2022. U-ACHIEVE U-ACCOMPLISH

RCT/Upadacitinib/UC/ Induct&Maintain

Upadacitinib as induction and maintenance therapy for moderately to severely active ulcerative colitis: results from three phase 3, multicentre, double-blind, randomised trials

Phase 3 induction trials (U-ACHIEVE & U-ACCOMPLISH) & maintenance (U-ACHIEVE).

Patients with mod-severe UC were randomized to 45mg/day of UPA vs placebo for 8 weeks(induction). Patients with clinical response were randomized to 15mg UPA vs 30mg UPA vs pbo for 52 weeks. *Proctitis alone and previous JAKi exposure excluded.

Primary endpoints: clinical remission at week 8 and at week 52.

Results: U-ACHIEVE N=474; U-ACCOMPLISH N= 522 & U-ACHIEVE maintenance N=451

Clinical remission week 8:

- U-ACHIEVE 26% UPA vs 5% placebo, p<0.0001
- U-ACCOMPLISH 34% UPA vs 4% placebo, p<0.0001
- At week 52, clinical remission U-ACHIEVE was 42% UPA15 vs 52% UPA30 vs 12% placebo, p<0.0001
- Upper respiratory tract infection, CK elevation, acne, headache and arthralgia most frequent side effects.

Conclusion:

Upadacitinib is more effective than placebo for both induction and maintenance of remission.

	UC1				UCZ			
	Placebo (n=154)	Upadacitinib 45 mg once daily (N=319)	Adjusted treatment difference, % (95% CI)	p value	Placebo (N=174)	Upadacitinib 45 mg once daily (N=341)	Adjusted treatment difference, % (95% CI)	p value
Primary endpoint								
Clinical remission (Adapted Mayo)	7 (5%)	83 (26%)	21-6% (15-8-27-4)	<0.0001	7 (4%)	114 (33%)	29-0% (23-2-34-7)	<0.0001
Secondary endpoints								

	Placebo (N=149)	Upadacitinib 15 mg once daily (N=148)	Adjusted treatment difference, % (95% CI)	pvalue	Upadacitinib 30 mg once daily (N=154)	Adjusted treatment difference, % (95% CI)	pvalue
Primary endpoint							
Clinical remission (Adapted Mayo)	18 (12%)	63 (42%)	30-7% (21-7-39-8)	< 0.0001	80 (52%)	39-0% (29-7-48-2)	<0.0001
Secondary endpoint							

