INDIRECT COMPARISON OF RISANKIZUMAB VERSUS UPADACITINIB FOR THE MAINTENANCE OF MODERATE TO SEVERE CROHN'S DISEASE

ATC code: L04 IMMUNOSUPPRESSANTS

F.J. SALMERON NAVAS, M.D.C. JIMENEZ-DE-JUAN, L. JIMENEZ-PICHARDO, L. GOMEZ-SAYAGO, F. AVILA-CABRERA

HOSPITAL GENERAL DE RIOTINTO. SERVICIO DE FARMACIA, HUELVA, SPAIN.

4CPS-141

BACKGROUND AND IMPORTANCE

Risankizumab has recently been approved for use in patients with moderate-to-severe Crohn's disease (msCD). There is a direct comparison between risankizumab and ustekinumab, but the clinical benefit versus upadacitinib is unknown.

AIM AND OBJECTIVES

The aim of this study was to perform an indirect treatment comparison (ITC) of the efficacy during the maintenance phase of risanlizumab and upadacitinib in patients with msCD using a common comparator, and to establish whether both treatment can be declared equivalent therapeutic alternatives (ETA).

MATERIALS AND METHODS

A bibliographic search was conducted in MEDLINE-Pubmed to identify phase III clinical trial (CTs), with similar population and with the same variable, which could allow comparison between risanlizumab and upadacitinib.

The clinical remission (CR) beteween week 44-52 was used as the main variable.

ITC → **Bucher's method** → **ITC calculator from the Canadian Agency for Health Technology.**

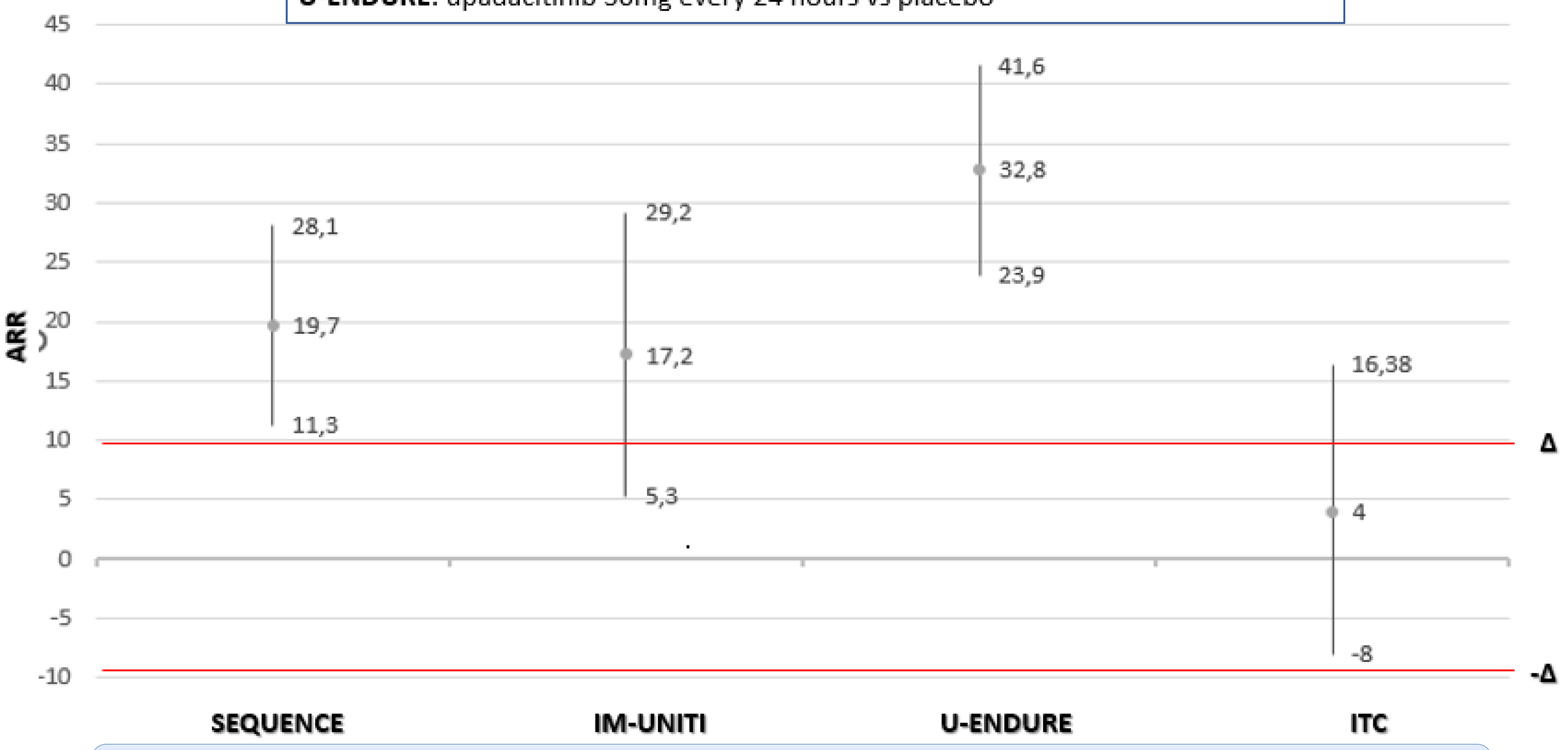
Delta value = maximum acceptable difference as a clinical criterion of no-inferiority. → **ARR=10%→** reference value used for the sample calculation in the clinical trial of risankizumab vs ustekinumab.

To establish the positioning the **ETA guidelines** was applied.

The results were **analysed graphically** and the relative position of the 95% CI and the equivalence margin were observed.

RESULTS

SEQUENCE: risanlizumab 360mg every 8 week vs ustekinumab 90mg every 8 week
IM-UNITI: ustekinumab 90 mg every 8 week vs placebo
U-ENDURE: upadacitinib 30mg every 24 hours vs placebo



Applying the ETA-guidelines, both treatments can be declared ATE, as the probability of clinically relevant difference is minus 50%, and the failure does not involve serious/irreversible damage.

CONCLUSION AND RELEVANCE

ITC showed no statistically significant differences in CR between risankizumab and upadacitinib. According to the ETA guidelines, as the percentage outside the delta margin was small, both drugs could be considered as ETA in most patients with msCD during the maintenance phase.