

Key Takeaways

 Guselkumab-treated participants with moderately to severely active Crohn's disease maintained clinical and endoscopic efficacy through Week 144 across both maintenance regimens

 **Efficacy was consistent in bionäive and BIO-IR participants, supporting durability irrespective of prior biologic exposure**

 The 3-year safety profile was consistent with the known profile of guselkumab, and no new safety signals were identified

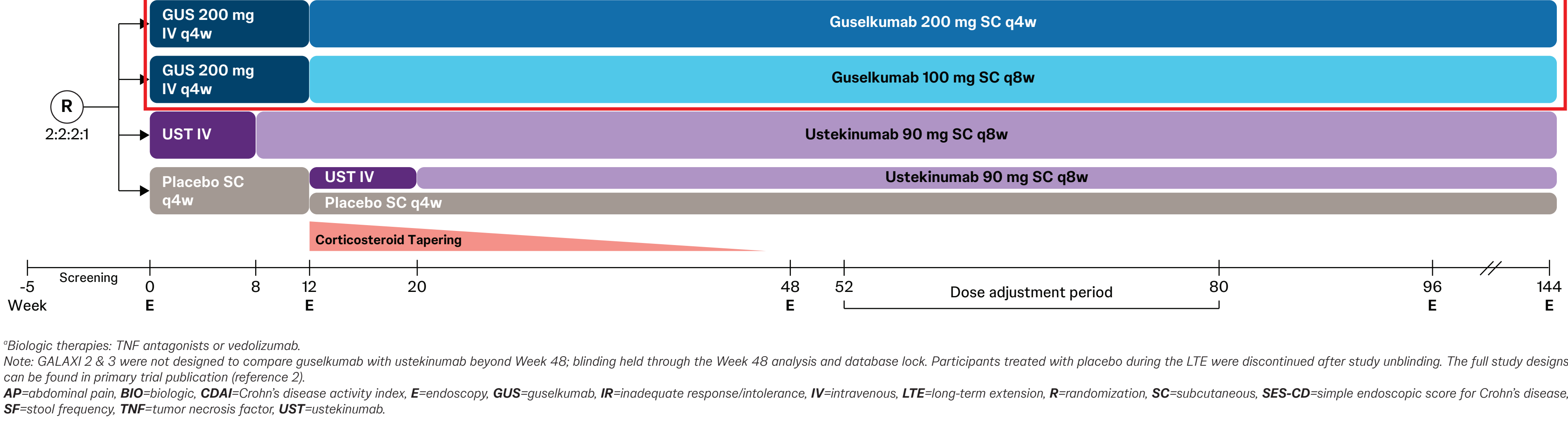
 The treat-through study design enabled long-term efficacy and safety evaluation of all patients initially randomized to guselkumab induction, regardless of their response status after induction or upon entry into the long-term extension

Methods

Key eligibility criteria

- Randomization stratified by:**

- CDAI score (≤ 300 or >300)
- SES-CD (≤ 12 or >12)
- Prior BIO-IR status (Yes/No)
- CS use at baseline (Yes/No)



Endpoints

Clinical endpoints

- **Clinical remission:** CDAI score ≤ 150
 - **90-day corticosteroid-free clinical remission**
- Endoscopic endpoints**
- **Endoscopic response:** $\geq 50\%$ improvement from baseline in SES-CD or SES-CD score ≤ 2
 - **Endoscopic remission:** SES-CD score ≤ 4 and at least a 2-point reduction from baseline, with no subscore greater than 1 in any individual component

Composite endpoint

- **Deep remission:** Combination of clinical remission and endoscopic remission

Analysis populations

- **Primary efficacy analysis set** (non-responder imputation (NRI)): all randomized participants who received ≥ 1 dose of guselkumab evaluated by randomized group
- **LTE As Observed analysis set:** participants who received ≥ 1 dose in the long-term extension, remained on continuous treatment through each designated timepoint, and had data available at that timepoint
- **All treated safety analysis set:** all participants who received ≥ 1 dose of guselkumab, pooled by actual treatment received

- Here, we present long-term efficacy and safety through Week 144 from the pooled GALAXI 2 & 3 long-term extension (LTE)

Table 1. Baseline Demographics and Disease Characteristics

	Guselkumab 200 mg IV → 100 mg SC q8w (N=286)	Guselkumab 200 mg IV → 200 mg SC q4w (N=296)
Primary efficacy analysis set (NRI)		
Demographics		
Age in years, mean (SD)	36.0 (12.24)	36.9 (13.27)
Male, n (%)	154 (53.8%)	178 (60.1%)
Characteristics		
CD duration in years, mean (SD)	7.12 (6.72)	7.07 (7.24)
CDAI score, mean (SD)	296.3 (54.27)	295.9 (52.74)
SES-CD score, mean (SD)	13.2 (7.43)	12.5 (7.24)
Endoscopic disease severity (SES-CD score), n (%)		
Moderate (7–16)	164 (57.3%)	147 (49.7%)
Severe (>16)	81 (28.3%)	79 (26.7%)
Involved disease location by central reader, n (%)		
Colon only	113 (39.5%)	112 (37.8%)
Ileum only	59 (20.6%)	80 (27.0%)
Ileum and Colon	114 (39.9%)	104 (35.1%)
Biomarkers		
C-reactive protein in mg/L, median (IQR)	7.7 (2.6; 21.8)	6.2 (2.7; 21.3)
Fecal calprotectin in µg/g, ^a median (IQR)	969.0 (404.0; 2085.0)	1045.5 (323.0; 2006.0)
Biologic medication history, n (%)		
Bionaïve	116 (40.6%)	128 (43.2%)
History of inadequate response/ intolerance to biologic therapy, ^b n (%)	153 (53.5%)	147 (49.7%)
Concomitant CD medications at baseline, n (%)		
6-MP/AZA	85 (29.7%)	89 (30.1%)
MTX	2 (0.7%)	7 (2.4%)
Oral corticosteroids	109 (38.1%)	106 (35.8%)

Of 582 participants who received guselkumab IV induction, 432 (74%) continued treatment through Week 144

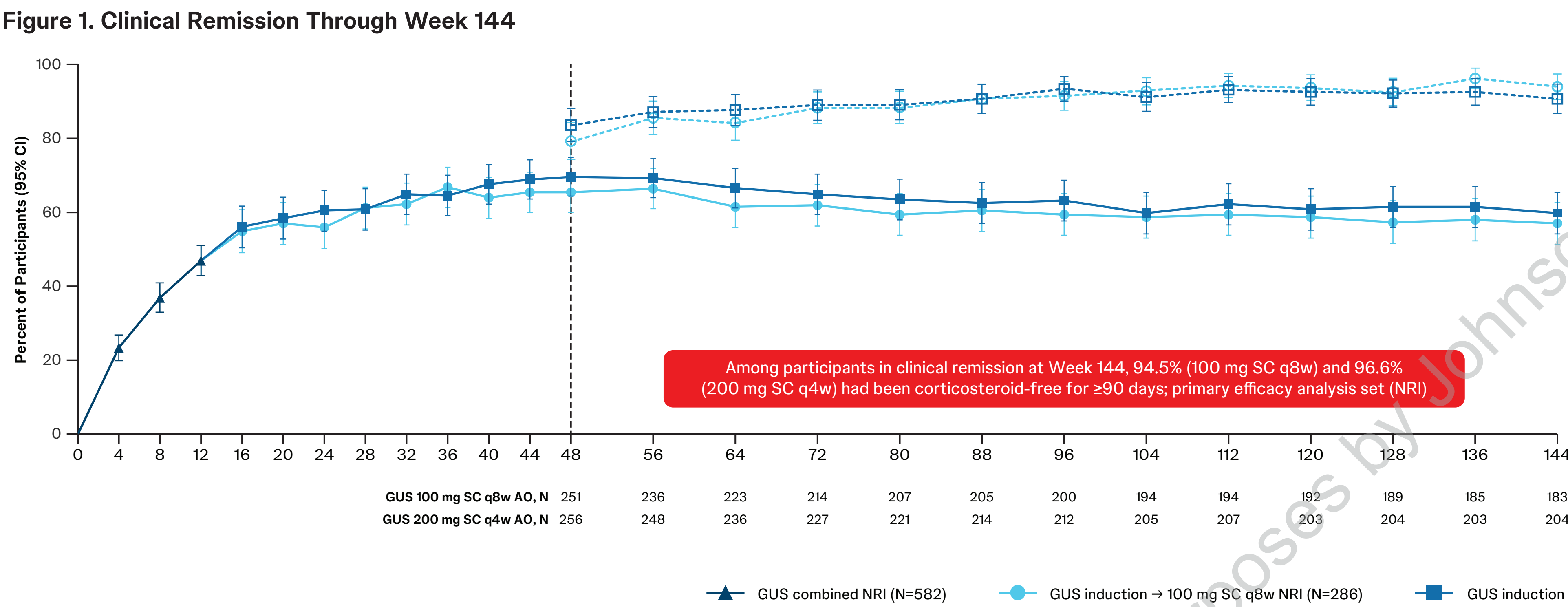


Figure 2. Endoscopic Response (A), Endoscopic Remission (B), and Deep Remission (C) Through Week 144

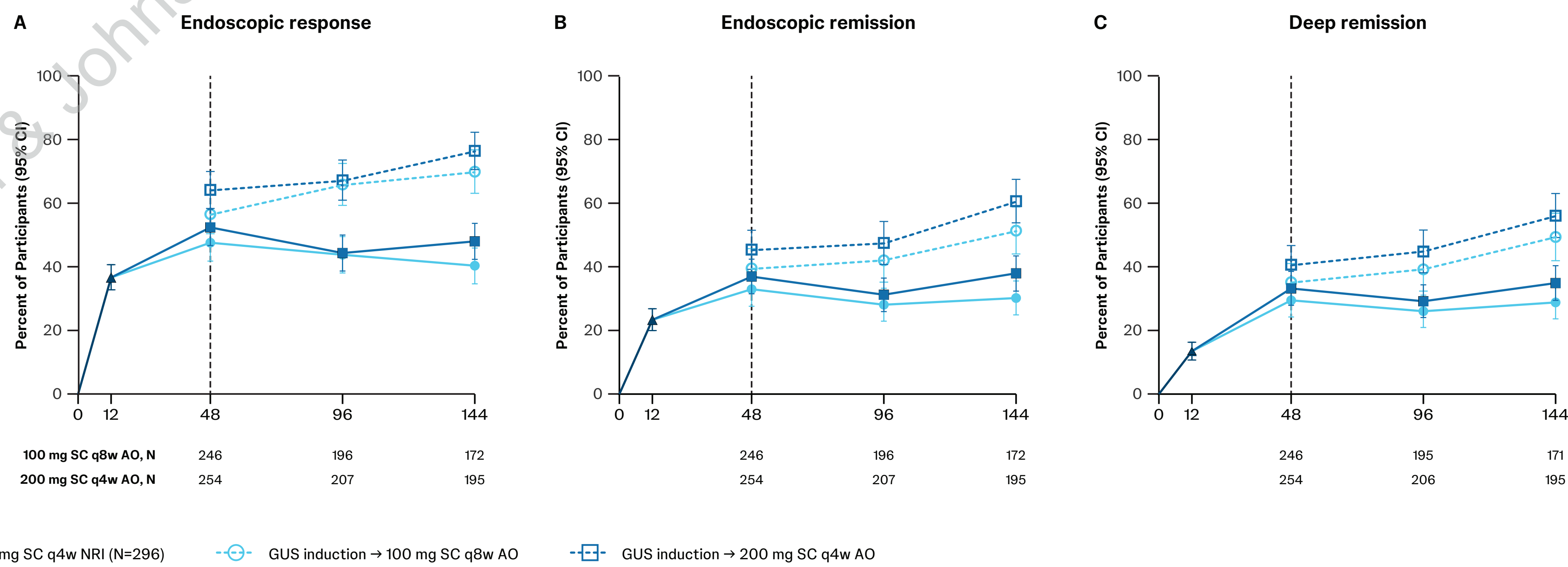


Table 2. Safety Summary From Week 0 Through Week 144

All treated safety analysis set	Placebo ^{a,b} (N=153)	GUS 100 mg SC q3w ^c (N=296)	All GUS 200 mg SC q4w ^c (N=407)
Exposure			
Mean duration of follow-up, weeks	30.0	113.5	111.6
Total participant-years (py) of follow-up	88.0	644.1	870.2
Events per 100 py of follow-up (95% CI)			
Adverse events	422.8 (380.92, 468.02)	274.2 (261.54, 287.28)	295.8 (284.47, 307.44)
Serious adverse events	27.3 (17.48, 40.59)	11.6 (9.16, 14.60)	10.7 (8.63, 13.09)
AEs leading to discontinuation of study agent	19.3 (11.26, 30.94)	5.1 (3.53, 7.20)	5.1 (3.67, 6.79)
Infections^d	79.6 (62.02, 100.52)	74.4 (67.86, 81.34)	76.2 (70.50, 82.21)
Serious infections^d	4.5 (1.24, 11.64)	0.9 (0.34, 2.03)	1.6 (0.88, 2.70)
Adverse events of interest per 100 py of follow-up (95% CI)			
Active tuberculosis	0.0 (0.00, 3.40)	0.2 (0.00, 0.87)	0.1 (0.00, 0.64)
Malignancies	0.0 (0.00, 3.40)	0.2 (0.00, 0.87)	0.3 (0.07, 1.01)
Anaphylactic or serum sickness reactions	1.1 (0.03, 6.33)	0.0 (0.00, 0.47)	0.0 (0.00, 0.34)
Opportunistic infections	2.3 (0.28, 8.21)	0.2 (0.00, 0.87)	1.3 (0.63, 2.26)
Major adverse cardiovascular events	0.0 (0.00, 3.40)	0.2 (0.00, 0.87)	0.0 (0.00, 0.34)
Venous thromboembolism	0.0 (0.00, 3.40)	0.0 (0.00, 0.47)	0.2 (0.03, 0.83)
Clinically important hepatic disorder AEs	0.0 (0.00, 3.40)	0.5 (0.10, 1.36)	0.7 (0.25, 1.50)

*Based on N=283 for GUS 100 mg and N=294 for GUS 200 mg. ³Primary nonresponse, secondary nonresponse, or intolerance. Note: Baseline demographics and disease characteristics are shown for the primary efficacy analysis set (NRI).
6-MP=6-mercaptopurine, **AZA**=azathioprine, **CD**=Crohn's disease, **CDAI**=Crohn's disease activity index, **IQR**=interquartile range, **IV**=intravenous, **MTX**=methotrexate, **NRI**=nonresponder imputation, **SC**=subcutaneous, **SD**=standard deviation, **SES-CD**=simple endoscopic score for Crohn's disease.

[illegible]

^aUp to date adjustment. ^bParticipated between time placebo during the LTE were discontinued after study unblinding. ^cParticipants who were randomized to receive guselkumab 200 mg SC q4w maintenance dosing, or had a dose adjustment (including "shortly") to guselkumab 200 mg SC q8w maintenance dosing, or had no dose adjustment at all, were included in the analysis. ^dParticipants who had a dose adjustment, only date after their first guselkumab 200 mg dose are included. ^eInfections are based on MedDRA system organ class. ^fInfections and infestations.

^gAdverse events using MedDRA Version 28.0. Occurrences of major adverse cardiovascular events were identified by clinical review. Terms for venous thromboembolism are based on customized MedDRA query. Clinically important hepatic disorders are defined as hepatic disorder reclassified as SAEs or AEs leading to discontinuation of study intervention. The all-cause deaths are defined as death from cause unknown or death from cause related to study intervention.

^hChemosensitization tests.

ⁱConfidence intervals are shown.

^jGUS=guselkumab; IVE=Interleukin-6 Inhibitor Therapy; MMR=MedDRA-Medical Dictionary for Regulatory Activities; pcr=painful pruritus; q4w=every 4 weeks; q8w=every 8 weeks; SAE=serious adverse event; SC=subcutaneous.