Gastroenterol Hepatol. 2021;44(Espec Congr):81

Gastroenterología y Hepatología

https://www.elsevier.es/gastroenterologia

49 - CLINICAL AND ENDOSCOPIC RESPONSE TO TREAT-TO- TARGET VERSUS STANDARD OF CARE IN CROHN'S DISEASE PATIENTS TREATED WITH USTEKINUMAB: WEEK 48 RESULTS OF THE STARDUST TRIAL

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Resumen

Introduction: STARDUST, a phase 3b randomized trial, compared treat-to-target (T2T) maintenance strategy vs standard of care (SoC) in Crohn’s disease (CD) patients (pts) treated with ustekinumab (UST). Here we describe Week (W) 48 endoscopic (1º endpoint) and clinical results.

Methods: Adults with moderate–severely active CD ([CDAI] 220-450), [SES-CD] ? 3); received IV UST ?6 mg/kg at W0 (baseline [BL]); SC UST 90 mg at W8. At W16, CDAI 70 responders were randomized 1:1 to T2T or SoC. T2T pts received SC UST q12w/q8w based on 25% improvement in SES-CD score vs BL and intensified to q4w from W16–48 if failure to meet: CDAI 70 point improvement, and CRP ? 10 mg/L or faecal calprotectin (FCal) # 50% reduction in SES-CD score vs BL).

Results: Of 500 pts, 441 achieved CDAI 70 response at W16 and were randomized to T2T (n = 220, 79.1%) or SoC (n = 221. 87.3%); and completed W48. More pts in T2T (37.7%) vs SoC (29.9%) achieved the 1º endpoint at W48: (p = 0.0933; NRI, non-responder imputation). At W48, clinical response rates were T2T 68.2% and SoC 77.8% (p = 0.0212; NRI); clinical remission 61.4% vs 69.7% (NS;NRI), respectively; ? 50% improvement in FCal 39.4% vs 46.5% (NS;NRI)/63.1% vs 60.6% (NS; LOCF, last observation carried forward) and CRP 41.7% vs 53.3% (p = 0.032; NRI)/53.2% vs 57.2% levels (NS; LOCF), (Table). In T2T and SoC, 59.2% (122/206) and 53.2% (116/218) of pts started on UST q12w; of those, 59.8% (73/122) and 63.8% (74/116) were still on q12w at W48. Of pts who started on q8w, T2T, 40.5% (34/84) and SoC 78.4% (80/102) remained on q8w at W48. At W48, 17% (35/206) of pts were on UST q4w in T2T. No new safety signals were reported.

Table: Endpoint data by treatment arm

	T2T arm (n=220)			SoC arm (n=221)			
Variable	**Mean (95% CI) Baseline[a]**	**Mean (95% CI) change from baseline at Week 16**	**Mean (95% CI) change from baseline at Week 48**	**Mean (95% CI) Baseline[a]**	**Mean (95% CI) change from baseline at Week 16**	**Mean (95% CI) change from baseline at Week 48**	**p value[b]**
SES-CD score	13.4 (12.2, 14.6) n=220	-4.6 (-5.5, -3.7) n=220	-5.0 (-5.9, -4.0) n=220	12.7 (11.7, 13.7) n=221	NA	-4.1 (-4.9, -3.3) n=221	0.4856
CDAI score	287.2 (279.9, 294.5) n=219	-178.0 (-188.0, -168.0) n=219	-187.6 (-198.4, -176.8) n=219	287.2 (278.6, 295.8) n=221	-179.3 (-189.7, -169.0) n=221	-187.1 (-199.4, -174.8) n=221	0.9270
FCal, µg/g	1952.7 (1461.4, 2443.9) n=197	-990.4 (-1445.0, -535.8) n=197	-1191.9 (-1674.3, -709.6) n=197	1658.8 (1304.9, 2012.7) n=189	-728.2 (-1049.4, -407.0) n=189	-744.4 (-1115.9, -372.8) n=189	0.1564
CRP, mg/L	16.405 (13.233, 19.577) n=219	-7.704 (-10.631, -4.777) n=219	-7.831 (-10.844, -4.818) n=219	15.838 (12.725, 18.952) n=219	-7.345 (-9.684, -5.006) n=219	-7.909 (-10.867, -4.950) n=219	0.9133

[a]Baseline values for patients with at least one post-baseline assessment.
[b]p values for changes at Week 48 are based on ANCOVA, with baseline value and stratification factors SES-CD score (≤16, >16) and prior exposure to biologics (none or 1) as covariates. Patients who had missing data at the designated analysis timepoint had their last value carried forward.
Secondary endpoints included endoscopic remission (SES-CD score ≤2), clinical remission (CDAI <150 points), clinical response (CDAI <150 points or decrease from baseline of ≥100 points), change from baseline in biomarkers (FCal and CRP).
ANCOVA, analysis of covariance; CDAI, Crohn's Disease Activity Index; CI, confidence interval; CMH, Cochran–Mantel–Haenszel; CRP, C-reactive protein; FCal, faecal calprotectin; SES-CD, Simple Endoscopic Score in Crohn's Disease; SoC, standard of care; T2T, treat-to-target; NA, not assessed

Conclusions: STARDUST is the first trial to use endoscopy to guide dose escalation in pts with CD. After 48W of maintenance therapy with UST, more pts achieved the endoscopic response with T2T vs SoC.