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Summary

Charting the course in IBD: Achieving early and sustained control with IL-23 inhibitors (AbbVie) (Complete Session)

Sara El Ouali

UEG Week Berlin 2025 | Presentation

October 5, 2025

The presentation reviewed evidence for early intervention with IL-23 inhibitors in IBD, emphasizing that early achievement of mucosal healing improves long-term outcomes including reduced hospitalizations, and discussed head-to-head trial data showing Risankizumab superiority over Ustekinumab in anti-TNF-experienced Crohn's disease patients.

KEY POINTS

- The speaker stated that in the SEQUENCE trial, Risankizumab doubled the endoscopic remission rate at week 48 compared to Ustekinumab in anti-TNF-failure Crohn's disease patients and met superiority across all ranked secondary endpoints.
- A post-hoc analysis of the FORTIFY trial reported that achieving early endoscopic outcomes in Crohn's disease was associated with reduced Crohn's disease-related hospitalizations.
- In the COMMAND trial in ulcerative colitis, the speaker reported that 76.2% of bio-naive patients achieved mucosal healing at week 52 with Risankizumab, and that achieving histo-endoscopic mucosal improvement at week 12 was associated with fewer hospitalizations.
- A meta-analysis of five randomized controlled trials with over 2000 patients comparing IL-23 inhibitors to Ustekinumab showed an 18% benefit for clinical remission and 53% benefit for endoscopic remission, as stated by the speaker.
- Extension data from COMMAND and SEQUENCE trials out to two years demonstrated durable responses, with the speaker noting that IL-23 inhibitor efficacy appears to build over time rather than decline.
- Real-world data from 500 UK Crohn's disease patients, approximately half with three or more prior advanced therapies, showed high drug persistence to 400 days and low rates of adverse events and hospitalizations, as reported by the speaker.

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