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Summary

RELATIVE ASSOCIATION OF BOWEL URGENCY CLINICALLY MEANINGFUL IMPROVEMENT AND BOWEL URGENCY REMISSION VS STOOL FREQUENCY REMISSION AND RECTAL BLEEDING REMISSION WITH IMPROVEMENT IN WPAI SCORES IN PATIENTS WITH MODERATELY TO SEVERELY ACTIVE ULCERATIVE COLITI

Vipul Jairath

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In patients with moderately-to-severely active ulcerative colitis, bowel urgency remission and clinically meaningful improvement in bowel urgency were the primary drivers of work productivity and activity improvements relative to rectal bleeding and stool frequency remission in phase 3 trial data.

KEY POINTS

- At week 12 and week 52, bowel urgency clinically meaningful improvement (defined as ≥3-point decrease on a 0-10 scale) accounted for the largest proportion of improvement across work productivity domains except absenteeism (71%–74% at week 12, 66%–78% at week 52).
- The direct effect of bowel urgency remission (score of 0 or 1) accounted for 43%–49% of improvement in work productivity domains except absenteeism at week 12, and 27%–57% at week 52.
- Mediation analyses combined 1,706 patients from mirikizumab and placebo groups in the LUCENT-1 and LUCENT-2 trials, adjusting for rectal bleeding and stool frequency remission as potential confounding variables.
- The authors conclude that bowel urgency is a critical and independent symptom that considerably impacts patients' productivity in moderately-to-severely active ulcerative colitis.

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