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Summary

EFFICACY OF RISANKIZUMAB VERSUS USTEKINUMAB BY DURATION OF DISEASE IN PATIENTS WITH MODERATE TO SEVERE CROHN'S DISEASE: A POSTHOC ANALYSIS FROM THE PHASE 3 SEQUENCE STUDY

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UEG Week Vienna 2024 | Poster

IBD

October 13, 2024

Post hoc analysis of the SEQUENCE trial found that risankizumab demonstrated numerically higher endoscopic response rates than ustekinumab across all disease duration subgroups in patients with moderate to severe Crohn's disease and prior anti-TNF failure, with the highest rates and greatest treatment differences observed in patients with disease duration of 5 years or less.

KEY POINTS

- Risankizumab achieved significantly greater endoscopic response at week 48 than ustekinumab in all disease duration subgroups: disease under 2 years (52.8% vs 25.6%, P less than 0.05), 2 to 5 years (40.7% vs 12.9%, P less than 0.001), 5 to 10 years (46.3% vs 25.4%, P less than 0.05), and over 10 years (44.1% vs 23.6%, P less than 0.01).
- Numerically higher efficacy was observed with risankizumab versus ustekinumab for all endpoints across disease duration subgroups at weeks 24 and 48, including CDAI clinical remission, endoscopic remission, and steroid-free remission measures.
- The numerically highest endoscopic response rates with risankizumab occurred in patients with disease duration of 2 years or less, and the numerically greatest treatment differences between risankizumab and ustekinumab were observed in patients with disease duration of 5 years or less.
- This open-label, randomized, efficacy assessor-blinded phase 3 study enrolled 520 patients with moderate to severe Crohn's disease and prior anti-TNF failure, randomized 1:1 to risankizumab or ustekinumab with mandatory steroid taper beginning at week 2.

– The authors conclude that findings support early intervention for patients with Crohn's disease, though this post hoc analysis stratified by disease duration was not a prespecified endpoint of the SEQUENCE trial.

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