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Summary

COMPREHENSIVE DISEASE CONTROL IN PATIENTS WITH ULCERATIVE COLITIS: REFINEMENT OF AN INDIVIDUAL, MULTI-COMPONENT ENDPOINT USING DATA FROM THE FILGOTINIB SELECTION TRIAL

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Analysis of the SELECTION trial evaluated comprehensive disease control (CDC), a multi-component endpoint for ulcerative colitis, showing that filgotinib 200 mg achieved CDC in approximately one-fifth of patients at week 58 with positive net treatment benefit across all CDC definitions tested.

KEY POINTS

- At week 58, 21.6% of filgotinib 200 mg-treated patients achieved 4-component CDC with faecal calprotectin <150 µg/g (CDC4-150), defined as simultaneous IBDQ remission, partial Mayo Clinic Score remission, biomarker remission, and endoscopic improvement.
- Positive net treatment benefit of filgotinib 200 mg versus placebo was demonstrated with all CDC definitions, including those with histological remission as a fifth component.
- When individual components were excluded from CDC4-150, excluding biomarker remission had the largest impact on net treatment benefit (Δ 6.93), while excluding partial Mayo Clinic Score remission had minimal impact (Δ □0.33).
- The addition of histological remission resulted in similar stringency to 4-component CDC, potentially allowing use of different CDC definitions based on context or resources.
- The authors conclude that CDC appears to be a suitable endpoint to assess individual comprehensive benefit in patients with ulcerative colitis, though prospective validation is needed.

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