CLAIMS

1. A method of treating ulcerative colitis (UC) comprising administering to a patient in need thereof an anti-IL-23p19 antibody, said method comprising:
   a) administering at least one induction dose of the anti-IL-23p19 antibody to the patient, wherein the induction dose comprises 50 mg to 1200 mg of the antibody; and
   b) administering at least one maintenance dose(s) of the anti-IL-23p19 antibody to the patient after the last induction dose is administered, wherein the maintenance dose comprises 150 to 400 mg of the anti-IL-23p19 antibody.

2. A method of treating UC according to claim 1, wherein the UC is moderate to severe ulcerative colitis.

3. A method of treating UC according to claim 1 or claim 2, wherein the patient is biologic-naïve.

4. A method of treating UC according to claim 1 or claim 2, wherein the patient is biologic-experienced.

5. A method of treating UC according to claim 1 or claim 2, wherein the patient is biologic-failed or is conventional-failed.

6. A method of treating UC according to any one of claims 1-5, wherein the at least one induction dose comprises 200 mg to 1000 mg of the anti-IL-23p19 antibody.

7. A method of treating UC according to any one of claims 1-6, wherein the at least one induction dose comprises 200 mg to 600 mg of the anti-IL-23p19 antibody.

8. A method of treating UC according to any one of claims 1-7, wherein the at least one induction dose comprises 50 mg, 100 mg, 200 mg, 250 mg, 300 mg or 600 mg of the anti-IL-23p19 antibody.

9. A method of treating UC according to any one of claims 1-8, wherein the at least one induction dose comprises 300 mg of the anti-IL-23p19 antibody.

10. A method of treating UC according to any one of claims 1-9, wherein one, two or three induction doses are administered to the patient.

11. A method of treating UC according to any one of claims 1-10, wherein two or three induction doses are administered at 4 week intervals.

12. A method of treating UC according to any one of claims 1-11, wherein three induction doses are administered at 4 week intervals.

13. A method of treating UC according to any one of claims 1-12, wherein the at least one induction dose is administered by intravenous infusion.

14. A method of treating UC according to any one of claims 1-13, wherein, if the patient has not achieved clinical response 4-12 weeks after the last induction dose is administered, one, two or three extended induction dose(s) of the anti-IL-23p19 antibody are administered to the patient, wherein the at least one maintenance dose(s) of the anti-IL-23p19 antibody is administered to the patient if the patient has achieved clinical response 4-12 weeks after the last extended induction dose is administered, and wherein clinical response is defined as achieving a decrease in the 9-point Modified Mayo Score (MMS) subscore of $\geq$2 points and $\geq$ 30-35% from baseline, with either a decrease of rectal bleeding (RB) subscore of $\geq$1 or a RB subscore of 0 or 1.

15. A method of treating UC according to claim 14, wherein the one, two or three extended induction dose(s) are administered to the patient if the patient has not achieved clinical response 4 weeks after the last induction dose is administered.

16. A method of treating UC according to claim 14 or claim 15, wherein two or three extended induction doses are administered at 4 week intervals.

17. A method of treating UC according to claim 14 or claim 15, wherein three extended induction doses are administered at 4 week intervals.

18. A method of treating UC according to any one of claims 14-17, wherein one, two or three extended induction dose(s) comprise 50 mg, 100 mg, 200 mg, 250 mg, 300 mg or 600 mg of the anti-IL-23p19 antibody.

19. A method of treating UC according to any one of claims 14-18, wherein the one, two or three extended induction dose(s) comprise 300 mg of the anti-IL-23p19 antibody.

20. A method of treating UC according to any one of claims 14-19, wherein the one, two or three extended induction dose(s) are administered by intravenous infusion.

21. A method of treating UC according to any one of claims 1-20, wherein the at least one maintenance dose comprises 150 mg, 200 mg, 250 mg or 300 mg of the anti-IL-23p19 antibody.

22. A method of treating UC according to any one of claims 1-21, wherein the at least one maintenance dose comprises 200 mg of the anti-IL-23p19 antibody.

23. A method of treating UC according to any one of claims 1-22, wherein multiple maintenance doses are administered to a patient and wherein the first maintenance dose is administered 2 to 8 weeks after the last induction dose or last extended induction dose is administered.

24. A method of treating UC according to any one of claims 1-23, wherein the first maintenance dose is administered 4 to 6 weeks after the last induction dose or last extended induction dose is administered.

25. A method of treating UC according any one of claims 1- 23, wherein the first maintenance dose is administered 2 weeks, 3 weeks, 4 weeks, 5 weeks, 6 weeks, 7 weeks, or 8 weeks after the last induction dose or last extended induction dose is administered.

26. A method of treating UC according to any one of claims 23-25, wherein the first maintenance dose is administered 4 weeks after the last induction dose or last extended induction dose is administered.

27. A method of treating UC according to any one of claims 23-26, wherein subsequent maintenance dose(s) are administered at 4, 8 or 12 week interval(s) after administration of the first maintenance dose.

28. A method of treating UC according to any one of claims 23-27, wherein subsequent maintenance dose(s) are administered at 4 week interval(s).

29. A method of treating UC according to any one of claims 23-27, wherein subsequent maintenance dose(s) are administered at 8 week interval(s).

30. A method of treating UC according to any one of claims 23-27, wherein subsequent maintenance dose(s) are administered at 12 week interval(s).

31. A method of treating UC according to any one of claims 1-30, wherein the maintenance dose(s) are administered by subcutaneous injection.

32. A method of treating UC according to any one of claims 1-31, wherein, if the patient develops a loss of response during the maintenance period, one, two or three rescue dose(s) of the anti-IL-23p19 antibody are administered to the patient, wherein one or more further maintenance dose(s) of the anti-IL-23p19 antibody are administered to the patient if the patient achieves clinical response 4-12 weeks after the last rescue dose is administered, wherein loss of response is defined as: (a) ≥2-point increase from baseline in the combined stool frequency (SF) and rectal bleeding (RB) scores (b) combined SF and RB score of ≥4, on 2 consecutive visits ≥ 7 days apart with confirmation of negative *Clostridium difficile* testing and (c) endoscopic subscore (ES) of 2 or 3, and wherein clinical response is defined as achieving a decrease in the 9 point Modified Mayo Score

(MMS) subscore of ≥2 points and ≥ 30-35% from baseline, with either a decrease of rectal bleeding (RB) subscore of ≥1 or a RB subscore of 0 or 1.

33. A method of treating UC according to claim 32, wherein two or three rescue doses are administered at 4 week intervals.

34. A method of treating UC according to claim 32, wherein three rescue doses are administered at 4 week intervals.

35. A method of treating UC according to any one of claims 32-34, wherein the one, two or three rescue dose(s) comprise 50 mg, 100 mg, 200 mg, 250 mg, 300 mg or 600 mg of the anti-IL-23p19 antibody.

36. A method of treating UC according to any one of claims 32-35, wherein the one, two or three rescue dose(s) comprise 300 mg of the anti-IL-23p19 antibody.

37. A method of treating UC according to any one of claims 32-36, wherein the one, two or three rescue dose(s) are administered by intravenous infusion.

38. A method of treating UC according to any one of claims 32-37, wherein the one or more further maintenance dose(s) comprise 150 mg, 200 mg, 250 mg or 300 mg of the anti-IL-23p19 antibody.

39. A method of treating UC according to any one of claims 32-38, wherein the one or more further maintenance dose(s) comprise 200 mg of the anti-IL-23p19 antibody.

40. A method of treating UC according to any one of claims 32-39, wherein multiple further maintenance doses are administered to a patient and wherein the first further maintenance dose is administered 2 weeks, 3 weeks, 4 weeks, 5 weeks, 6 weeks, 7 weeks, or 8 weeks after the last rescue dose is administered.

41. A method of treating UC according to claim 40, wherein the first further maintenance dose is administered 4 weeks after the last rescue dose is administered.

42. A method of treating UC according to claim 40 or claim 41, wherein subsequent further maintenance dose(s) are administered at 4, 8 or 12 week interval(s) after administration of the first further maintenance dose.

43. A method of treating UC according to any one of claims 40-42, wherein subsequent further maintenance dose(s) are administered at 4 week interval(s).

44. A method of treating UC according to any one of claims 40-42, wherein subsequent further maintenance dose(s) are administered at 8 week interval(s).

45. A method of treating UC according to any one of claims 40-42, wherein subsequent further maintenance dose(s) are administered at 12 week interval(s).

46. A method of treating UC according to any one of claims 32-45, wherein the further maintenance dose(s) are administered by subcutaneous injection.

47. A method of treating UC according to any one of claims 1-46, wherein the anti-IL-23p19 antibody is mirikizumab, guselkumab, tildrakizumab, risankizumab or brazikumab.

48. A method of treating UC according to any one of claims 1-47, wherein the anti-IL-23p19 antibody is mirikizumab.

49. A method of treating UC according to claim 1, said method comprising:

a) administering three induction doses of mirikizumab to the patient by intravenous infusion at 4 week intervals, wherein each induction dose comprises 300 mg of mirikizumab; and

b) administering maintenance doses of mirikizumab to the patient by subcutaneous injection at 4 week or 12 week intervals, wherein the first maintenance dose is administered 2-8 weeks after the last induction dose is administered and wherein each maintenance dose comprises 200 mg of mirikizumab.

50. A method of treating UC according to claim 49, wherein the first maintenance dose is administered 4-6 weeks after the last induction dose is administered.

51. A method of treating UC according to claim 49 or claim 50, wherein subsequent maintenance dose(s) of mirikizumab are administered at 4 week intervals after administration of the first maintenance dose.

52. A method of treating UC according to claim 49 or claim 50, wherein subsequent maintenance dose(s) of mirikizumab are administered at 12 week intervals after administration of the first maintenance dose.

53. A method of treating UC according to claim 1, said method comprising:

a) administering three induction doses of mirikizumab to the patient by intravenous infusion at 4 week intervals, wherein, if the patient has not achieved clinical response 4 weeks after the last induction dose is administered, three extended induction doses of mirikizumab are administered to the patient, and, wherein each induction dose and each extended induction dose comprises 300 mg of mirikizumab; and

b) administering maintenance doses of mirikizumab to the patient by subcutaneous injection at 4 week or 12 week intervals, wherein the first maintenance dose is administered 2-8 weeks after the last induction dose is administered and wherein each maintenance dose comprises 200 mg of mirikizumab.

54. A method of treating UC according to claim 53, wherein the first maintenance dose is administered 4-6 weeks after the last induction dose or last extended induction dose is administered.

55. A method of treating UC according to claim 53 or claim 54, wherein subsequent maintenance dose(s) of mirikizumab are administered at 4 week intervals after administration of the first maintenance dose.

56. A method of treating UC according to claim 53 or claim 54, wherein subsequent maintenance dose(s) of mirikizumab are administered at 12 week intervals after administration of the first maintenance dose.

57. A method of treating UC according to claim 1, said method comprising:

a) administering three induction doses of mirikizumab to the patient by intravenous infusion at 4 week intervals, wherein each induction dose comprises 300 mg of mirikizumab; and

b) administering maintenance doses of mirikizumab to the patient by subcutaneous injection at 4 week or 12 week intervals, wherein the first maintenance dose is administered 2-8 weeks after the last induction dose is administered,

wherein if the patient develops a loss of response during the maintenance period, three rescue doses of mirikizumab are administered to the patient at 4 week intervals, wherein each rescue dose comprises 300 mg of mirikizumab,

wherein further maintenance doses of mirikizumab are administered to the patient if the patient achieves clinical response 4 weeks after the last rescue dose is administered, wherein the first further maintenance dose is administered 2-8 weeks after the last rescue dose is administered,

wherein loss of response is defined as: (a) ≥2-point increase from baseline in the combined stool frequency (SF) and rectal bleeding

(RB) scores (b) combined SF and RB score of ≥4, on 2 consecutive visits ≥ 7 days apart with confirmation of negative *Clostridium. difficile* testing and (c) endoscopic subscore (ES) of 2 or 3,

wherein clinical response is defined as achieving a decrease in the 9 point Modified Mayo Score (MMS) subscore of ≥2 points and ≥ 30-35% from baseline, with either a decrease of rectal bleeding (RB) subscore of ≥1 or a RB subscore of 0 or 1; and

wherein each maintenance dose and each further maintenance dose comprises 200 mg of mirikizumab.

58. A method of treating UC according to claim 57, wherein the first maintenance dose is administered 4-6 weeks after the last induction dose is administered and the first further maintenance dose is administered 4-6 weeks after the last rescue dose is administered.

59. A method of treating UC according to claim 57 or claim 58, wherein subsequent maintenance dose(s) of mirikizumab are administered at 4 week intervals after administration of the first maintenance dose and subsequent further maintenance dose(s) of mirikizumab are administered at 4 week intervals after administration of the first further maintenance dose.

60. A method of treating UC according to claim 57 or claim 58, wherein subsequent maintenance dose(s) of mirikizumab are administered at 12 week intervals after administration of the first maintenance dose and subsequent further maintenance doses of mirikizumab are administered at 12 week intervals after administration of the first further maintenance dose.

61. A method of treating UC according to claim 1, said method comprising:

a) administering three induction doses of mirikizumab to the patient by intravenous infusion at 4 week intervals, wherein, if the patient has not achieved clinical response 4 weeks after the last induction dose is

administered, three extended induction doses of mirikizumab are administered to the patient, and, wherein each induction dose and each extended induction dose comprises 300 mg of mirikizumab; and

b) administering maintenance doses of mirikizumab to the patient by subcutaneous injection at 4 week or 12 week intervals, wherein the first maintenance dose is administered 2-8 weeks after the last induction dose is administered,

wherein if the patient develops a loss of response during the maintenance period, three rescue doses of mirikizumab are administered to the patient at 4 week intervals, wherein each rescue dose comprises 300 mg of mirikizumab,

wherein further maintenance doses of mirikizumab are administered to the patient if the patient achieves clinical response 4 weeks after the last rescue dose is administered, wherein the first further maintenance dose is administered 2-8 weeks after the last rescue dose is administered,

wherein loss of response is defined as: (a) ≥2-point increase from baseline in the combined stool frequency (SF) and rectal bleeding (RB) scores (b) combined SF and RB score of ≥4, on 2 consecutive visits ≥ 7 days apart with confirmation of negative Clostridium. difficile testing and (c) endoscopic subscore (ES) of 2 or 3,

wherein clinical response is defined as achieving a decrease in the 9 point Modified Mayo Score (MMS) subscore of ≥2 points and ≥ 30-35% from baseline, with either a decrease of rectal bleeding (RB) subscore of ≥1 or a RB subscore of 0 or 1,

and wherein each maintenance dose and each further maintenance dose comprises 200 mg of mirikizumab.

62. A method of treating UC according to claim 61, wherein the first maintenance dose is administered 4-6 weeks after the last induction dose or last extended

induction dose is administered and the first further maintenance is administered 4-6 weeks after the last rescue dose is administered.

63. A method of treating UC according to claim 61 or claim 62, wherein subsequent maintenance doses of mirikizumab are administered at 4 week intervals after administration of the first maintenance dose and subsequent further maintenance doses of mirikizumab are administered at 4 week intervals after administration of the first further maintenance dose.

64. A method of treating UC according to claim 61 or claim 62, wherein subsequent maintenance doses of mirikizumab are administered at 12 week intervals after administration of the first maintenance dose and subsequent further maintenance doses of mirikizumab are administered at 12 week intervals after administration of the first further maintenance dose.

65. An anti-IL-23p19 antibody for use in the treatment of UC, wherein the treatment comprises:

a) administering at least one induction dose of the anti-IL-23p19 antibody to the patient, wherein the induction dose comprises 50 mg to 1200 mg of the antibody; and

b) administering at least one maintenance dose(s) of the anti-IL-23p19 antibody to the patient after the last induction dose is administered, wherein the maintenance dose comprises 150 to 400 mg of the anti-IL-23p19 antibody.

66. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 65, wherein the UC is moderate to severe ulcerative colitis.

67. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 65 or claim 66, wherein the patient is biologic-naïve.

68. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 65 or claim 66, wherein the patient is biologic-experienced.

69. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 65 or claim 66, wherein the patient is biologic-failed or conventional-failed.

70. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 65-69, wherein the at least one induction dose comprises 200 mg to 1000 mg of the anti-IL-23p19 antibody.

71. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 65-70, wherein the at least one induction dose comprises 200 mg to 600 mg of the anti-IL-23p19 antibody.

72. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 65-71, wherein the at least one induction dose comprises 50 mg, 100 mg, 200 mg, 250 mg, 300 mg or 600 mg of the anti-IL-23p19 antibody.

73. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 65-72, wherein the at least one induction dose comprises 300 mg of the anti-IL-23p19 antibody.

74. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 65-73, wherein one, two or three induction doses are administered to the patient.

75. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 65-74, wherein two or three induction doses are administered at 4 week intervals.

76. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 65-74, wherein three induction doses are administered at 4 week intervals.

77. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 65-76, wherein the at least one induction dose is administered by intravenous infusion.

78. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 65-77, wherein, if the patient has not achieved clinical response 4-12 weeks after the last induction dose is administered, one, two or three extended induction dose(s) of the anti-IL-23p19 antibody are administered to the patient, wherein the at least one maintenance dose(s) of the anti-IL-23p19 antibody is administered to the patient if the patient has achieved clinical response 4-12 weeks after the last extended induction dose is administered, and wherein clinical response is defined as achieving a decrease in the 9 point Modified Mayo Score (MMS) subscore of ≥2 points and ≥ 30-35% from baseline, with either a decrease of rectal bleeding (RB) subscore of ≥1 or a RB subscore of 0 or 1.

79. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 78, wherein the one, two or three extended induction dose(s) are administered to the patient if the patient has not achieved clinical response 4 weeks after the last induction dose is administered.

80. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 78 or claim 79, wherein two or three extended induction doses are administered at 4 week intervals.

81. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 78 or claim 79, wherein three extended induction doses are administered at 4 week intervals.

82. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 78-81, wherein one, two or three extended induction dose(s) comprise 50 mg, 100 mg, 200 mg, 250 mg, 300 mg or 600 mg of the anti-IL-23p19 antibody.

83. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 78-82, wherein the one, two or three extended induction dose(s) comprise 300 mg of the anti-IL-23p19 antibody.

84. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 78-83, wherein the one, two or three extended induction dose(s) are administered by intravenous infusion.

85. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 65-84, wherein the at least one maintenance dose comprises 150 mg, 200 mg, 250 mg or 300 mg of the anti-IL-23p19 antibody.

86. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 65-85, wherein the at least one maintenance dose comprises 200 mg of the anti-IL-23p19 antibody.

87. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 65-86, wherein multiple maintenance doses are administered to a patient and wherein the first maintenance dose is administered 2 to 8 weeks after the last induction dose or last extended induction dose is administered.

88. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 87, wherein the first maintenance dose is administered 4 to 6 weeks after the last induction dose or last extended induction dose is administered.

89. An anti-IL-23p19 antibody for use in the treatment of UC according claim 87, wherein the first maintenance dose is administered 2 weeks, 3 weeks, 4 weeks, 5 weeks, 6 weeks, 7 weeks, or 8 weeks after the last induction dose or last extended induction dose is administered.

90. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 87-89, wherein the first maintenance dose is administered 4

weeks after the last induction dose or last extended induction dose is administered.

91. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 87-90, wherein subsequent maintenance dose(s) are administered at 4, 8 or 12 week interval(s) after administration of the first maintenance dose.

92. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 87-91, wherein subsequent maintenance dose(s) are administered at 4 week interval(s).

93. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 87-91, wherein subsequent maintenance dose(s) are administered at 8 week interval(s).

94. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 87-91, wherein subsequent maintenance dose(s) are administered at 12 week interval(s).

95. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 65-94, wherein the maintenance dose(s) are administered by subcutaneous injection.

96. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 65-95, wherein, if the patient develops a loss of response during the maintenance period, one, two or three rescue dose(s) of the anti-IL-23p19 antibody are administered to the patient, wherein one or more further maintenance dose(s) of the anti-IL-23p19 antibody are administered to the patient if the patient achieves clinical response 4-12 weeks after the last rescue dose is administered, wherein loss of response is defined as: (a) $\geq$2-point increase from baseline in the combined stool frequency (SF) and rectal bleeding (RB) scores (b) combined SF and RB score of $\geq$4, on 2 consecutive

visits ≥ 7 days apart with confirmation of negative Clostridium. difficile testing and (c) endoscopic subscore (ES) of 2 or 3, and wherein clinical response is defined as achieving a decrease in the 9 point Modified Mayo Score (MMS) subscore of ≥2 points and ≥ 30-35% from baseline, with either a decrease of rectal bleeding (RB) subscore of ≥1 or a RB subscore of 0 or 1.

97. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 96, wherein two or three rescue doses are administered at 4 week intervals.

98. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 96, wherein three rescue doses are administered at 4 week intervals.

99. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 96-98, wherein the one, two or three rescue dose(s) comprise 50 mg, 100 mg, 200 mg, 250 mg, 300 mg or 600 mg of the anti-IL-23p19 antibody.

100. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 96-99, wherein the one, two or three rescue dose(s) comprise 300 mg of the anti-IL-23p19 antibody.

101. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 96-100, wherein the one, two or three rescue dose(s) are administered by intravenous infusion.

102. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 96-101, wherein the one or more further maintenance dose(s) comprise 150 mg, 200 mg, 250 mg or 300 mg of the anti-IL-23p19 antibody.

103. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 96-102, wherein the one or more further maintenance dose(s) comprises 200 mg of the anti-IL-23p19 antibody.

104. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 96-103, wherein multiple further maintenance doses are administered to a patient and wherein the first further maintenance dose is administered 2 weeks, 3 weeks, 4 weeks, 5 weeks, 6 weeks, 7 weeks, or 8 weeks after the last rescue dose is administered.

105. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 104, wherein the first further maintenance dose is administered 4 weeks after the last rescue dose is administered.

106. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 104 or claim 105, wherein subsequent further maintenance dose(s) are administered at 4, 8 or 12 week interval(s) after administration of the first further maintenance dose.

107. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 104-106, wherein subsequent further maintenance dose(s) are administered at 4 week interval(s).

108. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 104-106, wherein subsequent further maintenance dose(s) are administered at 8 week interval(s).

109. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 104-106, wherein subsequent further maintenance dose(s) are administered at 12 week interval(s).

110. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 96-109, wherein the further maintenance dose(s) are administered by subcutaneous injection.

111. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 65-110, wherein the anti-IL-23p19 antibody is mirikizumab, guselkumab, tildrakizumab, risankizumab or brazikumab.

112. An anti-IL-23p19 antibody for use in the treatment of UC according to any one of claims 65-111, wherein the anti-IL-23p19 antibody is mirikizumab.

113. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 1, said treatment comprising:

a) administering three induction doses of mirikizumab to the patient by intravenous infusion at 4 week intervals, wherein each induction dose comprises 300 mg of mirikizumab; and
b) administering maintenance doses of mirikizumab to the patient by subcutaneous injection at 4 week or 12 week intervals, wherein the first maintenance dose is administered 2-8 weeks after the last induction dose is administered and wherein each maintenance dose comprises 200 mg of mirikizumab.

114. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 113, wherein the first maintenance dose is administered 4-6 weeks after the last induction dose is administered.

115. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 113 or claim 114, wherein subsequent maintenance dose(s) of mirikizumab are administered at 4 week intervals after administration of the first maintenance dose.

116. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 113 or claim 114, wherein subsequent maintenance dose(s) of mirikizumab are administered at 12 week intervals after administration of the first maintenance dose.

117. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 1, said treatment comprising:

a) administering three induction doses of mirikizumab to the patient by intravenous infusion at 4 week intervals, wherein, if the patient has not achieved clinical response 4 weeks after the last induction dose is administered, three extended induction doses of mirikizumab are administered to the patient, wherein each induction dose and each extended induction dose comprises 300 mg of mirikizumab; and

b) administering maintenance doses of mirikizumab to the patient by subcutaneous injection at 4 week or 12 week intervals, wherein the first maintenance dose is administered 2-8 weeks after the last induction dose is administered and wherein each maintenance dose comprises 200 mg of mirikizumab.

118. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 117, wherein the first maintenance dose is administered 4-6 weeks after the last induction dose or last extended induction dose is administered.

119. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 117 or claim 118, wherein subsequent maintenance dose(s) of mirikizumab are administered at 4 week intervals after administration of the first maintenance dose.

120. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 117 or claim 118, wherein subsequent maintenance dose(s) of mirikizumab are administered at 12 week intervals after administration of the first maintenance dose.

121. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 1, said treatment comprising:

a) administering three induction doses of mirikizumab to the patient by intravenous infusion at 4 week intervals, wherein each induction dose comprises 300 mg of mirikizumab; and

b) administering maintenance doses of mirikizumab to the patient by subcutaneous injection at 4 week or 12 week intervals, wherein the first maintenance dose is administered 2-8 weeks after the last induction dose is administered,

wherein if the patient develops a loss of response during the maintenance period, three rescue doses of mirikizumab are administered to the patient at 4 week intervals,

wherein each rescue dose comprises 300 mg of mirikizumab,

wherein further maintenance doses of mirikizumab are administered to the patient if the patient achieves clinical response 4 weeks after the last rescue dose is administered, wherein the first further maintenance dose is administered 2-8 weeks after the last rescue dose is administered,

wherein loss of response is defined as: (a) ≥2-point increase from baseline in the combined stool frequency (SF) and rectal bleeding (RB) scores (b) combined SF and RB score of ≥4, on 2 consecutive visits ≥ 7 days apart with confirmation of negative *Clostridium difficile* testing and (c) endoscopic subscore (ES) of 2 or 3,

wherein clinical response is defined as achieving a decrease in the 9 point Modified Mayo Score (MMS) subscore of ≥2 points and ≥ 30-35% from baseline, with either a decrease of rectal bleeding (RB) subscore of ≥1 or a RB subscore of 0 or 1,

and wherein each maintenance dose and each further maintenance dose comprises 200 mg of mirikizumab.

122. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 121, wherein the first maintenance dose is administered 4-6 weeks after the last

induction dose is administered and the first further maintenance dose is administered 4-6 weeks after the last rescue dose is administered.

123. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 121 or claim 122, wherein subsequent maintenance doses of mirikizumab are administered at 4 week intervals after administration of the first maintenance dose and subsequent further maintenance doses of mirikizumab are administered at 4 week intervals after administration of the first further maintenance dose.

124. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 121 or claim 122, wherein subsequent maintenance doses of mirikizumab are administered at 12 week intervals after administration of the first maintenance dose and subsequent further maintenance doses of mirikizumab are administered at 12 week intervals after administration of the first further maintenance dose.

125. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 1, said treatment comprising:

a) administering three induction doses of mirikizumab to the patient by intravenous infusion at 4 week intervals, wherein, if the patient has not achieved clinical response 4 weeks after the last induction dose is administered, three extended induction doses of mirikizumab are administered to the patient, wherein each induction dose and each extended induction dose comprises 300 mg of mirikizumab,

wherein clinical response is defined as achieving a decrease in the 9 point Modified Mayo Score (MMS) subscore of $\geq$2 points and $\geq$ 30-35% from baseline, with either a decrease of rectal bleeding (RB) subscore of $\geq$1 or a RB subscore of 0 or 1, and

b) administering maintenance doses of mirikizumab to the patient by subcutaneous injection at 4 week or 12 week intervals, wherein the first maintenance dose is administered 2-8 weeks after the last induction dose is administered,

wherein if the patient develops a loss of response during the maintenance period, three rescue doses of mirikizumab are administered to the patient at 4 week intervals, wherein each rescue dose comprises 300 mg of mirikizumab,

wherein further maintenance doses of mirikizumab are administered to the patient if the patient achieves clinical response 4 weeks after the last rescue dose is administered, wherein the first further maintenance dose is administered 2-8 weeks after the last rescue dose is administered,

wherein loss of response is defined as: (a) ≥2-point increase from baseline in the combined stool frequency (SF) and rectal bleeding (RB) scores (b) combined SF and RB score of ≥4, on 2 consecutive visits ≥ 7 days apart with confirmation of negative Clostridium. difficile testing and (c) endoscopic subscore (ES) of 2 or 3,

wherein clinical response is defined as achieving a decrease in the 9 point Modified Mayo Score (MMS) subscore of ≥2 points and ≥ 30-35% from baseline, with either a decrease of rectal bleeding (RB) subscore of ≥1 or a RB subscore of 0 or 1,

and wherein each maintenance dose and each further maintenance dose comprises 200 mg of mirikizumab.

126. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 125, wherein the first maintenance dose is administered 4-6 weeks after the last induction dose or last extended induction dose is administered and the first further maintenance dose is administered 4-6 weeks after the last rescue dose is administered.

127. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 125 or claim 126, wherein subsequent maintenance doses of mirikizumab are administered at 4 week intervals after administration of the first maintenance dose and subsequent further maintenance doses of mirikizumab are administered at 4 week intervals after administration of the first further maintenance dose.

128. An anti-IL-23p19 antibody for use in the treatment of UC according to claim 125 or claim 126, wherein subsequent maintenance doses of mirikizumab are administered at 12 week intervals after administration of the first maintenance dose and subsequent further maintenance doses of mirikizumab are administered at 12 week intervals after administration of the first further maintenance dose.