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Summary

EFFECTIVENESS OF RISANKIZUMAB IN DIFFICULT-TO-TREAT CROHN'S DISEASE - PROSPECTIVE REAL-WORLD EVIDENCE FROM THE INITIATIVE ON CROHN AND COLITIS REGISTRY

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Prospective real-world registry data show risankizumab achieved 54.8% corticosteroid-free clinical remission at week 24 in 85 patients with difficult-to-treat Crohn's disease who had failed at least two prior advanced therapies.

KEY POINTS

- At week 24, 34 of 62 evaluated patients (54.8%) achieved corticosteroid-free clinical remission, with 62.9% achieving clinical remission regardless of steroid use, and 30.9% achieving biochemical remission (faecal calprotectin ≤250 µg/g).
- Remission rates were similar between surgery-naïve patients (65.2% corticosteroid-free clinical remission) and surgery-experienced patients (51.3%), indicating surgery history did not influence treatment response.
- During follow-up, 16.5% of patients discontinued risankizumab after a median of 182 days, primarily due to non-response (42.9%) or loss of response (42.9%), with only 14.2% stopping due to adverse events.
- A total of 83 adverse events occurred in 51 patients, most commonly respiratory infections (13.2%), skin problems (10.8%), and herpes zoster infections (8.4%), with no hospitalisations or deaths reported.
- This study provides real-world evidence for clinicians treating patients with refractory Crohn's disease who have exhausted multiple advanced therapy options.

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