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Summary

After the first biologic failure, the next choice matters: Building confidence beyond conventional targets through deep remission with mirikizumab in CD (Eli Lilly and Company) (Complete Session)

Stefan Schreiber

UEG Week Barcelona 2026 Presentation

October 19, 2026

The VIVID-1 and VIVID-2 trials demonstrated that mirikizumab, an IL-23 p19 inhibitor, achieved durable clinical, endoscopic, and histologic remission in Crohn's disease over three years, with efficacy maintained in patients who previously failed biologics including ustekinumab.

KEY POINTS

- At week 52, the speaker reported that more than 50% of mirikizumab-treated patients achieved clinical remission versus 20% on placebo, and almost 50% achieved endoscopic response versus 9% on placebo, with significance in both biologic-naive and biologic-experienced populations.
- Patient-reported outcomes including abdominal pain, stool frequency, and bowel urgency showed clinically meaningful improvement from weeks 4 to 6 onward and were maintained throughout the two-year VIVID-2 extension in patients who achieved endoscopic response.
- The speaker stated that 85% of patients without endoscopic response on ustekinumab achieved clinical remission one year after switching to mirikizumab, and 46% achieved endoscopic response, indicating efficacy after ustekinumab failure.
- Histologic response assessed by a global histology activity score was reported in 58% of mirikizumab patients versus 16% on placebo at week 52, with 92% of responders maintaining response for two years; the speaker noted high response rates in the terminal ileum.
- The speaker reported that one in four biologic-naive patients achieved deep remission defined as corticosteroid-free clinical and endoscopic remission, and fewer Crohn's disease-related hospitalizations and surgeries occurred with mirikizumab versus placebo.

– In the panel discussion, speakers expressed the view that IL-23 p19 inhibitors merit earlier use in the treatment algorithm and that switching between p19 inhibitors after failure of one agent may be less preferable than switching drug class.

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