

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 potentially 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

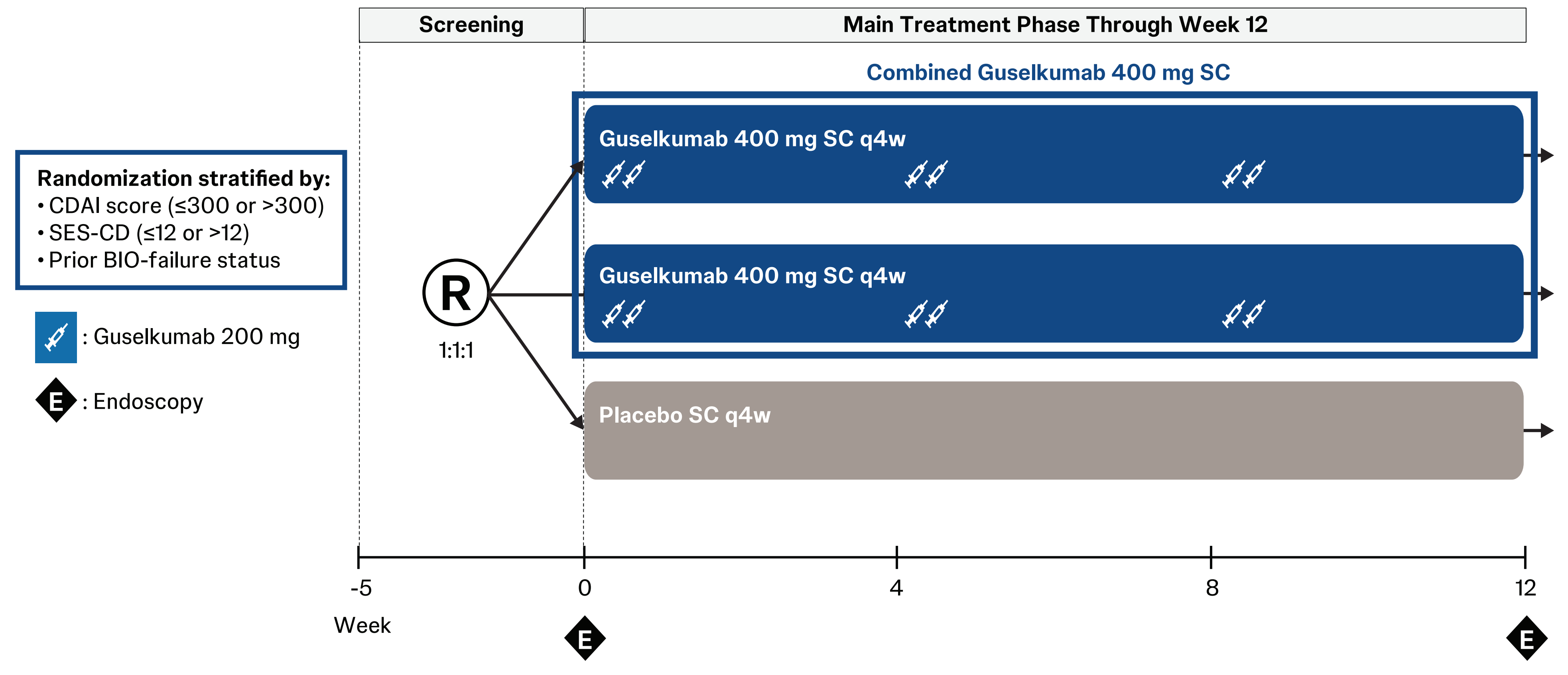
We evaluated the efficacy of guselkumab SC induction in the Week 12 co-primary endpoints of GRAVITI in subgroups based on baseline demographics and concomitant CD-related medications

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



Biologic 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=single endoscopic score for Crohn's disease; SF=stool frequency

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

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

Table with columns: Full analysis set, Demographics, Placebo (N=117), Guselkumab 400 mg SC q4w (N=230). Rows include age, sex, race, ethnicity, weight, and concomitant medications.

Table 2. Baseline Disease Characteristics

Table with columns: Full analysis set, Disease characteristics, Placebo (N=117), Guselkumab 400 mg SC q4w (N=230). Rows include CD duration, CDAI score, SES-CD score, endoscopic severity, involved disease location, and biomarkers.

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

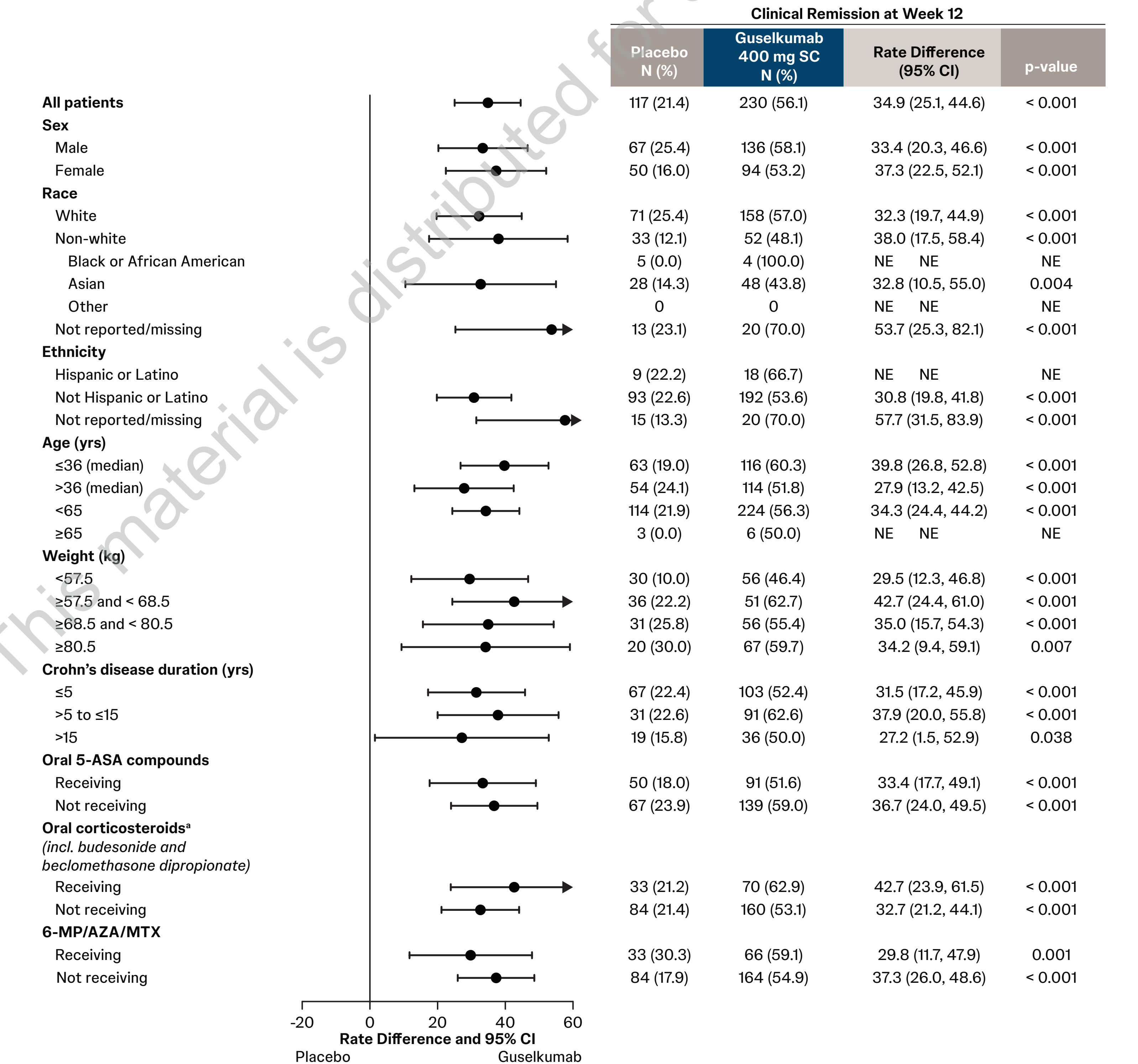
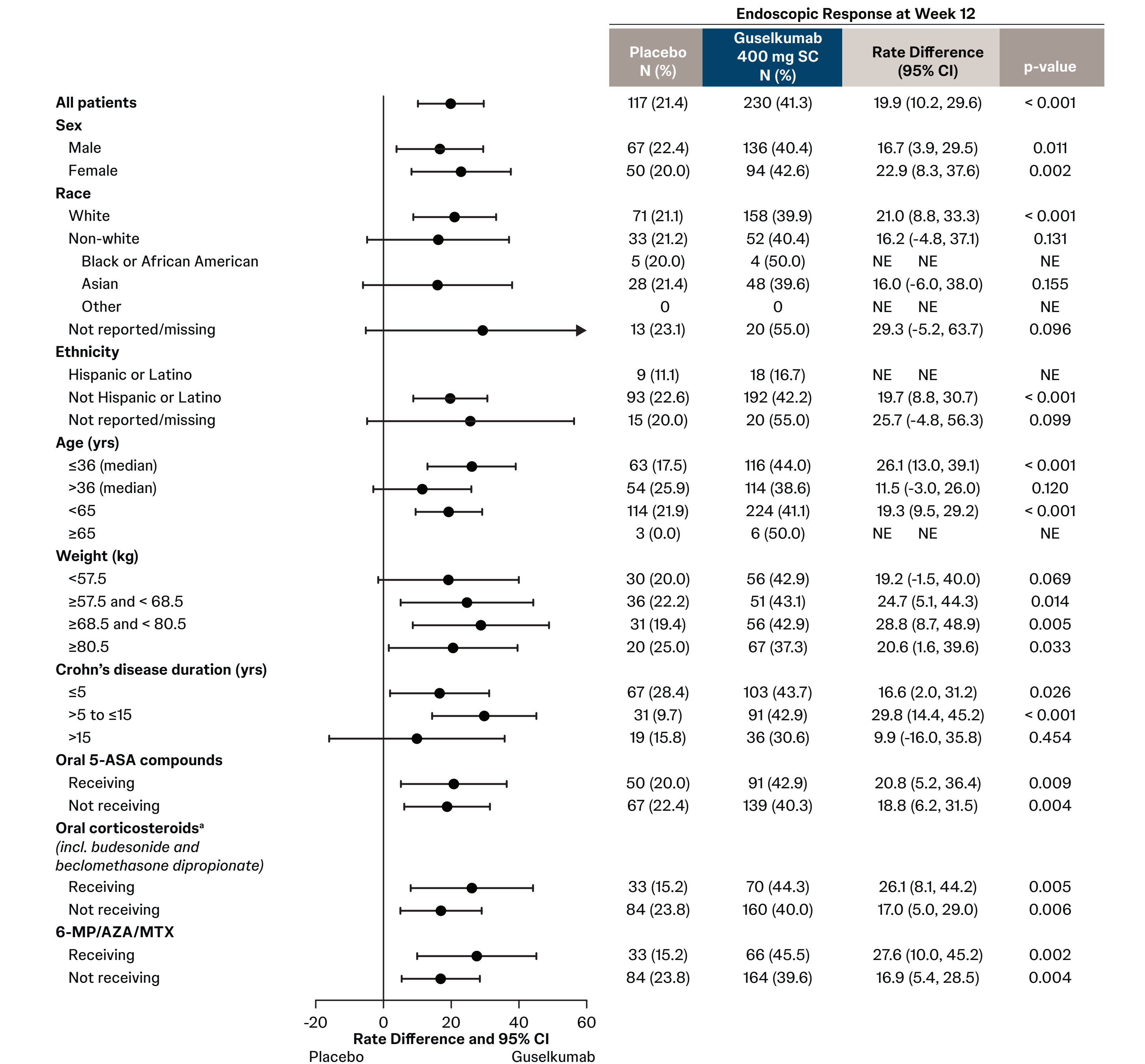


Figure 2. Endoscopic Response at Week 12 by Baseline Demographics and Concomitant Medications



No participants were taking beclomethasone dipropionate at baseline. Note: Participants who had a CD-related surgery... Participants who discontinued study intervention due to COVID-19 related reasons... The stratification factors are baseline CDAI score (≤300 or >300), baseline SES-CD score (≤12 or >12), and BIO-failure status at baseline (yes or no).