Upadacitinib for Refractory Crohn's Disease

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Background

Despite many different pharmacologic therapies approved for the treatment of Crohn's disease (CD), many patients are refractory to medical treatment. Upadacitinib (UPA) is an oral JAK-1 inhibitor, which was recently approved for use in ulcerative colitis. Studies looking at its efficacy in CD are on-going and limited real-world data exists. In this retrospective study, we examine the efficacy and safety of UPA in patients with refractory CD.

Methods

Between July 2021 and May 2022, 11 patients with medically refractory CD were treated with UPA. UPA was initiated at 45mg for at least 8 weeks followed by a maintenance dose of 30mg. We retrospectively examined the response to treatment through prospectively collected patient-reported quality of life scores (SIBDQ questionnaire), Harvey Bradshaw indices (HBI), and laboratory data (ESR, CRP). Statistical analysis was performed with the Wilcoxon matched-pairs signed-rank test.

Results

Table 1. Patient characteristics

Gender	**Number (%)**
Male	3 (27)
Female	8 (73)
Disease type	
Fistulizing	5 (45)
Stricturing	7 (63)
Surgery	
Surgical history	4 (36)
No surgical history	7 (63)
Years of disease	
<10	1 (9)
10-19	7 (64)
20-30	3 (27)

Table 2. Number and type of advanced therapies failed

Number of failed advanced therapies	**Number (%)**
Two	1 (9)
Three	2 (18)
Four	3 (27)
Greater than 5	5 (45)
Prior failed biologics	
Adalimumab	10 (91)
Infliximab	10 (91)
Ustekinumab	11 (100)
Vedolizumab	10 (91)
Certolizumab	6 (55)
IVIG	3 (27)

Figure 1. All patients showed improvement in SIBDQ after starting UPA. 4 out of 6 patients showed significant improvement with an increase in SIBDQ ≥ 8.

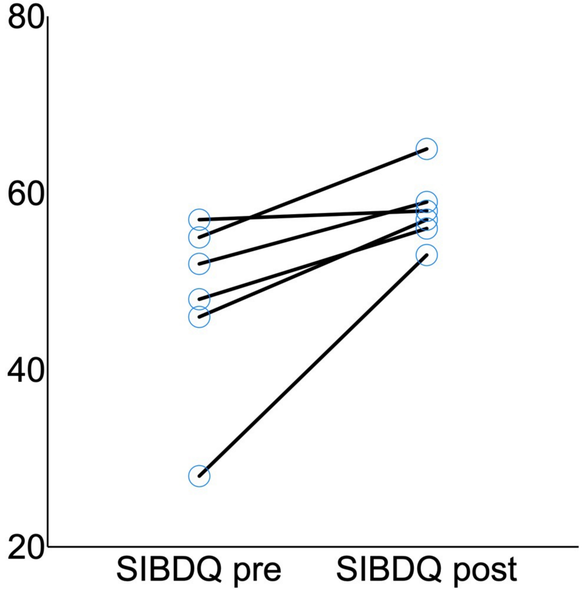

Figure 2. All patients showed improvement in HBI or were in clinical remission after starting UPA. 3 out of 6 showed significant improvement with a reduction in HBI > 2. 4 out of 6 were in clinical remission with HBI < 5.

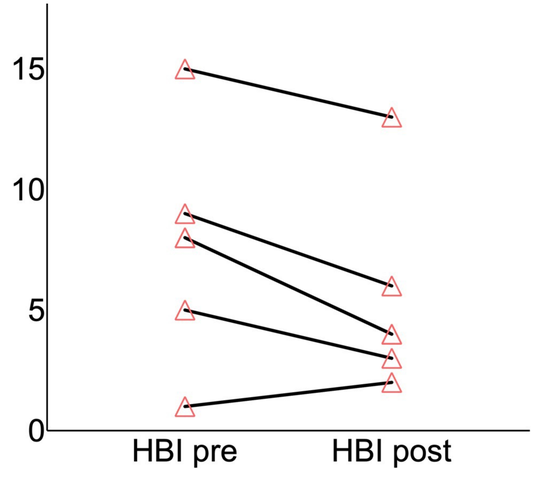

Table 3. SIBDQ and ESR significantly improved after treatment with UPA while HBI and CRP showed trends towards improvement

	Pre UPA	**Post UPA**	**p-value**
SIBDQ	50	57.5	0.015
HBI	8	4	0.11
CRP	7.1	2.3	0.5
ESR	20.5	4.5	0.019

Discussion

In this study, we examined our center's experience with UPA to treat refractory CD. Patients not only reported symptomatic improvement but also exhibited a downtrend in inflammatory markers. While our study does have significant limitations, our data suggests UPA may be a safe and effective option for those with refractory CD.