USE AND EFFECTIVENESS OF JAK INHIBITORS IN ULCERATIVE COLITIS: A REAL-WORLD OBSERVATIONAL ANALYSIS

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BACKGROUND AND OBJECTIVES

Janus Kinase inhibitors (JAKi) are commonly used drugs to treat refractory ulcerative colitis (UC) to conventional therapies, including monoclonal antibodies (mAbs). Real-world evidence regarding clinical response, persistence and safety profile is required to better define its use in UC.

Describe the use and evaluate the effectiveness of JAKi in patients with Ulcerative Colitis (UC) in a real-world setting.

MATERIALS AND METHODS

Retrospective, observational study

Clinical and demographic variables: sex, age, body mass index (BMI), disease extension, prior exposure to mAbs, JAKi prescribed, treatment duration, and concomitant treatment with mAbs

UC patients collecting JAKi treatment in the Outpatient Pharmacy Unit

January-December 2024

Effectiveness variables:
- Clinical response (CR) at one year: Simple clinical colitis activity index (SCCAI)≤3.
- Biochemical remission (BR): CRP < 5.0mg/L and FC< 500µg/g.

Analytical parameters at baseline and after one year of treatment:
- Fecal calprotectin (FC), C-reactive protein (CRP), transaminases (GOT and GPT), cholesterol and hemoglobin.

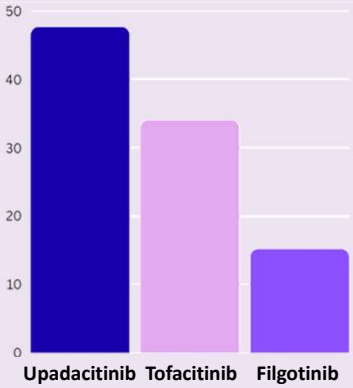
Adverse events (AE) and reasons for discontinuation

RESULTS

52,3% women
Mean age: 27,8 years
65,9% pancolitis

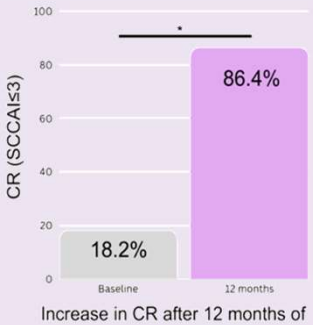
81,8% patients **failed to prior mAb therapies**

JAKi treatment distribution



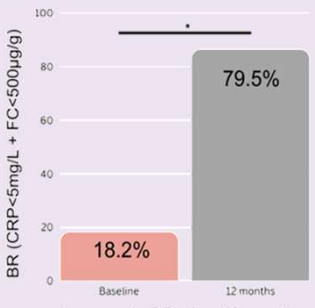
Effectiveness results

CR by drug type

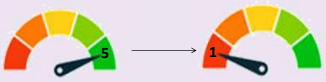


Increase in CR after 12 months of treatment (p=0.000)

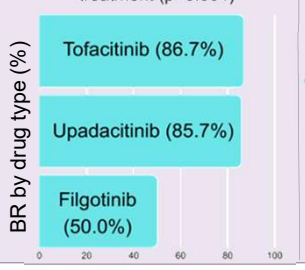
BR by drug type



Increase in BR after 12 months of treatment (p=0.001)

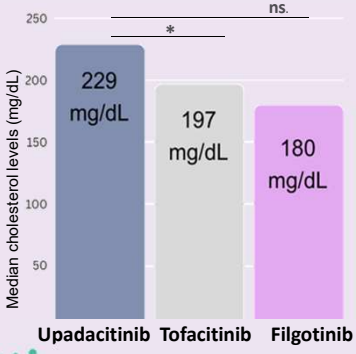


Median SCCAI dropped from 5 to 1 at 12 months (p<0.001)



Safety and persistence

Analytical parameters stayed similar at baseline and after one year of treatment (p>0.05), except for cholesterol (p=0.023).



47,7% of patients developed AEs
- Primarly dermatological, infectious or metabolic.

Treatment persistence at 12 months was **95,5%** (only 2 discontinuations not related to AEs)

CONCLUSIONS

JAKi significantly increase CR and BR after one year of treatment in UC management. **Clinical benefit** was **high** across all agents, although **lower BR** was observed **with filgotinib**. **Upadacitinib** was associated with **increased serum cholesterol** compared with tofacitinib. The safety profile was acceptable: **almost half of patients showed an AE**, but only two discontinuations were reported. Overall, JAKi demonstrated high persistence and a favorable benefit-risk profile in real-world UC patients.

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