gutflix
GI learning, personalised

Summary

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

Vipul Jairath

UEG Week Copenhagen 2023 | Poster

IBD

October 15, 2023

Mediation analysis of two phase 3 ulcerative colitis trials found that bowel urgency improvement and remission directly accounted for substantial proportions of quality-of-life gains independent of stool frequency and rectal bleeding effects.

KEY POINTS

- At Week 12, bowel urgency clinically meaningful improvement (≥3-point UNRS decrease) directly accounted for 70% of IBDQ total score improvement, with only 12.8% mediated by rectal bleeding remission and 17.2% by stool frequency remission.
- Bowel urgency remission (UNRS 0 or 1) directly accounted for 44.8% of IBDQ improvement at Week 12 and 32.5% at Week 52, with rectal bleeding and stool frequency remission accounting for the remainder.
- Analysis combined 1162 patients from LUCENT-1 and 544 from LUCENT-2 with moderately-to-severely active ulcerative colitis, pooling mirikizumab and placebo groups in a treatment-agnostic approach.
- The authors conclude that bowel urgency is a critical independent symptom considerably impacting quality of life in ulcerative colitis patients, particularly evident at Week 12.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/a3cbc62e-743c-11ee-b7d3-0242ac140004

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.