Oral Presentation 914

Corticosteroid Sparing Effects of Treatment with Guselkumab in Patients with Moderately to Severely Active Crohn's Disease: Phase 3 GRAVITI Study Results Through Week 48

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Disclosure information

Bruce E. Sands

I disclose the following financial relationship(s) with a commercial interest

I report non-financial support from Johnson & Johnson, during the conduct of the study; personal fees and non-financial support from AbbVie, personal fees and non-financial support from Abivax, personal fees from Adiso Therapeutics, personal fees from Agomab, personal fees from Alimentiv, personal fees from Amgen, personal fees from AnaptysBio, personal fees and non-financial support from AstraZeneca, personal fees from Biologic Design, personal fees from Biora Therapeutics, personal fees from Boehringer Ingelheim, grants, personal fees and non-financial support from Bristol Myers Squibb, personal fees and non-financial support from Celltrion, personal fees from Ensho Therapeutics, personal fees from Equilium, personal fees from Enthera, personal fees from Enveda Biosciences, personal fees from Evommune, personal fees from Ferring, personal fees from Fzata, personal fees from Galapagos, personal fees from Genentech, personal fees from Gilead Sciences, personal fees from GSK, personal fees from GossamerBio, personal fees from Imhotex, personal fees from Index Pharmaceuticals, personal fees from Innovation Pharmaceuticals, grants, personal fees and non-financial support from Johnson & Johnson, personal fees and non-financial support from Johnson & Johnson, personal fees from Kaleido, personal fees from Kallyope, personal fees and non-financial support from Lilly, personal fees and non-financial support from Merck, personal fees from Microba, personal fees from Microbiotica, personal fees from Mitsubishi Tanabe Pharma, personal fees from Mobius Care, personal fees from Morphic Therapeutics, personal fees from MRM Health, personal fees from Nexus Therapeutics, personal fees from Immunyx Therapeutics, personal fees from Nimbus Discovery, personal fees from Odyssey Therapeutics, personal fees from Palisade Bio, personal fees and non-financial support from Pfizer, personal fees from Progenity, personal fees and non-financial support from Prometheus Biosciences, personal fees from Prometheus Laboratories, personal fees from Protagonist Therapeutics, personal fees from Q32 Bio, personal fees from Rasayana Therapeutics, personal fees from Recludix Therapeutics, personal fees from Reistone Biotherapeutics, personal fees from Sorriso Pharmaceuticals, personal fees from Spyre Therapeutics, personal fees from Surrozen, personal fees from Target RWE, personal fees and non-financial support from Takeda, personal fees from Teva, personal fees from Theravance Biopharma, personal fees from TLL Pharmaceutical, personal fees from TR1X, personal fees from Union Therapeutics, stock, and stock options, personal fees and non-financial support from Ventyx Biosciences, outside the submitted work.

Background and Objective

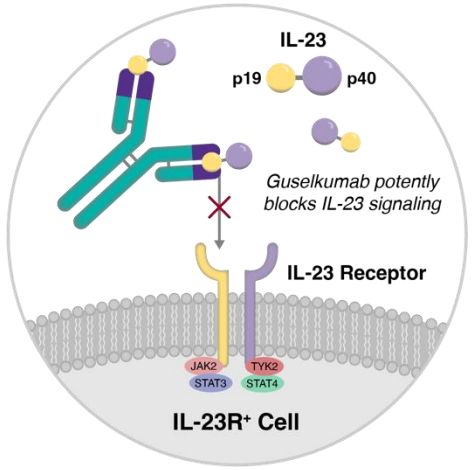
Achieving and maintaining corticosteroid-free remission is an important treatment goal for Crohn's disease

Guselkumab is a dual-acting IL-23p19 subunit inhibitor that binds to IL-23 and CD64, a receptor on cells that produce IL-23[1]

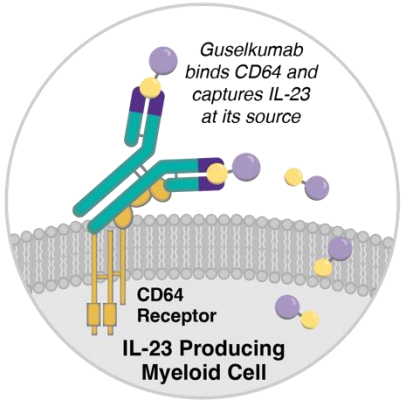
Guselkumab was recently approved for treatment of moderately to severely active Crohn's disease

GRAVITI is a Phase 3 double-blind, placebo-controlled, treat-through study evaluating the efficacy and safety of subcutaneous (SC) induction and maintenance treatment with guselkumab in participants with CD[2]

Objective: To evaluate the corticosteroid-sparing effects of treatment with guselkumab versus placebo through Week 48 in the GRAVITI study



Dual-acting IL-23 Inhibitor

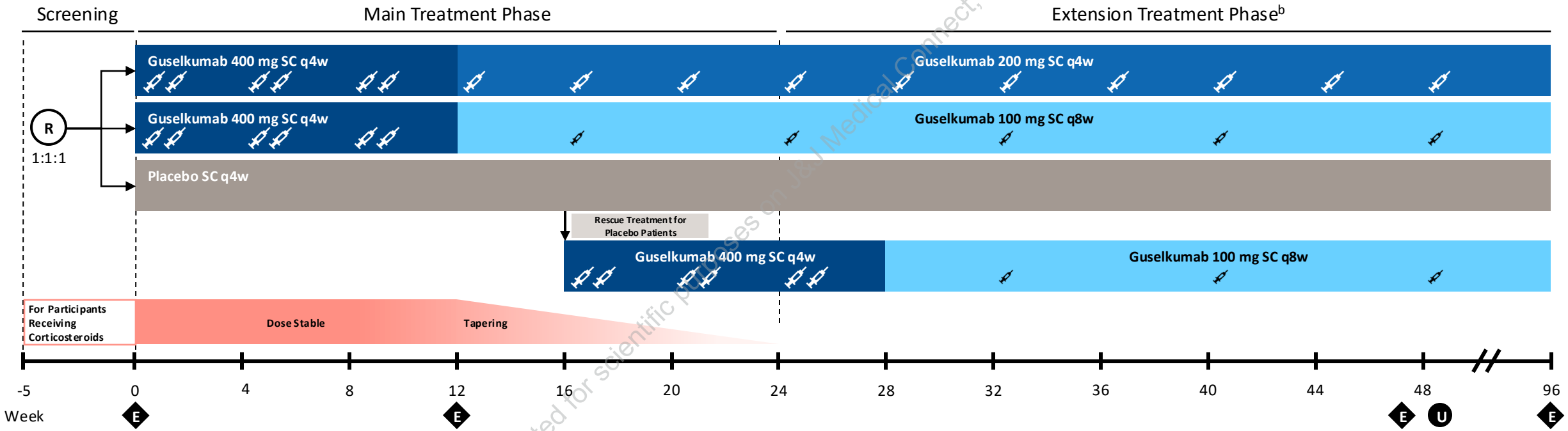


1. Sachen K, Hammaker D, Sarabia I, et al. Guselkumab binding to CD64+ IL-23–producing myeloid cells enhances potency for neutralizing IL-23 signaling. Frontiers in Immunology. 2025;doi:10.3389/fimmu.2025.1532852.
2. Hart A, Panaccione R, Steinwurz F, et al. Efficacy and safety of guselkumab subcutaneous induction and maintenance in participants with moderately to severely active Crohn's disease: results from the phase 3 GRAVITI study. Gastroenterology. 2025:doi:10.1053/j.gastro.2025.02.033.

Phase 3, Double-blind, Treat-through Design: GRAVITI

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]



Randomization stratified by:

- CDAI score (≤300 or >300)
- SES-CD (≤12 or >12)
- Prior BIO-failure status

Corticosteroid Use

- Could have received oral corticosteroids up to 40 mg/day[c]
- Dose must have been stable through Week 12
- Tapering started at Week 12 according to protocol-driven schedule

Rescue Treatment Criteria

- CDAI score >220 and <70-point reduction from baseline CDAI at both Weeks 12 and 16 **OR**
- SES-CD score increase by ≥50% from baseline at Week 12

Rescue Treatment for Guselkumab Arms: Sham matching placebo SC to maintain the blind

AP=abdominal pain; BIO=biologic; CDAI=Crohn's disease activity index; SC=subcutaneous; SES-CD=simple endoscopic score for Crohn's disease; SF=stool frequency.

[a] Biologic therapies: TNF antagonists or vedolizumab

[b] The study is ongoing for an additional 3 years after Week 96

[c] Up to 9 mg/day of budesonide permitted at baseline

Guselkumab 100 mg | Guselkumab 200 mg | E Endoscopy | U Study unblinding

Baseline Demographics and Disease Characteristics

Full analysis set	Placebo SC (N=117)	Guselkumab 400 mg SC q4w → 100 mg SC q8w (N=115)	Guselkumab 400 mg SC q4w → 200 mg SC q4w (N=115)	Total (N=347)
Demographics				
Age in years, mean (SD)	36.0 (12.71)	37.4 (13.32)	39.1 (12.56)	37.5 (12.89)
Men, n (%)	67 (57.3%)	66 (57.4%)	70 (60.9%)	203 (58.5%)
Characteristics				
CD duration in years, mean (SD)	7.0 (7.75)	9.2 (9.08)	7.9 (7.13)	8.0 (8.05)
CDAI score, mean (SD)	293.0 (49.09)	300.4 (54.32)	297.3 (54.69)	296.9 (52.68)
SES-CD score, mean (SD)	12.0 (6.89)	12.2 (6.85)	11.8 (7.12)	12.0 (6.94)
Involved GI areas by central reader, n (%)				
Colon only	40 (34.2%)	41 (35.7%)	40 (34.8%)	121 (34.9%)
Ileum only	22 (18.8%)	25 (21.7%)	27 (23.5%)	74 (21.3%)
Ileum and Colon	55 (47.0%)	49 (42.6%)	48 (41.7%)	152 (43.8%)
Biomarkers				
CRP in mg/L, median (IQR)	7.9 (2.1; 14.7)	5.2 (1.7; 13.3)	5.7 (1.7; 16.1)	5.8 (1.8; 14.9)
Fecal calprotectin in µg/g,[a] median (IQR)	712.0 (243.0; 1724.0)	610.0 (226.0; 1554.0)	600.5 (235.0; 1650.0)	643.0 (235.0; 1650.0)

CDAI = Crohn's Disease Activity Index; CRP = C-reactive protein; GI = gastrointestinal; IQR = interquartile range; SC = subcutaneous; SD= standard deviation; SES-CD = Simple Endoscopic Score for Crohn's Disease

[a] Based on N=117 for placebo, N=115 for guselkumab 400 mg q4w → 100 mg SC q8w, N=114 for guselkumab 400 mg → 200 mg SC q4w, and N=346 for total.

Baseline Crohn's Disease Medication History and Concomitant Medications

Full analysis set	Placebo SC (N=117)	Guselkumab 400 mg SC q4w → 100 mg SC q8w (N=115)	Guselkumab 400 mg SC q4w → 200 mg SC q4w (N=115)	Total (N=347)
Medication history				
Biologic naïve	56 (47.9%)	53 (46.1%)	52 (45.2%)	161 (46.4)
History of previous biologic use, but no documented failure, n (%)	8 (6.8%)	7 (6.1%)	10 (8.7%)	25 (7.2%)
History of inadequate response/intolerance[a] to biologic therapy, n (%)	53 (45.3%)	55 (47.8%)	53 (46.1%)	161 (46.4%)
At least one anti-TNF[b]	50 (94.3%)	51 (92.7%)	52 (98.1%)	153 (95.0%)
Two or more anti-TNFs[b]	11 (20.8%)	12 (21.8%)	13 (24.5%)	36 (22.4%)
Vedolizumab[b]	8 (15.1%)	13 (23.6%)	6 (11.3%)	27 (16.8%)
Concomitant Medications				
Participants with ≥1 Crohn's disease medication at baseline, n (%)	79 (67.5%)	74 (64.3%)	84 (73.0%)	237 (68.3%)
6-MP/AZA	33 (27.4%)	28 (24.3%)	36 (31.3%)	96 (27.7%)
Oral corticosteroid use	33 (28.2%)	32 (27.8%)	38 (33.0%)	103 (29.7%)
Corticosteroid use (excluding budesonide)	18 (15.4%)	15 (13.0%)	28 (24.3%)	61 (17.6%)
Median (IQR) daily prednisone-equivalent dose (excluding budesonide),[c] mg	20 (10.0; 20.0)	20 (10.0; 25.0)	15.0 (10.0; 25.0)	-
Budesonide	15 (12.8%)	17 (14.8%)	10 (8.7%)	42 (12.1%)

IQR = interquartile range; SC = subcutaneous; TNF = tumor necrosis factor

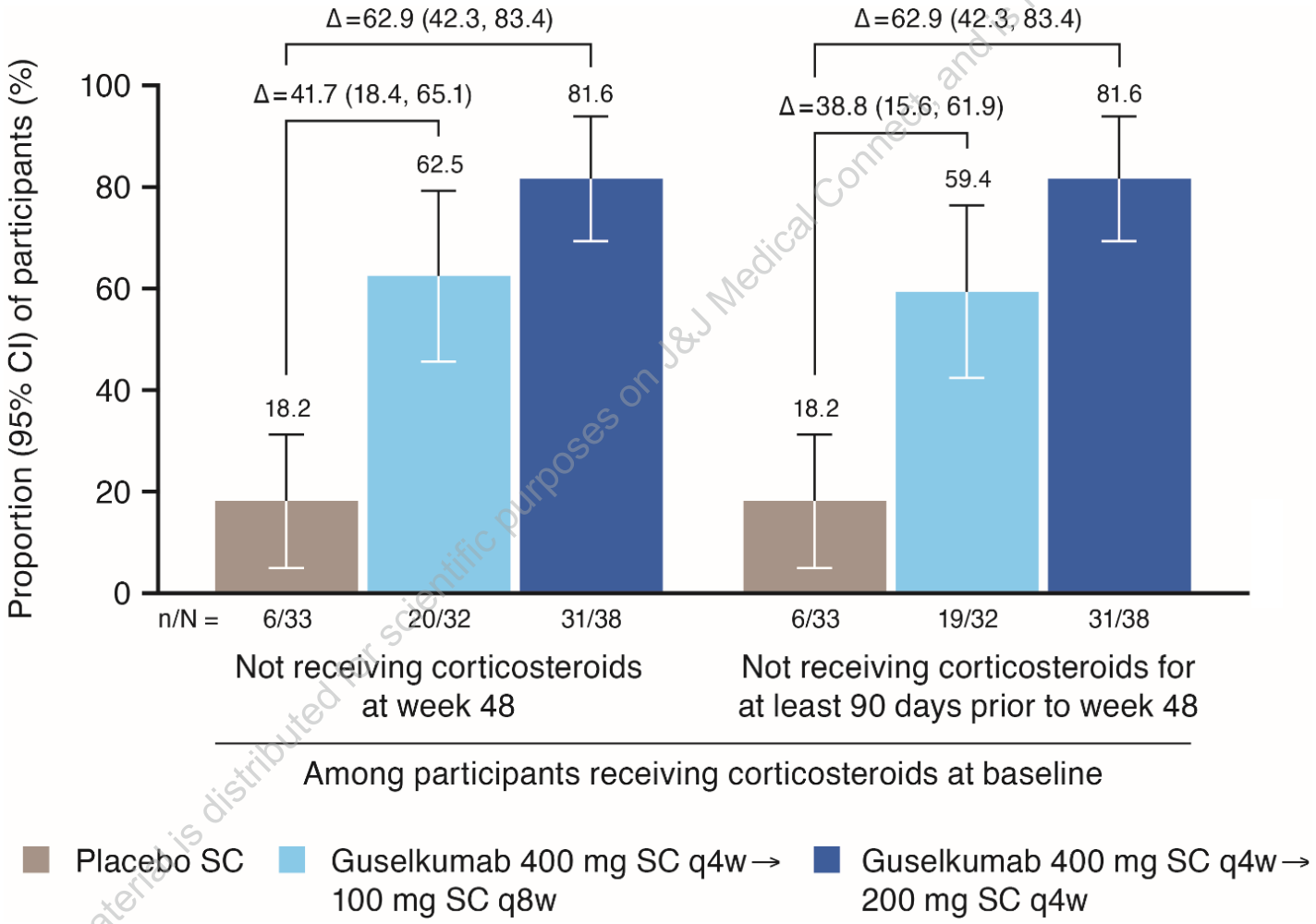
[a] Primary nonresponse, secondary nonresponse, or intolerance.

[b] Among participants with a history of inadequate response/intolerance to biologic therapy.

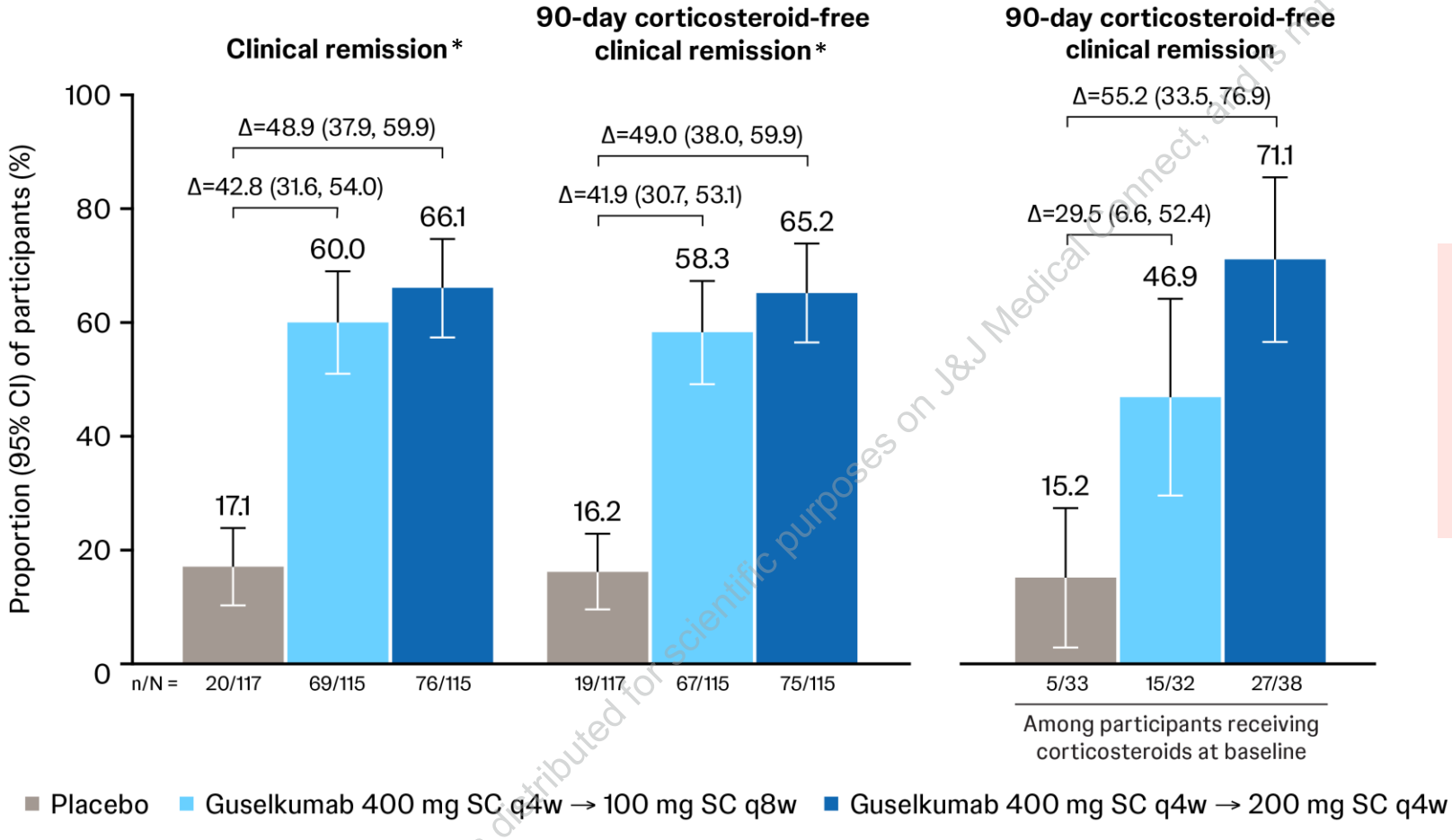
[c] Medians and IQRs are based on the subset of participants receiving CS other than budesonide and beclomethasone dipropionate at baseline

No participants were receiving beclomethasone at baseline.

Corticosteroid-sparing Effect



Clinical Remission at Week 48

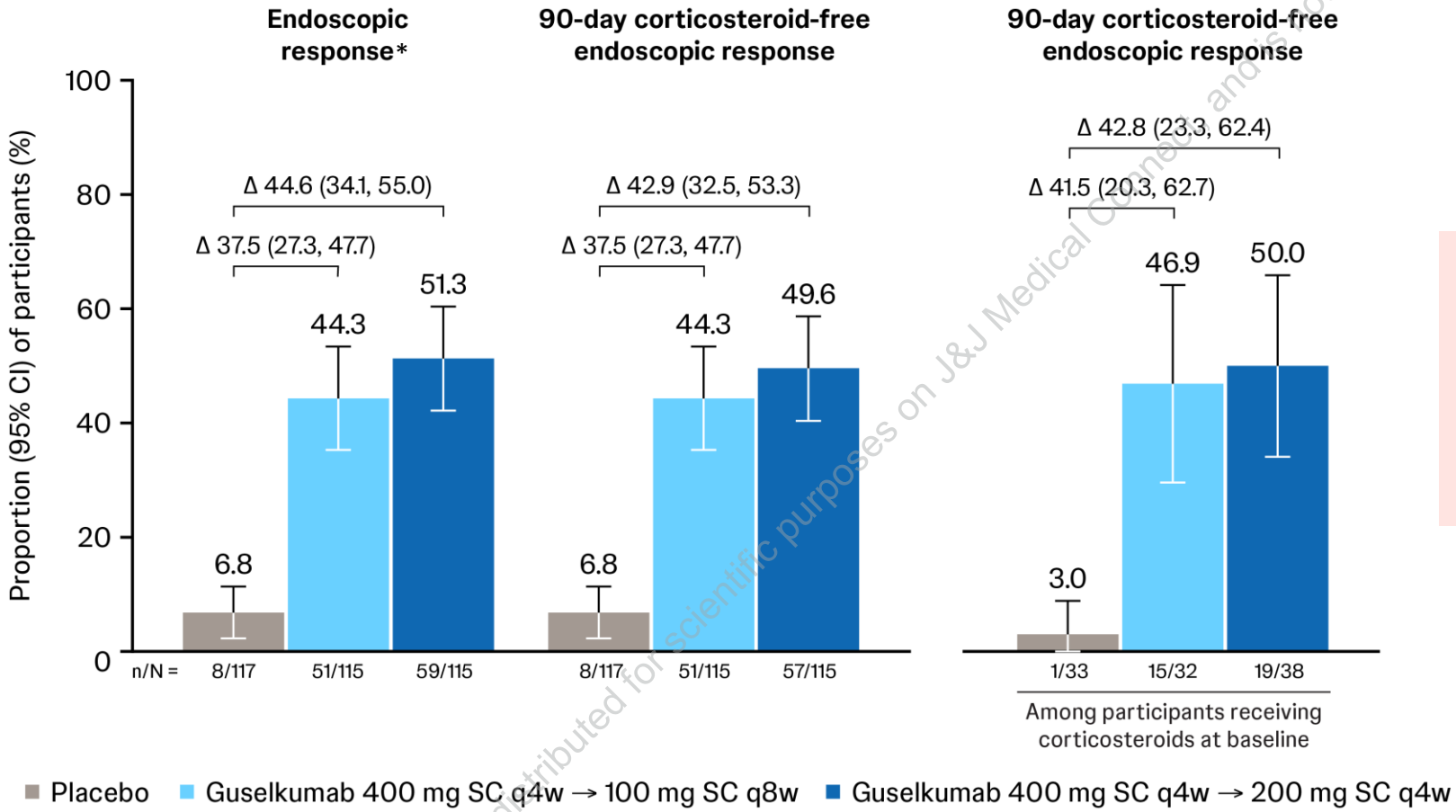


98% of participants receiving guselkumab in clinical remission at Week 48 were corticosteroid-free for ≥90 days

Clinical remission: CDAI score <150
90-day corticosteroid-free clinical remission: Clinical remission and not receiving corticosteroids for ≥90 days prior to the visit

*Pre-specified analysis

Endoscopic Response at Week 48

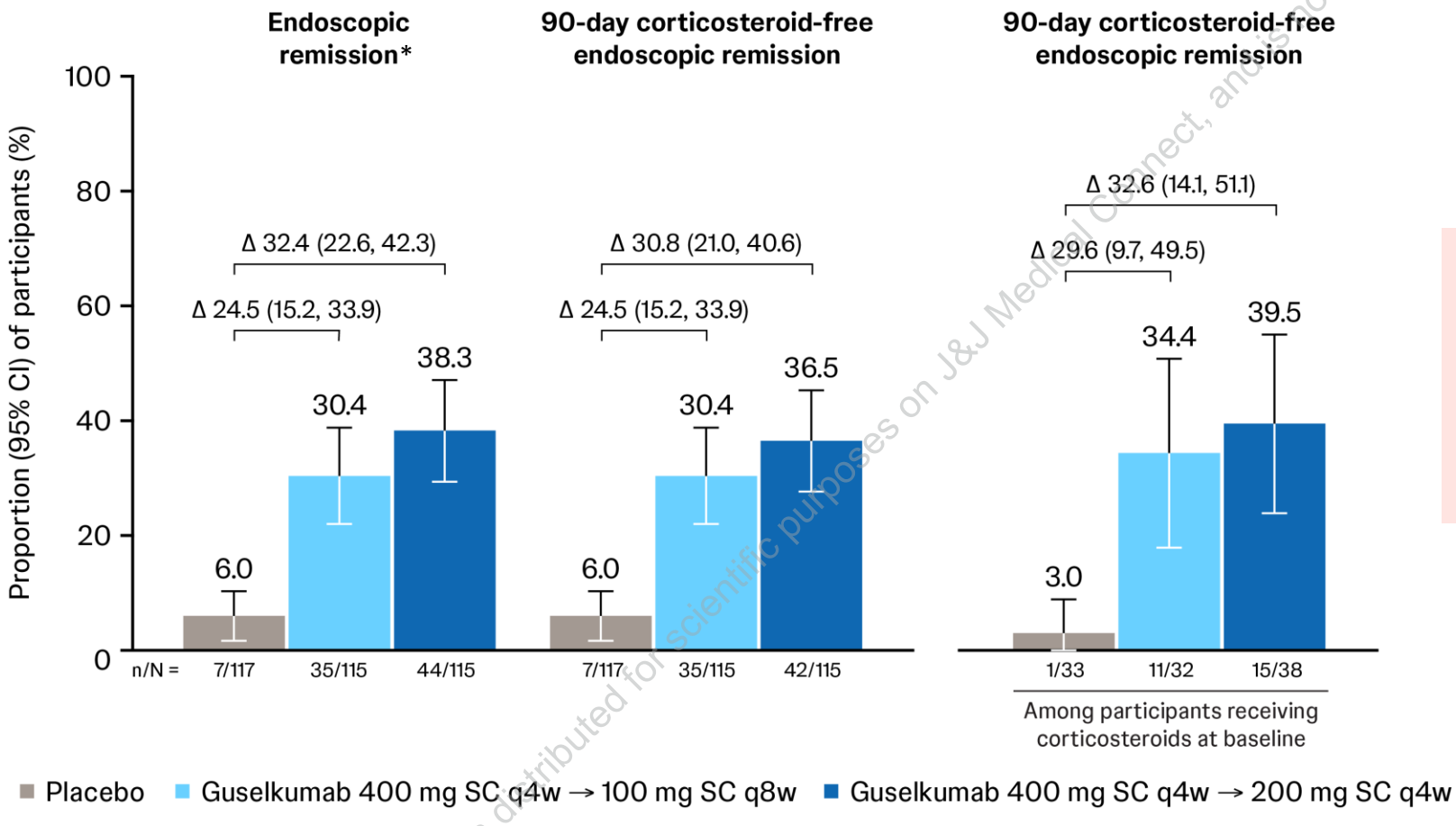


98% of participants receiving guselkumab in endoscopic response at Week 48 were corticosteroid-free for ≥90 days

Endoscopic response: ≥50% improvement from baseline in SES-CD score
90-day corticosteroid-free endoscopic response: Endoscopic response and not receiving corticosteroids for ≥90 days prior to the visit

*Pre-specified analysis

Endoscopic Remission at Week 48

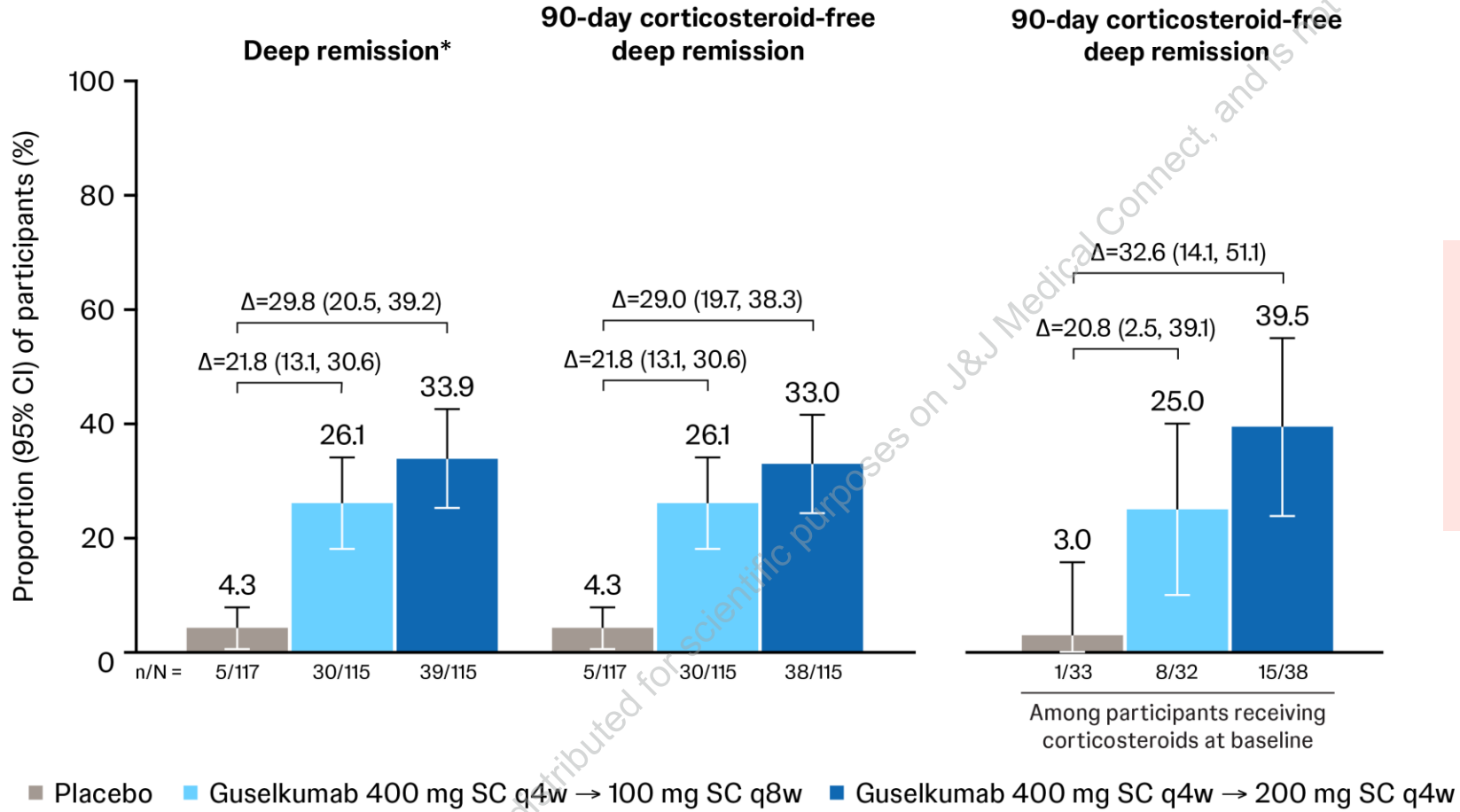


97% of participants receiving guselkumab in endoscopic remission at Week 48 were corticosteroid-free for ≥90 days

Endoscopic remission: SES-CD score ≤4 and at least a 2-point reduction from baseline and no subscore >1 in any individual component
90-day corticosteroid-free endoscopic remission: Endoscopic remission and not receiving corticosteroids for ≥90 days prior to the visit

*Pre-specified analysis

Deep Remission at Week 48



99% of participants receiving guselkumab in deep remission at Week 48 were corticosteroid-free for ≥90 days

Deep remission: Clinical remission AND endoscopic remission
90-day corticosteroid-free deep remission: Clinical remission AND endoscopic remission and not receiving corticosteroids for ≥90 days prior to the visit

*Pre-specified analysis

Key Takeaways

- Among participants receiving corticosteroids at baseline, greater proportions of participants receiving guselkumab were able to stop corticosteroids versus placebo, particularly those receiving 200 mg q4w
- Guselkumab-treated participants achieved greater corticosteroid-free clinical and endoscopic outcomes at Week 48 versus placebo
- Among participants in clinical remission, endoscopic response, or endoscopic remission at Week 48, nearly all participants receiving guselkumab were corticosteroid-free for ≥90 days
- These results demonstrate that participants with moderately to severely active Crohn's disease can achieve corticosteroid-free clinical and endoscopic outcomes with a fully subcutaneous induction and maintenance regimen with guselkumab

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