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Summary

LONG-TERM OUTCOMES OF UPADACITINIB VERSUS TOFACITINIB FOR THE MANAGEMENT OF ACUTE SEVERE ULCERATIVE COLITIS: A MULTICENTRE REAL-WORLD STUDY COMPARING RESCUE AND SEQUENTIAL SALVAGE THERAPY

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In a 150-patient Australian multicentre retrospective cohort of acute severe ulcerative colitis, upadacitinib was associated with significantly lower colectomy rates at 52 weeks compared to tofacitinib (23.4% vs 42.5%, p=0.022), with no significant difference between rescue and sequential salvage JAK therapy.

KEY POINTS

- Colectomy occurred in 11% during index admission, rising to 33% by week 52 across the entire cohort.
- Upadacitinib showed consistently higher rates of clinical remission, corticosteroid-free clinical remission, and biochemical remission throughout follow-up compared to tofacitinib.
- No statistically significant difference in colectomy rates between rescue therapy (69% of patients) and sequential salvage therapy after infliximab failure (31% of patients) at any timepoint, though sequential salvage had numerically higher rates.
- Adverse events occurred in 21% and serious adverse events in 7%, with no venous thromboembolism, major adverse cardiovascular events, or malignancy observed during 52-week follow-up.
- Safety profiles were similar between upadacitinib and tofacitinib and between rescue and sequential salvage therapy.
- The study authors noted that variability in initiation timing, dosing, and prophylaxis practices highlights the need for prospective studies to define optimal treatment pathways.

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