

EFFECTIVENESS AND SAFETY OF SELECTIVE IL-12/23P40 ANTAGONISTS IN MODERATE TO SEVERE ULCERATIVE COLITIS: A SYSTEMATIC REVIEW, META-ANALYSIS AND TRIAL SEQUENTIAL ANALYSIS

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Poster

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A meta-analysis of nine randomized controlled trials found that IL-12/23p40 antagonists significantly improved clinical and endoscopic remission in moderate to severe ulcerative colitis compared to placebo, with a favorable safety profile including lower serious adverse events.

KEY POINTS

- IL-12/23p40 antagonists achieved clinical remission in 21.8% versus 8% with placebo during induction (RR 2.63, 95% CI 2.05–3.36) and 46.8% versus 23% during maintenance (RR 1.99, 95% CI 1.63–2.44).
- Endoscopic remission was significantly improved during both induction (RR 2.36, 95% CI 1.63–3.41) and maintenance (RR 1.96, 95% CI 1.63–2.37) phases.
- Patients with prior biologic or JAK inhibitor failure showed higher induction remission rates (RR 3.74, 95% CI 1.60–8.76), confirmed by meta-regression.
- Serious adverse events were significantly lower with IL-12/23p40 antagonists during induction (RR 0.40, 95% CI 0.27–0.69), with no significant difference in overall adverse events, headache, or nasopharyngitis compared to placebo.
- This systematic review of 3,808 induction-phase and 1,734 maintenance-phase patients supports IL-12/23p40 antagonists as an effective treatment option for moderate to severe ulcerative colitis, including biologic-experienced populations.

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