is relevant for clinicians treating ulcerative colitis patients across the spectrum of body mass index categories.

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