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IMPORTANCE OF INDIVIDUALIZING RISANKIZUMAB TREATMENT IN PATIENTS WITH CROHN'S DISEASE

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Background and importance

- Treatment of moderate–severe Crohn's disease has evolved with IL-23 inhibitors
- Risankizumab exposure may influence efficacy
- Plasma drug concentrations support treatment individualization

Aim and objectives

- Estimate risankizumab trough concentrations (Cmin) at weeks 12 and 52
- Evaluate attainment of PK thresholds linked to clinical remission

Materials and methods

- Retrospective observational study
- Adult Crohn's disease patients treated with risankizumab were included.
- Variables: age, sex, weight, albumin, creatinine, FCP
- Two-compartment PK model (Suleiman et al.)
- Predicted Cmin at weeks 12 and 52 using Bayesian estimation (PKS® Abbott)

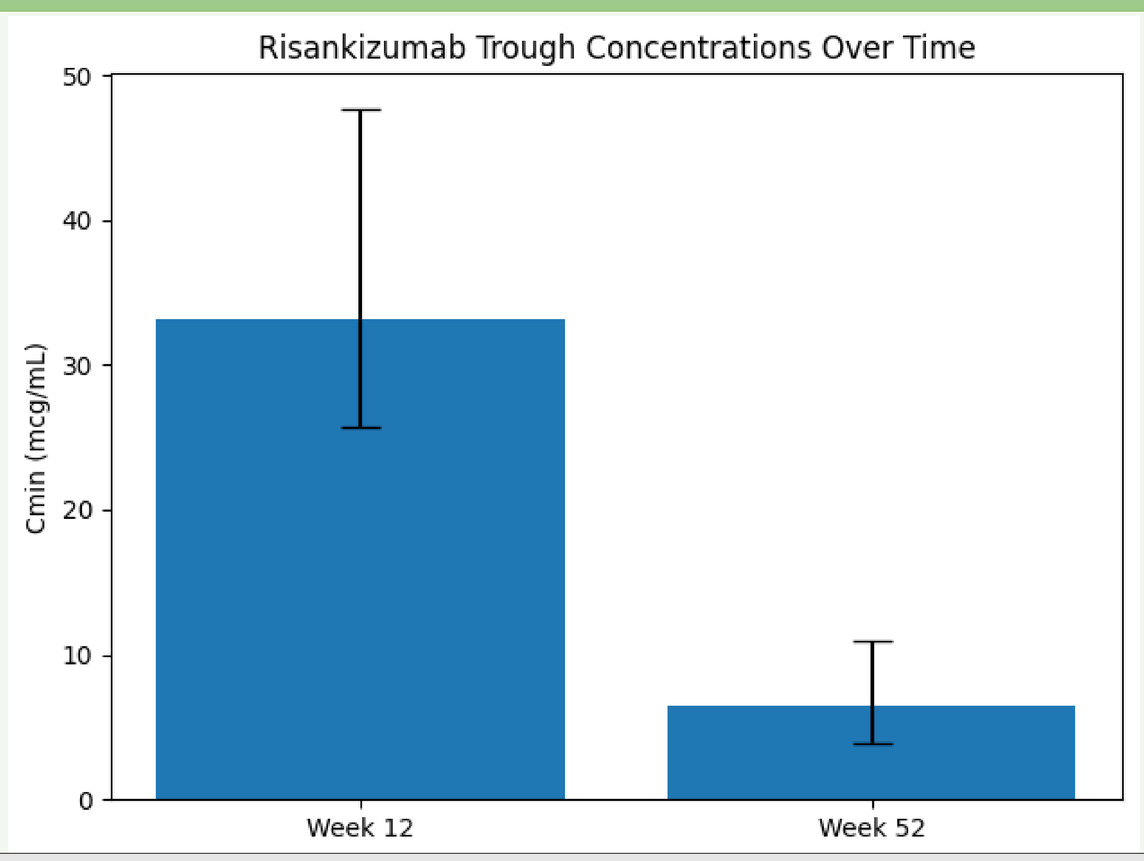
Target Cmin
- Week 12: **> 60 µg/mL**
- Week 52: **> 10 µg/mL**

Literature reviewed from Suleiman et al., Sequier et al., and Robin et al.

Results

Baseline characteristics of the study population

Variable	Value
Patients, n	32
Female sex, %	57.9
Age, years	53 (27–77)
Weight, kg	70 (48–138)
FCP, mg/kg	131 (12–537)
Albumin, g/L	45 (39–48)



- 0% achieved target Cmin at week 12
- 3/32 achieved target Cmin at week 52
- 100% of patients with PK follow-up at week 52 required re-induction and showed subtherapeutic exposure at both time points

Conclusion and Relevance

- Standard risankizumab dosing frequently fails to reach PK/PD targets
- Subtherapeutic exposure is associated with loss of response
- **Individualized dosing guided by PK may improve outcomes**