

DUVAKITUG INDUCTION TREATMENT IMPROVES ENDOSCOPIC AND PATIENT-REPORTED CLINICAL OUTCOMES IN PATIENTS WITH CROHN'S DISEASE: AN ENDOSCOPIC SUBGROUP ANALYSIS OF DATA FROM THE RELIEVE-UCCD PHASE 2B STUDY

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Presentation

Endoscopy

IBD

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The anti-TL1A monoclonal antibody duvakitug demonstrated endoscopic and clinical efficacy in both moderate and severe Crohn's disease at week 14 in the phase 2b RELIEVE-UCCD induction trial, with the 900 mg dose achieving 51% endoscopic response in moderate disease and 36% in severe disease versus 15% and 8% with placebo.

KEY POINTS

- In patients with moderate endoscopic activity (SES-CD ≤ 15), duvakitug 900 mg every 2 weeks achieved 51% endoscopic response and 31% endoscopic remission at week 14, compared to 15% and 12% with placebo.
- In patients with severe endoscopic activity (SES-CD > 15), duvakitug 900 mg achieved 36% endoscopic response and 9% endoscopic remission, compared to 8% and 0% with placebo.
- Clinical response and remission rates (PRO2) were higher with duvakitug than placebo in both moderate and severe subgroups; in the severe subgroup, duvakitug 900 mg achieved 45% clinical response versus 0% with placebo.
- The overall adverse event profile was similar across treatment arms in both disease severity subgroups, with no deaths, very few adverse events of special interest, and very few serious adverse events.
- This was the first placebo-controlled study of an anti-TL1A antibody in moderately to severely active Crohn's disease; duvakitug is a human IgG1 antibody that inhibits TL1A binding to death receptor 3.

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