

SERUM PROTEIN PROFILES DIFFER WITH USTEKINUMAB AND ADALIMUMAB TREATMENT IN MODERATELY TO SEVERELY ACTIVE CROHN'S DISEASE

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Poster

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In the SEAVUE head-to-head study of biologic-naïve Crohn's disease patients, ustekinumab and adalimumab induced distinct serum inflammatory profiles despite similar clinical efficacy at week 52.

KEY POINTS

- Both ustekinumab and adalimumab significantly reduced interferon gamma at weeks 16 and 52 in endoscopic responders, with ustekinumab's reduction correlating with improved fatigue scores on PROMIS-29.
- Ustekinumab suppressed IL-22 in both endoscopic responders and non-responders at weeks 16 and 52, consistent with IL-12/23p40 inhibition, whereas adalimumab did not reduce IL-22 and elevated it in non-responders at week 52.
- Adalimumab more broadly reduced serum chemokines in the CCL and CXCL families, in some cases below healthy control levels, compared with ustekinumab, though this broader chemokine suppression was not associated with endoscopic response.
- Clinical remission rates at week 52 were similar between groups, with maintenance of clinical response numerically higher in ustekinumab-treated patients.
- Clinicians managing biologic-naïve moderate-to-severe Crohn's disease may find these mechanistic differences informative when selecting between IL-12/23p40 and TNFα blockade.

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