



Ustekinumab in ulcerative colitis: our experience at UMC Ljubljana

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INTRODUCTION

Ustekinumab is a monoclonal antibody against interleukin-12/23, used for treatment of ulcerative colitis and Crohn's disease. Even though the treatment has been approved by both FDA and EMA for more than 6 years, real world data on effectiveness remains relatively sparse.

METHODS

We conducted a retrospective cohort study of patients who received ustekinumab between December 2019 and February 2023. Laboratory and endoscopy data were collected from electronic charts, images from endoscopic procedures were pooled and assessed using endoscopic Mayo score (eMayo) by blinded central reader. Clinical disease activity was assessed prospectively using stool frequency score (SFS), rectal bleeding score (RBS), physician global assessment (PGA) and 2-item patient reported outcome (PRO-2).

RESULTS

A total of 79 patients were included in the final analysis. Median follow up time was 10 months (IQR 4-19), 17/79 (21.5%) patients discontinued treatment before the end of follow up, Cox regression failed to identify any predictors for disconti-

uation. We observed improvement of all clinical parameters (SFS<2: 21.52% at induction, 40.51% after induction, 64.56% at the end of follow up; RBS<1: 35% at induction, 53% after induction, 75% at the end of follow up; PGA=0: 24.05% at induction, 42.77% after induction, 64.56% at the end of follow up, PRO-2 remission: 11,39% at induction, 27,85% after induction and 62,03% at the end of follow up). Fecal calprotectin decreased significantly, from 419 mg/kg (IQR: 106,5-500 mg/kg) at induction to 61 mg/kg (IQR 27-232 mg/kg) at the end of follow-up (p=0.001). Endoscopic data was limited, among 20 patients with endoscopy at the end of follow up, 5 had eMayo score 0 and 8 had eMayo score 1.

CONCLUSION

Results from centre are comparable with previously published real-world data.

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