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Summary

THE ASSOCIATION BETWEEN ENDOSCOPIC HEALING AND LONG-TERM PATIENT REPORTED OUTCOMES AND HOSPITALIZATION IN PATIENTS WITH MODERATE TO SEVERE CROHN'S DISEASE AFTER 3 YEARS OF RISANKIZUMAB MAINTENANCE TREATMENT: POST HOC ANALYSIS OF THE PHASE 3 FORTIFY TRIAL

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In patients with moderate to severe Crohn's disease treated with risankizumab, achievement of endoscopic outcomes at 52 weeks was associated with sustained patient-reported outcome improvements and fewer disease-related hospitalizations at 3 years.

KEY POINTS

- Among 257 patients completing 3 years of risankizumab treatment, 52.1% achieved endoscopic response, 38.5% achieved endoscopic remission, and 30.7% achieved ulcer-free endoscopy at week 52.
- Patients achieving week 52 endoscopic response had significantly higher rates of IBDQ response (74.6% vs 44.7%), IBDQ remission (62.7% vs 37.4%), and improvements in SF-36, EQ-5D-5L VAS, and FACIT-Fatigue scores at week 152 compared to those not achieving endoscopic response (all P<.0001).
- Similar patterns of sustained PRO improvement at week 152 were observed for patients achieving week 52 endoscopic remission (P□.01 for all measures) and ulcer-free endoscopy (P□.02, except SF-36 MCS).
- CD-related hospitalization rates from week 52 to 152 were significantly lower in patients achieving week 52 endoscopic response (1.52 vs 5.04 events per 100 patient-years, P=.0213) and endoscopic remission (1.37 vs 4.16 events per 100 patient-years, P=.0282).

– This post-hoc analysis of the FORTIFY trial may be of interest to clinicians managing Crohn's disease and researchers studying long-term treatment outcomes and endoscopic healing as a therapeutic target.

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