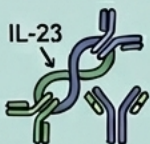


'CLINICAL EXPERIENCE WITH THE COMBINATION OF RISANKIZUMAB AND OTHER BIOLOGIC AGENTS IN PATIENTS WITH REFRACTORY INFLAMMATORY BOWEL DISEASE: EFFICACY, DISEASE COURSE, AND SAFETY PROFILE'

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BACKGROUND

- Refractory IBD is challenging to treat.
- IL-23 inhibitors are promising.
- Combination lacks evidence, needs close monitoring due to immunosuppression risk.



OBJECTIVES

- To describe clinical experience with combination therapy.
- To evaluate clinical efficacy, progression, and safety.



MATERIALS AND METHODS

- Retrospective case series (Jan 2024 - Aug 2025).
- IBD patients with Bisanikzumab combination.
- Data collected: Age, sex, duration, prior treatments, combinations (drugs/duration) CRP, Fecal Calprotectin (AC).

RESULTS

PATIENT POPULATION (n=5)

4 Crohn's (CD)
1 Ulcerative Colitis (UC)
Median age **62 (80% Male)**
Mean **3.2** prior biologics
Median disease course **26 years**

COMBINATIONS

Infliximab (3)
Adalimumab (1)
Vedolizumab (1)

Duration **3 to 5+** months

OUTCOMES & SAFETY DATA

Fecal calprotectin:

↓ Avg ↓ **1,420 points** in **3/4 patients**
(range 533-1958)
✓ Only 1 patient reached **<200 µg/g**



CRP: ↓ **Decreased in all evaluable patients**



1 UC patient: **Increase in calprotectin**



SAFETY

NO moderate/severe adverse events.

FINAL FOLLOW UP

3 continued combination
2 moved to monotherapy



CONCLUSIONS

- Favorable clinical response in most patients.
- Good tolerability, no significant AEs.
- Potential rescue therapeutic option in selected cases.
- Requires individualized use and careful supervision.
- Hospital Pharmacist plays a key role.



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