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Summary

DUVAKITUG INDUCTION TREATMENT IMPROVES CLINICAL AND ENDOSCOPIC OUTCOMES IN MODERATELY TO SEVERELY ACTIVE ULCERATIVE COLITIS: AN ENDOSCOPIC SUBGROUP ANALYSIS OF DATA FROM THE RELIEVE-UCCD PHASE 2B STUDY

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A Phase 2b subgroup analysis of the RELIEVE-UCCD trial examined duvakitug, a TL1A/DR3 inhibitor, in ulcerative colitis patients stratified by baseline endoscopic severity (Mayo endoscopic subscore 2 or 3).

KEY POINTS

- In patients with severe endoscopy at baseline (MES 3), clinical remission at Week 14 was achieved by 37% with duvakitug 900 mg, 13% with 450 mg, and 7% with placebo; in moderate disease (MES 2), remission rates were 63%, 58%, and 41% respectively.
- Greater endoscopic improvement, endoscopic remission, and histological endoscopic mucosal improvement were observed with both duvakitug doses compared to placebo across both severity subgroups.
- The 900 mg dose showed the highest proportion of patients with at least a two-point endoscopic subscore improvement, with no patients worsening from baseline to Week 14.
- The adverse event profile was similar across treatment arms within each disease severity subgroup, with both duvakitug doses being well tolerated.
- This material is relevant for gastroenterologists and researchers evaluating targeted biologic therapies for moderately to severely active ulcerative colitis across different disease severities.

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