EFFECT OF UPADACITINIB ON EXTRAINTESTINAL MANIFESTATIONS IN PATIENTS WITH MODERATELY TO SEVERELY ACTIVE CROHN'S DISEASE

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UEG Week Copenhagen 2023 | Poster

IBD

October 17, 2023

In three phase 3 trials of upadacitinib for moderately to severely active Crohn's disease, treatment resulted in significantly greater resolution of extraintestinal manifestations compared with placebo at 12 weeks of induction and 52 weeks of maintenance.

KEY POINTS

- At week 12 of induction, resolution rates with upadacitinib 45 mg versus placebo were 30.5% versus 21.1% for all EIMs, 44.4% versus 19.7% for classic EIMs, and 44.3% versus 20.6% for arthropathy EIMs (all P ≤ .05).
- At week 52 of maintenance, upadacitinib 30 mg achieved significantly higher resolution rates than placebo for all EIMs (35.6% versus 15.2%), classic EIMs (30.6% versus 12.8%), arthropathy EIMs (31.9% versus 13.6%), and anemia (44.4% versus 15.4%; all P ≤.05).
- Baseline EIM prevalence was approximately 40% in both induction and maintenance study populations, with classic EIMs present in about 29% and arthropathy EIMs in about 27% of patients.
- Over one-third of patients had early resolution of classic and arthropathy EIMs within 12 weeks of upadacitinib treatment.
- This analysis is relevant to clinicians treating Crohn's disease patients with extraintestinal manifestations, particularly arthropathy.

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