P0917

Corticosteroid sparing effects of treatment with guselkumab in patients with moderately to severely active Crohn's disease: Phase 3 GALAXI 2/3 results through week 48

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Key Takeaways

- **In CD, greater proportions of guselkumab-treated participants achieved 90-day corticosteroid-free efficacy outcomes through Week 48 vs ustekinumab in the overall population**
  - **90-day corticosteroid-free efficacy outcomes through Week 48 were greater in guselkumab-treated participants vs ustekinumab regardless of prior biologic exposure status**
- **Among participants receiving corticosteroids at baseline, greater proportions of guselkumab-treated participants were corticosteroid-free at Week 48 vs ustekinumab**

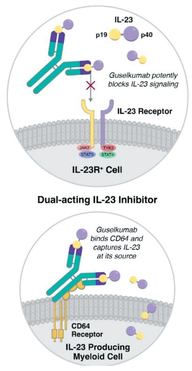
Background

Achieving and maintaining corticosteroid (CS)-free remission is a treatment goal for Crohn's disease (CD)

Guselkumab is a dual-acting IL-23p19 subunit inhibitor that binds to IL-23 and CD64, a receptor on cells that produce IL-23

GALAXI 2 & GALAXI 3 are identically-designed, 48-week, randomized, double-blind, placebo-controlled and active-comparator (head-to-head) treat-through trials assessing the efficacy and safety of guselkumab in participants with moderately to severely active CD[1-3]

- Co-primary efficacy endpoints were met in both studies for both guselkumab dose regimens vs placebo
- Both guselkumab regimens also demonstrated superiority to ustekinumab across all endoscopic-based endpoints (including endoscopic remission and deep remission) at Week 48 in prespecified, multiplicity-controlled analyses based on pooled data from GALAXI 2 & 3



Objective

To evaluate the CS-sparing effects of treatment with guselkumab vs ustekinumab from the pooled GALAXI 2 and GALAXI 3 studies through Week 48

Methods

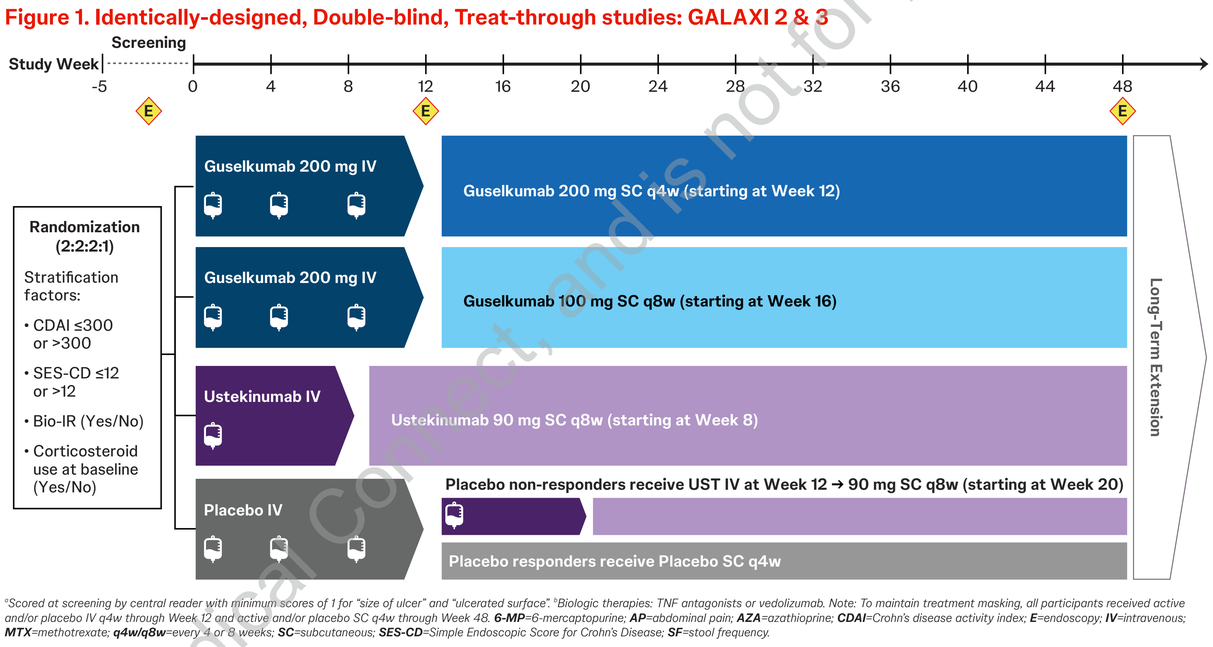
- Participants with moderately to severely active CD (based on CDAI and SES-CD scoring) and inadequate response or intolerance to oral CS, azathioprine, 6-mercaptopurine, methotrexate, or to biologic (Bio-IR) therapy were eligible
- Subpopulation analyses:
  - Bio-IR: participants with a history of inadequate response or intolerance to biologic therapy
  - Bio-naïve: participants without a history of exposure to biologic therapy
- Participants receiving oral CS upon entry (up to 40 mg/day of prednisone-equivalent dose) were required to begin tapering their daily CS dose at Week 12, unless not medically feasible
- Outcomes evaluated

Outcome	Definition
90-day CS-free endoscopic response	≥50% improvement from baseline in SES-CD score OR SES-CD score ≤2 for ≥90 days prior to Week 48
90-day CS-free endoscopic remission (global definition)	SES-CD score ≤4 and a ≥2-point reduction from baseline and no subscore greater than 1 in any individual component and not receiving CS for ≥90 days prior to Week 48
90-day CS-free clinical remission	CDAI score <150 and not receiving CS for ≥90 days prior to Week 48
90-day CS-free clinical remission at Week 48 + endoscopic response at Week 48	CDAI score <150 and a ≥50% improvement from baseline in SES-CD score or SEC-CD Score ≤2 and not receiving CS for ≥90 days prior to Week 48
90-day CS-free deep remission	Acheiving both clinical remission AND endoscopic remission and not receiving CS for ≥90 days prior to Week 48

***CDAI**=Crohn's Disease Activity Index; **Deep Remission**=clinical remission at Week 48 + endoscopic remission at Week 48; **SES-CD**=Simple Endoscopic Score for Crohn's Disease.*

- CS-free analyses were not multiplicity controlled
- Primary analysis set
  - GALAXI 2: N=508
  - GALAXI 3: N=513

Figure 1. Identically-designed, Double-blind, Treat-through studies: GALAXI 2 & 3



*[a]Scored at screening by central reader with minimum scores of 1 for "size of ulcer" and "ulcerated surface". [b]Biologic therapies: TNF antagonists or vedolizumab. Note: To maintain treatment masking, all participants received active and/or placebo IV q4w through Week 12 and active and/or placebo SC q4w through Week 48. **6-MP**=6-mercaptopurine; **AP**=abdominal pain; **AZA**=azathioprine; **CDAI**=Crohn's disease activity index; **E**=endoscopy; **IV**=intravenous; **MTX**=methotrexate; **q4w/q8w**=every 4 or 8 weeks; **SC**=subcutaneous; **SES-CD**=Simple Endoscopic Score for Crohn's Disease; **SF**=stool frequency.*

Results

Pooled GALAXI 2 & 3

Table 1. Baseline demographics and disease characteristics

	Placebo	Guselkumab 200 mg IV q4w → 100 mg SC q8w	Guselkumab 200 mg IV q4w → 200 mg SC q4w	Ustekinumab	Total
Primary analysis set, N	148	286	296	291	1021
Participant age (years), mean (SD)	34.8 (12.15)	36.0 (12.24)	36.9 (13.27)	37.4 (13.20)	36.5 (12.82)
Men, n (%)	88 (59.5%)	154 (53.8%)	178 (60.1%)	168 (57.7%)	588 (57.6%)
Crohn's disease duration (years), mean (SD)	7.2 (7.5)	7.1 (6.7)	7.1 (7.2)	7.3 (7.5)	7.2 (7.2)
CDAI score, mean (SD)	293.4 (52.7)	296.3 (54.3)	295.9 (52.7)	293.1 (52.0)	294.8 (52.9)
SES-CD score, mean (SD)	13.3 (7.6)	13.2 (7.4)	12.5 (7.2)	12.9 (7.0)	12.9 (7.3)
Endoscopic disease severity (SES-CD score), n (%)					
Moderate (7–16)	77 (52.0%)	164 (57.3%)	147 (49.7%)	159 (54.6%)	547 (53.6%)
Severe (>16)	43 (29.1%)	81 (28.3%)	79 (26.7%)	75 (25.8%)	278 (27.2%)
Involved GI areas by central reader, n (%)					
Ileum only	31 (20.9%)	59 (20.6%)	80 (27.0%)	55 (18.9%)	225 (22.0%)
Colon only	62 (41.9%)	113 (39.5%)	112 (37.8%)	116 (39.9%)	403 (39.5%)
Ileum and Colon	55 (37.2%)	114 (39.9%)	104 (35.1%)	120 (41.2%)	393 (38.5%)
Biomarkers					
CRP >3 (mg/L), n (%)	96 (64.9%)	208 (72.7%)	210 (70.9%)	202 (69.4%)	716 (70.1%)
Fecal calprotectin >250 (µg/g), n (%)	111 (75.5%)	235 (83.0%)	234 (79.6%)	229 (80.6%)	809 (80.3%)

***CDAI**=Crohn's Disease Activity Index; **CRP**=C-reactive protein; **GI**=gastrointestinal; **IV**=intravenous; **SC**=subcutaneous; **SD**=standard deviation; **SES**=Simple Endoscopic Score for Crohn's Disease.*

Table 2. Baseline CD medication history

	Placebo	Guselkumab 200 mg IV q4w → 100 mg SC q8w	Guselkumab 200 mg IV q4w → 200 mg SC q4w	Ustekinumab	Total
Primary analysis set, N	148	286	296	291	1021
No history of inadequate response/ intolerance[a] to biologic therapy, n (%)	70 (47.3%)	133 (46.5%)	149 (50.3%)	135 (46.4%)	487 (47.7%)
Biologic naïve	61 (41.2%)	116 (40.6%)	128 (43.2%)	121 (41.6%)	426 (41.7%)
Biologic experienced, but no documented nonresponse/ intolerance	9 (6.1%)	17 (5.9%)	21 (7.1%)	14 (4.8%)	61 (6.0%)
History of inadequate response/intolerance[a] to biologic therapy, n (%)	78 (52.7%)	153 (53.5%)	147 (49.7%)	156 (53.6%)	534 (52.3%)
At least one anti-TNF	76 (97.4%)	149 (97.4%)	143 (97.3%)	147 (94.2%)	515 (96.4%)
Two or more anti-TNFs	23 (29.5%)	31 (20.3%)	31 (21.1%)	46 (29.5%)	131 (24.5%)
Vedolizumab	13 (16.7%)	25 (16.3%)	18 (12.2%)	31 (19.9%)	87 (16.3%)
Participants with ≥1 Crohn's disease medication at baseline, n (%)	96 (64.9%)	207 (72.4%)	217 (73.3%)	210 (72.2%)	730 (71.5%)
6-MP/AZA/MTX	40 (27.0%)	87 (30.4%)	97 (32.8%)	83 (28.5%)	307 (30.1%)
Oral corticosteroids	**51 (34.5%)**	**109 (38.1%)**	**106 (35.8%)**	**109 (37.5%)**	**375 (36.7%)**

*[a]Primary nonresponse, secondary nonresponse, or intolerance. **6-MP**=6-mercaptopurine; **AZA**=azathioprine; **IV**=intravenous; **MTX**=methotrexate; SC=subcutaneous; **TNF**=tumor necrosis factor.*

Figure 2. 90-day CS-free outcomes at Week 48 in all participants

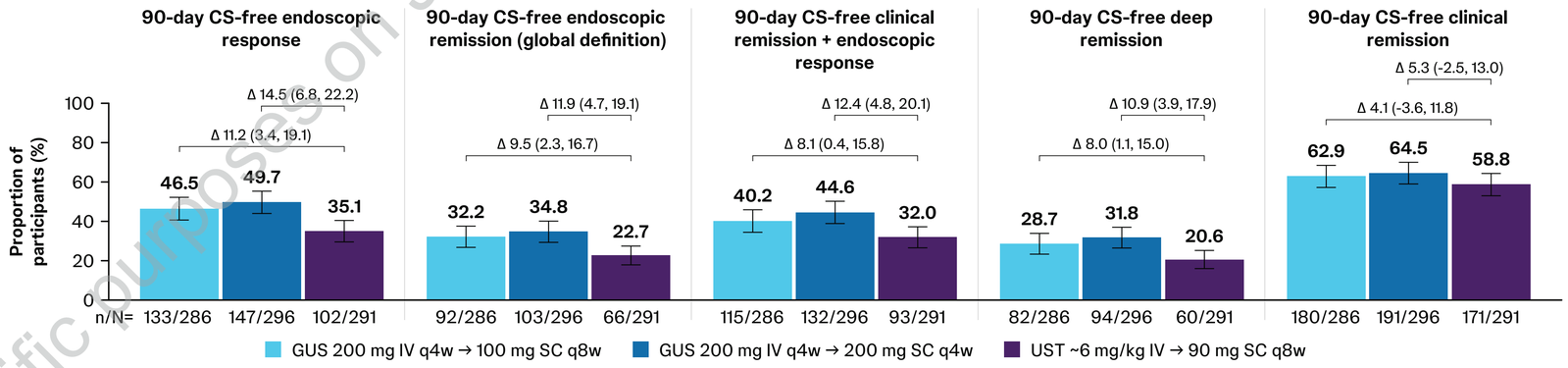


Figure 3. 90-day CS-free outcomes at Week 48 in Bio-naïve and Bio-IR participants

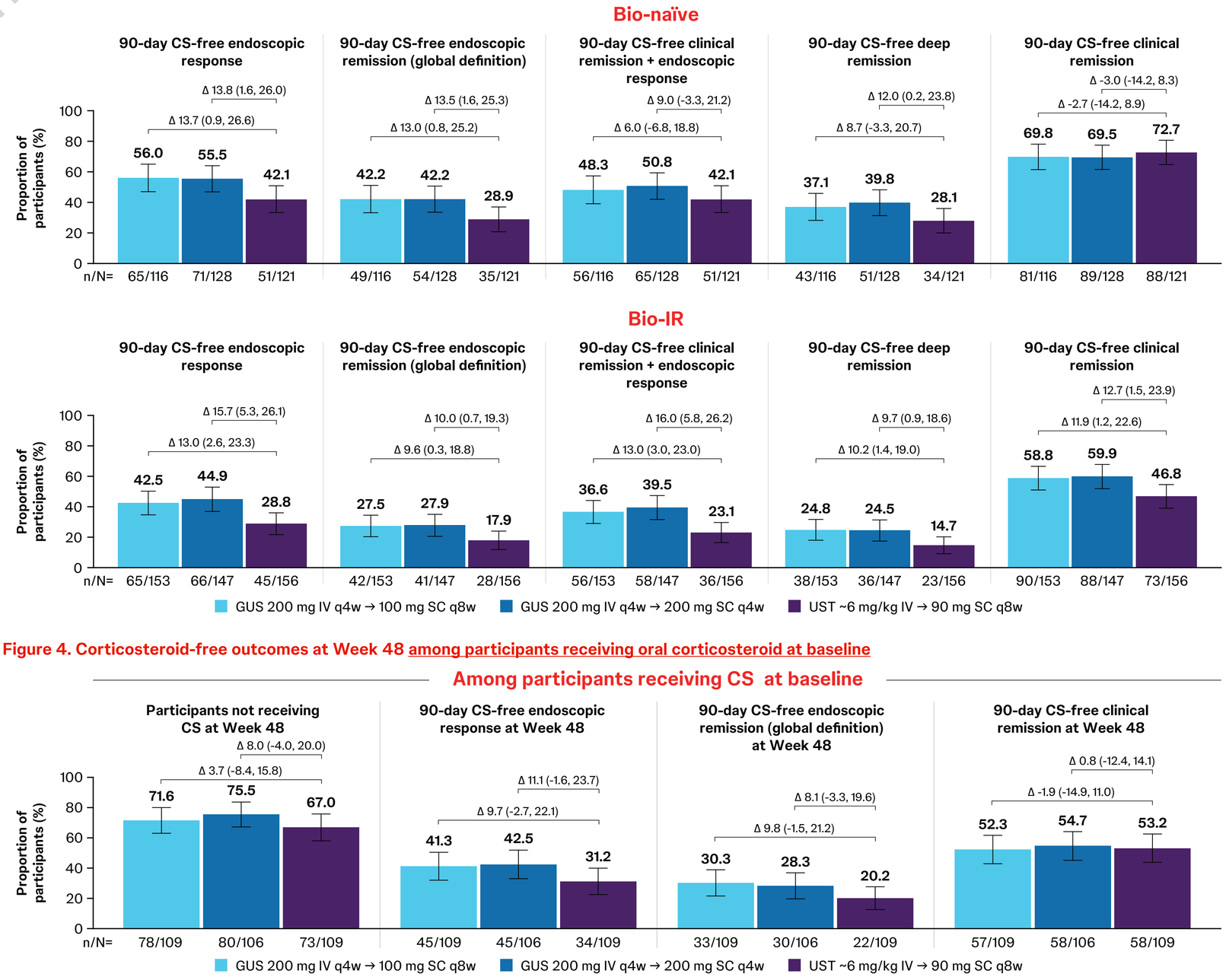


Figure 4. Corticosteroid-free outcomes at Week 48 among participants receiving oral corticosteroid at baseline

*The adjusted treatment difference (Δ) and the CIs were based on the common risk difference by use of Mantel-Haenszel stratum weights and the Sato variance estimator. Participants who had a CD-related surgery, a prohibited change in concomitant CD medication, or discontinued study agent due to lack of efficacy, an adverse event of worsening CD or Week 20/24 non-responder, or discontinued study agent for any other reason other than COVID-19 related reasons or regional crisis prior to the analysis timepoint were considered not to have met the endpoint criteria. Participants who had discontinued study agent due to COVID-19 related reasons (excluding COVID-19 infection) or regional crisis had their observed data used, if available, to determine responder and nonresponder status at Week 48. Missing data imputation: After accounting for missing data, participants who were missing CDAI score at Week 48 were considered not having achieved the endpoint at Week 48. **CD**=Crohn's disease; **CDAI**=Crohn's Disease Activity Index; **CS**=corticosteroid; **GUS**=guselkumab; **IV**=intravenous; **q4w/q8w**=every 4 or 8 weeks; **SC**=subcutaneous; **SES-CD**=Simple Endoscopic Score for CD; **UST**=ustekinumab.*

PRESENTED BY: J. Panés at the 20th Congress of European Crohn's and Colitis Organization (ECCO), February 19–22, 2025, Berlin, Germany. **REFERENCES: 1.** Panaccione R, et al. Efficacy and safety of guselkumab therapy in patients with moderately to severely active Crohn's disease: results of the GALAXI 2 & 3 Phase 3 studies. *Gastroenterology.* 2024;166(5 suppl):1057b. **2.** Sands BE, et al. Efficacy of guselkumab versus placebo in Crohn's disease based on prior response/exposure to biologic therapy: Results of the GALAXI 2 & 3 phase 3 studies. *United European Gastroenterol J.* 2024; 12:43–44. **3.** Danese S, et al. Week 48 efficacy of guselkumab and ustekinumab in Crohn's disease based on prior response/exposure to biologic therapy: Results of the GALAXI 2 & 3 phase 3 studies. *United European Gastroenterol J.* 2024; 12:622-624. **ACKNOWLEDGMENTS:** Medical writing support was provided by Kristin Ruley Sharples, PhD of Johnson & Johnson under the direction of the authors in accordance with Good Publication Practice guidelines (*Ann Intern Med.* 2022;175:1298-1304). **DISCLOSURES: JP:** reports consultancy fees/honorarium from AbbVie, Alimentiv, Athos, Atomwise, Boehringer Ingelheim, Celsius, Ferring, Galapagos, Genentech/Roche, GlaxoSmithKline, Janssen, Mirum, Nimbus, Pfizer, Progenity, Prometheus, Protagonist, Revolo, Sanofi, Sorriso, Spyre Therapeutics, Surrozen, Takeda, and Wasserman, and has served on data safety monitoring boards for Alimentiv, Mirum, Roche, Sorriso, Sanofi, and Surrozen. **TH:** reports grant support from Mitsubishi Tanabe Pharma Corporation, EA Pharma Co. Ltd., AbbVie GK, JIMRO Co. Ltd., Zeria Pharmaceutical Co. Ltd., Kyorin Pharmaceutical Co. Ltd., Nippon Kayaku Co. Ltd., Takeda Pharmaceutical Co. Ltd., Pfizer Inc., Mochida Pharmaceutical Co. Ltd., Boston Scientific Corporation, and Kissei Pharmaceutical Co. Ltd.; consulting fees from Mitsubishi Tanabe Pharma Corporation, EA Pharma Co. Ltd., AbbVie GK, Janssen Pharmaceutical K.K., Pfizer Inc., Eli Lilly, Gilead Sciences, Bristol Myers Squibb; and lecture fees from Mitsubishi Tanabe Pharma Corporation, AbbVie GK, EA Pharma Co. Ltd., Kyorin Pharmaceutical Co. Ltd., JIMRO Co., Janssen Pharmaceutical K.K., Mochida Pharmaceutical Co., Ltd., Takeda Pharmaceutical Co. Ltd., Pfizer Inc., and Kissei Pharmaceutical Co. Ltd. **AA:** reports consultancy fees from AbbVie, Alfa Sigma, Amgen, Astra-Zeneca, Biogen, Boehringer Ingelheim, Bristol-Myers Squibb, Celltrion, Eli Lilly, Ferring, Galapagos, Gilead, Giuliani, Janssen , Lionhealth, Merck, Nestlé, Pfizer, Protagonist-Therapeutics, Roche, Sanofi, Samsung Bioepis, Sandoz, Takeda, Tillots Pharma; reports payment or honoraria for lecture, presentations, speakers bureaus, manuscript writing or education events from AbbVie, AG Pharma, Alfa Sigma, Biogen, Bristol-Myers Squibb, Celltrion, Eli Lilly, Ferring, Galapagos, Gilead, Janssen, Lionhealth, Merck, Novartis, Pfizer, Roche, Samsung Bioepis, Sandoz, Takeda, Teva Pharmaceuticals; research grants from Biogen, MSD, Pfizer and Takeda; and reports support for attending meetings and/or travel from AbbVie, Janssen, Pfizer, Takeda. **NAT, LS, RVR, JY, KYYW, ZY,** and **SP:** are employees of Johnson & Johnson and may own company stock/stock options. **BE:** Sands reports consulting fees from Abbvie, Adiso Therapeutics, Agomab, Alimentiv , Amgen, AnaptysBio, Arena Pharmaceuticals, Artugen Therapeutics, Astra Zeneca, Biolojic Design, Biora Therapeutics, Boehringer Ingelheim, Boston Pharmaceuticals, Calibr, Celgene, Celltrion, ClostraBio, Equillium, Enthera, Enveda Biosciences, Evommune, Ferring, Fresenius Kabi, Fiat, Galapagos, Genentech (Roche), Gilead Sciences, GlaxoSmithKline, Gossamer Bio, Imhotex, Index Pharmaceuticals, Innovation Pharmaceuticals, Inotrem, Kaleido, Kallyope, Merck, Microbiotica, Mitsubishi Tanabe, Mobius Care, Morphic Therapeutics, MRM Health, Nexus Therapeutics, Nimbus Discovery, Odyssey Therapeutics, Palisade Bio, Progenity, Prometheus Biosciences, Prometheus Laboratories, Protagonist Therapeutics, Q32 Bio, Rasayana Therapeutics, Recludix Therapeutics, Reistone Biopharma, Sanofi, Sorriso Therapeutics, Spyre Therapeutics, Sun Pharma, Surrozen, Target RWE, Teva, TLL Pharmaceutical, Tr1X, Union Therapeutics, Ventyx Biosciences; consulting and speaking fees from Abivax; consulting and speaking fees and other support from Lilly; research grants, consulting and speaking fees and other support from Bristol Myers Squibb, Janssen, Pfizer, Takeda; research grants and consulting fees from Theravance Biopharma; and stock/stock options from Ventyx Biopharma. **DT:** Rubin reports potential conflicts of interest with AbbVie, Altrubio, Apex, Avalo Therapeutics, Bristol-Myers Squibb, Buhlmann Diagnostics Corp, Celgene, Connect BioPharma, Intouch Group, Iterative Health, Janssen Pharmaceuticals, Lilly, Pfizer, Samsung Neurologica, and Takeda.