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Summary

IMPACT OF FILGOTINIB ON INDIVIDUAL INFLAMMATORY BOWEL DISEASE QUESTIONNAIRE ITEMS: POST HOC ANALYSES FROM SELECTION

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Post hoc analysis of the SELECTION trial shows filgotinib 200 mg improved individual items on the Inflammatory Bowel Disease Questionnaire in patients with moderately to severely active ulcerative colitis, with the largest benefits in items related to pain, social engagement, and bowel urgency over 58 weeks.

KEY POINTS

- At week 10, patients treated with filgotinib 200 mg (n=506) had improvements in all individual IBDQ items versus placebo (n=277), with moderate to large effect sizes (≥0.5) from baseline in all items.
- In biologic-naive patients, the top five items with largest improvements versus placebo were social engagement, satisfaction with life, depression or discouragement, abdominal cramps, and feeling angry; in biologic-experienced patients, the top five were loose bowel movements, problems with activities, abdominal pain, bowel movement frequency, and rectal bleeding.
- At week 58, patients continuing filgotinib 200 mg (n=199) experienced small to moderate improvements in 17 of 32 IBDQ items versus those rerandomized to placebo (n=98), with the largest benefits in bowel movement frequency, rectal bleeding, abdominal cramps, problems with activities, and finding a washroom.
- Across induction and maintenance, filgotinib 200 mg consistently produced the largest benefits in items related to pain, social participation, and bowel urgency compared with placebo.

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