Efficacy of subcutaneous guselkumab induction therapy by baseline demographics and concomitant medications in participants with moderately to severely active Crohn's disease: Results at Week 12 from the phase 3 GRAVITI study

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Background



Guselkumab is a dual-acting IL-23p19 subunit inhibitor that potently blocks IL-23 and binds to CD64, a receptor on immune cells that produce IL-23¹



The GRAVITI study established the efficacy and safety of subcutaneous (SC) induction with guselkumab in participants with moderately to severely active Crohn's disease (CD) through 48 weeks of treatment²

Objective



We evaluated the efficacy of guselkumab SC induction in the Week 12 co-primary endpoints of GRAVITI in subgroups based on baseline demographics and concomitant CD-related medications

Methods

GRAVITI Study Design

Key eligibility criteria

- Moderately to severely active CD (CDAI score 220-450 AND either mean daily SF count ≥4 OR AP score ≥2) and SES-CD score ≥6 (or ≥4 for isolated ileal disease)
- Inadequate response/intolerance to oral corticosteroids, 6-MP/AZA/MTX, or biologic therapies^a

Main Treatment Phase Through Week 12 Screening Combined Guselkumab 400 mg SC Guselkumab 400 mg SC q4w AA Randomization stratified by: • CDAI score (≤300 or >300) • SES-CD (≤12 or >12) Prior BIO-failure status Guselkumab 400 mg SC q4w AA AA Guselkumab 200 mg 1:1:1 Endoscopy Placebo SC q4w Week

^aBiologic therapies: TNF antagonists or vedolizumab. **6-MP**=6-mercaptopurine; **AP**=abdominal pain; **AZA**=azathioprine. **BIO**=biologic; **CDAI**=Crohn's disease activity index; **MTX**=methotrexate; **SC**=subcutaneous; **SES-CD**=simple endoscopic score for Crohn's disease; **SF**=stool free

Key Takeaway

In GRAVITI, guselkumab SC induction was effective in inducing clinical remission at Week 12 and endoscopic response at Week 12 across all predefined subgroups of sex, race, age, weight quartile, and concomitant CD-related medications among participants with moderately to severely active CD

participants with moderately to severely active CD

Endpoints

- Clinical remission at Week 12: CDAI score <150
- Endoscopic response at Week 12: ≥50% improvement from baseline in SES-CD score

Disease Characteristic Subgroups

- Sex (ie, Male, Female)
- Race (ie, White, Black or African American, Asian, Other)
- Ethnicity (ie, Hispanic or Latino, not Hispanic or Latino)
- **Age in years** (ie, ≤median [36], >median, <65, ≥65)
- Weight in kg by quartile (ie, <57.5, ≥57.5 to <68.5, ≥68.5 to <80.5, ≥80.5)
- Crohn's disease duration in years (ie, ≤5, >5 to ≤15, >15)
- Concomitant CD-related medications (ie, receiving or not receiving 5-ASA compounds, oral corticosteroids, and AZA/6-MP/MTX as discrete categories)

Results

Table 1. Baseline Demographics and Concomitant Medications

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	Placebo	Guselkumab 400 mg SC q4w
Full analysis set	(N=117)	(N=230)
Demographics	000 (4074)	000(1005)
Age in years, mean (SD)	36.0 (12.71)	38.2 (12.95)
Male, n (%)	67 (57.3%)	136 (59.1%)
Race, a n (%)		
White	71 (60.7%)	158 (68.7%)
Non-white	33 (28.2%)	52 (22.6%)
Black or African American	5 (4.3%)	4 (1.7%)
Asian	28 (23.9%)	48 (20.9%)
Not reported/missing	13 (11.1%)	20 (8.7%)
Ethnicity, n (%)		
Hispanic or Latino	9 (7.7%)	18 (7.8%)
Not Hispanic or Latino	93 (79.5%)	192 (83.5%)
Not reported/missing	15 (12.8%)	20 (8.7%)
Weight in kg, mean (SD)	68.1 (16.20)	71.9 (19.13)
Concomitant CD-related medications		
Participants with ≥1 CD medication at baseline, n (%)	79 (67.5%)	158 (68.7%)
Oral aminosalicylates (5-ASA compounds)	50 (42.7%)	91 (39.6%)
6-mercaptopurine/Azathioprine/Methotrexate	33 (28.2%)	66 (28.7%)
Oral corticosteroids	33 (28.2%)	70 (30.4%)
There were no participants with Native Hawaiian or Other Pacific Islander or Multiple race in the	study. SC =subcutaneous; SD =standard deviation.	

Figure 1. Clinical Remission at Week 12 by Baseline Demographics and Concomitant Medications

Clinical Remission at Week 12 Guselkumab **Rate Difference** 400 mg SC p-value (95% CI) N (%) 117 (21.4) All patients 230 (56.1) 34.9 (25.1, 44.6) < 0.001 33.4 (20.3, 46.6) 136 (58.1) 37.3 (22.5, 52.1) 50 (16.0) < 0.001 Race White 71 (25.4) 158 (57.0) 32.3 (19.7, 44.9) < 0.001 Non-white 33 (12.1) 52 (48.1) 38.0 (17.5, 58.4) < 0.001 Black or African American NE NE NE 5 (0.0) 4 (100.0) 28 (14.3) 48 (43.8) 32.8 (10.5, 55.0) 0.004 Asian NE Other NE NE < 0.001 13 (23.1) 20 (70.0) 53.7 (25.3, 82.1) Not reported/missing **Ethnicity** Hispanic or Latino 9 (22.2) NE NE NE 18 (66.7) < 0.001 93 (22.6) 192 (53.6) 30.8 (19.8, 41.8) Not Hispanic or Latino 15 (13.3) < 0.001 20 (70.0) 57.7 (31.5, 83.9) Not reported/missing Age (yrs) ≤36 (median) 39.8 (26.8, 52.8) < 0.001 63 (19.0) 116 (60.3) >36 (median) 54 (24.1) 114 (51.8) 27.9 (13.2, 42.5) < 0.001 114 (21.9) 224 (56.3) 34.3 (24.4, 44.2) < 0.001 <65 NE 3 (0.0) 6 (50.0) NE NE Weight (kg) <57.5 < 0.001 30 (10.0) 56 (46.4) 29.5 (12.3, 46.8) ≥57.5 and < 68.5 < 0.001 36 (22.2) 51 (62.7) 42.7 (24.4, 61.0) < 0.001 ≥68.5 and < 80.5 31 (25.8) 56 (55.4) 35.0 (15.7, 54.3) 0.007 ≥80.5 20 (30.0) 67 (59.7) 34.2 (9.4, 59.1) Crohn's disease duration (yrs) 103 (52.4) 31.5 (17.2, 45.9) < 0.001 67 (22.4) >5 to ≤15 91 (62.6) 31 (22.6) < 0.001 37.9 (20.0, 55.8) 0.038 >15 19 (15.8) 36 (50.0) 27.2 (1.5, 52.9) **Oral 5-ASA compounds** Receiving 50 (18.0) 33.4 (17.7, 49.1) < 0.001 91 (51.6) < 0.001 67 (23.9) 139 (59.0) Not receiving 36.7 (24.0, 49.5) Oral corticosteroids^a (incl. budesonide and beclomethasone dipropionate) 33 (21.2) 70 (62.9) 42.7 (23.9, 61.5) Receiving < 0.001 84 (21.4) < 0.001 Not receiving 160 (53.1) 32.7 (21.2, 44.1) 6-MP/AZA/MTX 66 (59.1) Receiving 33 (30.3) 29.8 (11.7, 47.9) 0.001 164 (54.9) 37.3 (26.0, 48.6) < 0.001 84 (17.9) Not receiving -20 Rate Difference and 95% CI

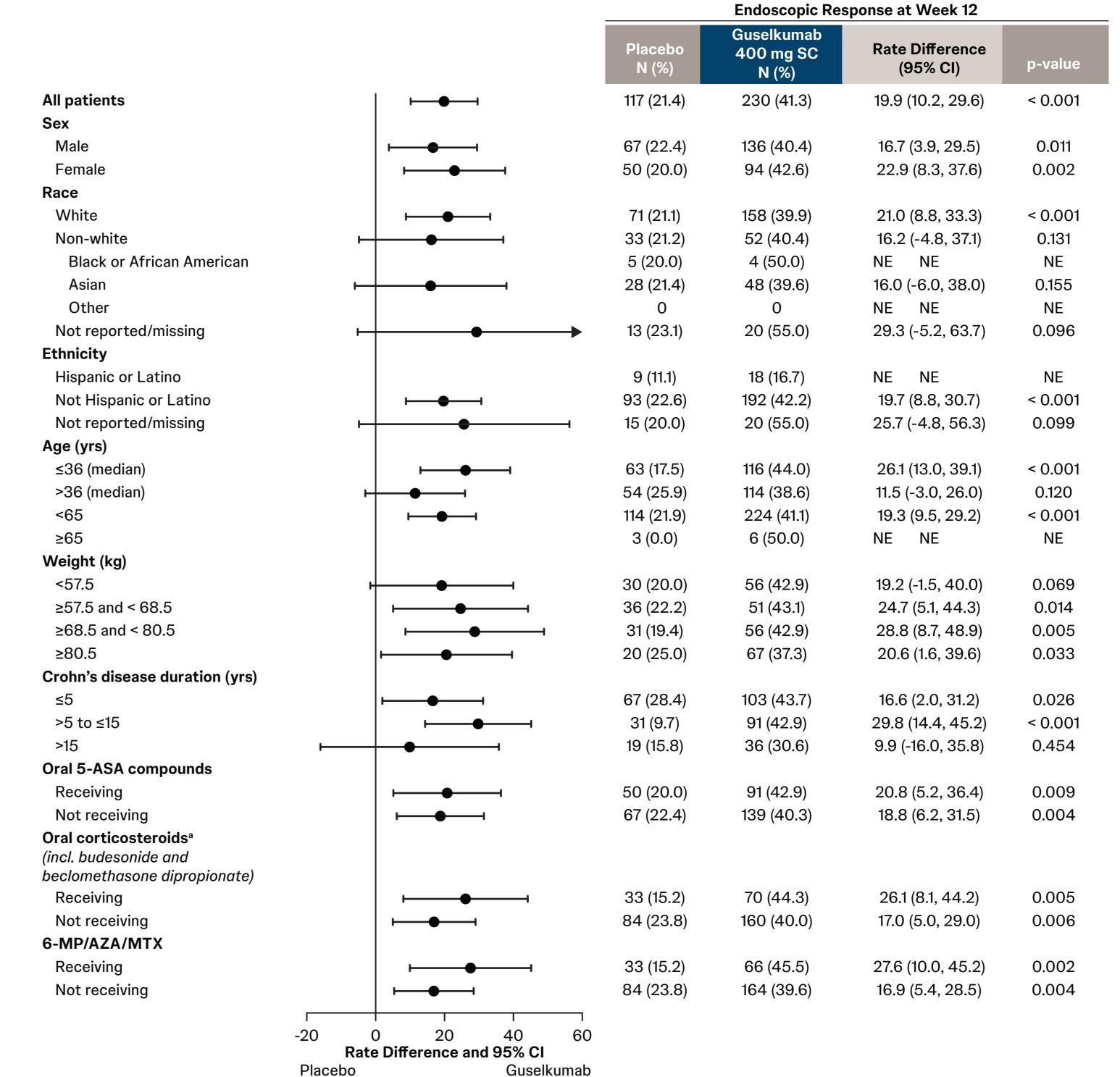
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 Table 2. Baseline Disease Characteristics

SES-CD=simple endoscopic score for Crohn's disease

Full analysis set	Placebo (N=117)	Guselkumab 400 mg SC q4w (N=230)
Disease characteristics		
CD duration in years, mean (SD)	7.0 (7.75)	8.5 (8.17)
CDAI score, mean (SD)	293.0 (49.09)	298.8 (54.41)
SES-CD score, mean (SD)	12.0 (6.89)	12.0 (6.97)
≤12, n (%)	72 (61.5%)	140 (60.9%)
>12, n (%)	45 (38.5%)	90 (39.1%)
Endoscopic disease severity (SES-CD score), n (%)		
Moderate (7–16)	61 (52.1%)	113 (49.1%)
Severe (>16)	25 (21.4%)	53 (23.0%)
Involved disease location by central reader, n (%)		
Colon only	40 (34.2%)	81 (35.2%)
lleum only	22 (18.8%)	52 (22.6%)
Ileum and Colon	55 (47.0%)	97 (42.2%)
Biomarkers		
CRP in mg/L, ^a median (IQR)	7.9 (2.1; 14.7)	5.5 (1.7; 14.9)
Fecal calprotectin in μg/g, ^b median (IQR)	712.0 (243.0; 1724.0)	610.0 (228.0; 1608.0)
°Normal CRP was defined as 0-5 mg/L. ^b Based on N=117 for placebo, N=229 for guselkul	mab 400 mg SC q4w, and N=346 for total. CDAI =Crohn's disease activity	v index; CRP =C-reactive protein; IQR =interquartile range;

Figure 2. Endoscopic Response at Week 12 by Baseline Demographics and Concomitant Medications



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 $^{\circ}$ No participants were taking beclomethasone dipropionate at baseline. Note: Participants who had a CD-related surgery (with the exception of minor procedures such as drainage of a superficial abscess or seton placement, etc.), a prohibited change in CD medication, or discontinued study intervention for any reason (other than COVID-19 related reasons (excluding COVID-19 infection) or regional crisis) were considered not to have met the endpoint at the designated time-point. Participants who discontinued study intervention due to COVID-19 related reasons (excluding COVID-19 infection) or regional crisis had their observed data used, if available. After accounting for the aforementioned data handling rules, participants who were missing data pertaining to an endpoint at a designated time-point were considered not to have achieved the endpoint. The adjusted treatment difference (s), confidence interval(s), and p-value(s) were based on the common risk difference by use of Mantel-Haenszel stratum weights and the Sato variance estimator. The stratification factors are baseline (yes or no). Subgroup analyses were not evaluated (ie, rate difference, 95% CI, and p-value were not calculated) whenever there were less than 10 participants in at least 1 treatment group.

Adiso Therapeutics, Agomab, Alimentiv, Amgen, AnaptysBio, Arena Pharmaceuticals, Artugen Therapeutics, Boehringer Ingelheim, Enthera, Envied Biosciences, Evommune, Ferring, Fresenius Kabi, Fiat, Galapagos, Genentech (Roche), Gilead Sciences, GlaxoSmithKline, Gossamer Bio, Imhotex, Index Pharmaceuticals, Innovation Pharmaceuticals, Inotrem, Kaleido, Kallyope, Merck, Microba, Mobius Care, Morphic Therapeutics, Recludix Therapeutics, R

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