

Extraintestinal Manifestations in Participants With Moderately to Severely Active Crohn’s Disease: Results From the Phase 3 GALAXI 2 & 3 Studies

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Background

Extraintestinal manifestations (EIMs), including joint, skin, and ocular manifestations, are common in patients with inflammatory bowel disease (IBD) and pose additional challenges for treatment

Guselkumab is a dual-acting interleukin (IL)-23p19 subunit inhibitor that binds to IL-23 and CD64, a receptor on cells that produce IL-23¹

GALAXI 2 & 3 Phase 3 studies evaluated guselkumab in participants with moderately to severely active Crohn’s disease

Both subcutaneous (SC) maintenance doses were highly effective in the primary study population compared with placebo and ustekinumab² at Week 48 and were approved for use

Objective

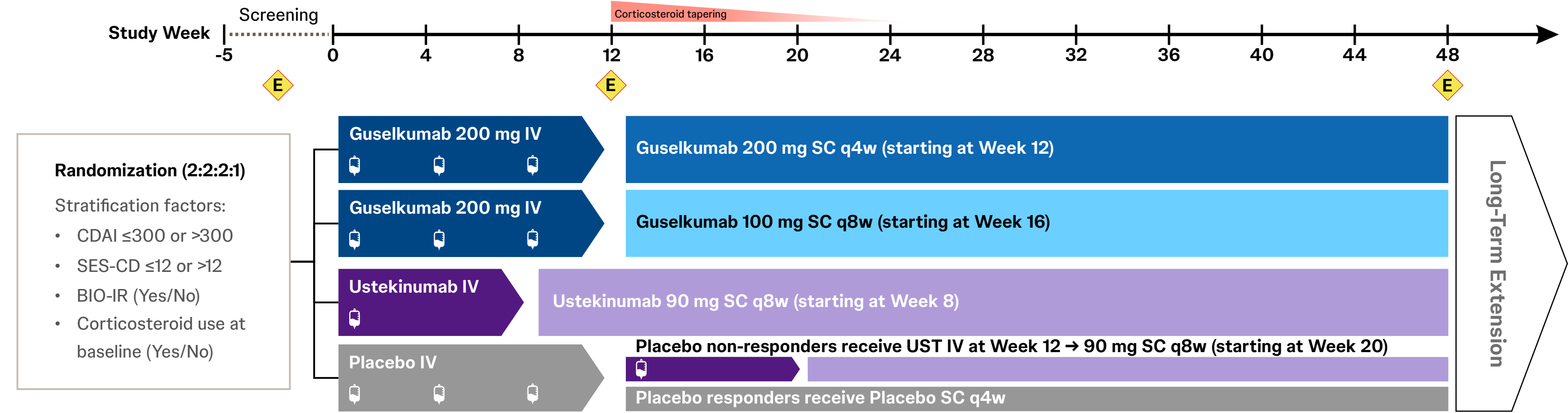
To present data of EIMs reported through Week 48 in the pooled GALAXI 2/3 studies

Methods

- GALAXI 2 & 3 are an identically-designed, double-blind, treat-through studies

Key eligibility criteria

- Moderately to severely active Crohn’s disease: CDAI score 220–450 and mean daily SF count >3 or AP score >1 and SES-CD score^a ≥6 (or ≥4 for isolated ileal disease)
- Inadequate response/intolerance to oral corticosteroids or 6-MP/AZA/MTX, or biologic therapies^b or naïve to biologics



^aScored at screening by central reader with minimum scores of 1 for “size of ulcer” and “ulcerated surface.” ^bBiologic 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 12, when mandatory tapering began. **6-MP**=mercaptopurine, **AP**=abdominal pain, **AZA**=azathioprine, **BIO-IR**=biologic-inadequate response, **CDAI**=Crohn’s Disease Activity Index, **E**=endoscopy, **EIM**=extraintestinal manifestation, **IV**=intravenous, **MTX**=methotrexate, **q4w**=every 4 weeks, **q8w**=every 8 weeks, **SC**=subcutaneous, **SES-CD**=Simple Endoscopic Score for Crohn’s Disease, **SF**=stool frequency, **TNF**=tumor necrosis factor, **UST**=ustekinumab.

Results

Pooled baseline demographics and disease characteristics

	Placebo	GUS 200 mg IV q4w→ 100 mg SC q8w	GUS 200 mg IV q4w→ 200 mg SC q4w	GUS Combined
Primary analysis set, N	148	286	296	582
Number of participants with EIMs at baseline, n (%)	63 (42.6%)	115 (40.2%)	86 (29.1%)	201 (34.5%)
Demographics				
Age in years, mean (SD)	37.7 (13.16)	37.2 (12.11)	39.1 (13.81)	38.0 (12.86)
Men, n (%)	36 (57.1%)	57 (49.6%)	44 (51.2%)	101 (50.2%)
CD duration in years, mean (SD)	6.9 (7.34)	7.4 (7.01)	7.9 (8.23)	7.6 (7.54)
Characteristics				
CDAI score at baseline, mean (SD)	291.6 (52.46)	302.8 (55.24)	302.1 (51.77)	302.5 (53.65)
Involved GI areas (as assessed by central reader), n (%)				
Ileum only	17 (27.0%)	30 (26.1%)	32 (37.2%)	62 (30.8%)
Colon only	23 (36.5%)	40 (34.8%)	26 (30.2%)	66 (32.8%)
Ileum and colon	23 (36.5%)	45 (39.1%)	28 (32.6%)	73 (36.3%)
Corticosteroid use, n (%)				
Oral corticosteroids	16 (25.4%)	37 (32.2%)	23 (26.7%)	60 (29.9%)
Budesonide	12 (20.6%)	17 (14.8%)	13 (15.1%)	30 (14.9%)
Prior use of biologics, n (%)				
Adalimumab	19 (30.2%)	45 (39.1%)	29 (33.7%)	74 (36.8%)
Infliximab	22 (34.9%)	37 (32.2%)	27 (31.4%)	64 (31.8%)
Vedolizumab	6 (9.5%)	13 (11.3%)	7 (7.0%)	19 (9.5%)
Certolizumab pegol	1 (1.6%)	4 (3.5%)	3 (3.5%)	7 (3.5%)

^aA single participant may have had more than one EIM. **CD**=Crohn’s disease, **CDAI**=Crohn’s Disease Activity Index, **EIM**=extraintestinal manifestation, **GI**=gastrointestinal, **GUS**=guselkumab, **IV**=intravenous, **q4w**=every 4 weeks, **q8w**=every 8 weeks, **SC**=subcutaneous, **SD**=standard deviation.

EIMs at baseline

	Placebo	GUS 200 mg IV q4w→ 100 mg SC q8w	GUS 200 mg IV q4w→ 200 mg SC q4w	GUS Combined
Primary analysis set, N	148	286	296	582
Number of participants with EIMs at baseline, n (%)	63 (42.6%)	115 (40.2%)	86 (29.1%)	201 (34.5%)
EIMs, n (%) ^a				
Arthritis/Arthralgia	57 (90.5%)	102 (88.7%)	77 (89.5%)	179 (89.1%)
Erythema nodosum/Pyoderma gangrenosum	16 (25.4%)	23 (20.0%)	14 (16.3%)	37 (18.4%)
Iritis/Uveitis	2 (3.2%)	5 (4.3%)	6 (7.0%)	11 (5.5%)

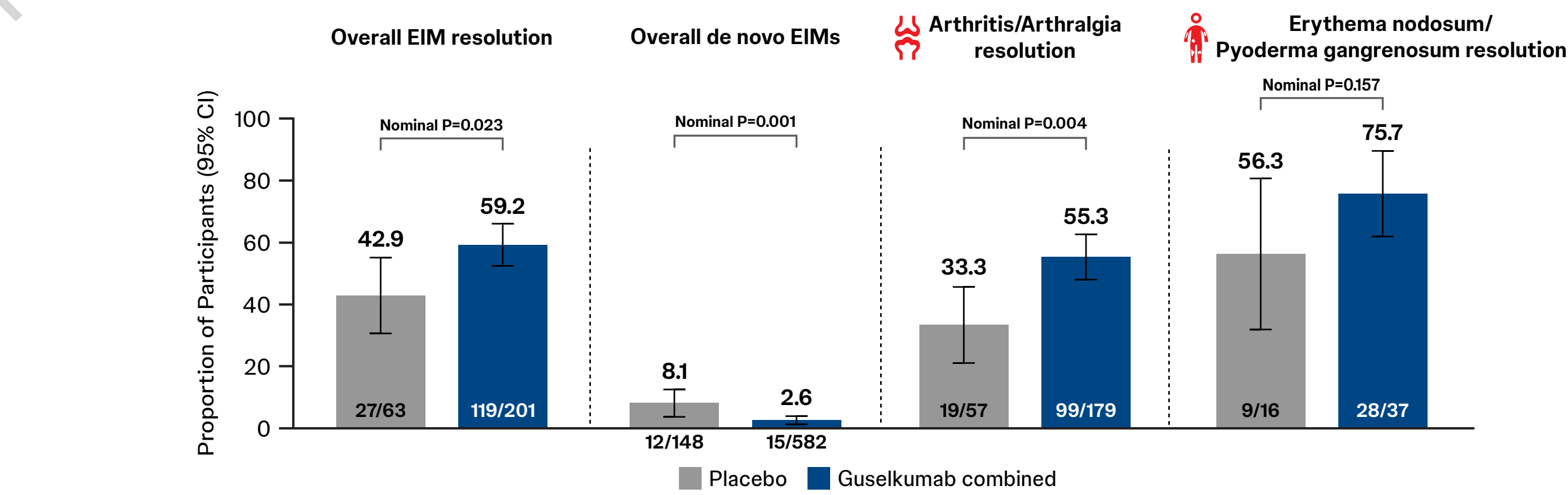
^aA single participant may have had more than one EIM. **EIM**=extraintestinal manifestation, **GI**=gastrointestinal, **GUS**=guselkumab, **IV**=intravenous, **q4w**=every 4 weeks, **q8w**=every 8 weeks, **SC**=subcutaneous.

EIMs were collected as a component of the CDAI as presence or absence of:

- Joint (arthritis/arthralgia)
- Skin (erythema nodosum/pyoderma gangrenosum)
- Eye (iritis/uveitis) involvement

Assessments were performed by the GALAXI study investigators, not Rheumatologists or Dermatologists

EIMs after induction (Week 12)



Percentages are among patients with EIMs at baseline. The confidence intervals for the proportion of subjects meeting the endpoint in each treatment group were based on the normal approximation confidence limits. In cases of rare events, the exact confidence limits were provided. A single participant may have more than one individual EIM. The nominal p-values are based on the chi-square test. **CI**=confidence interval, **EIM**=extraintestinal manifestation.



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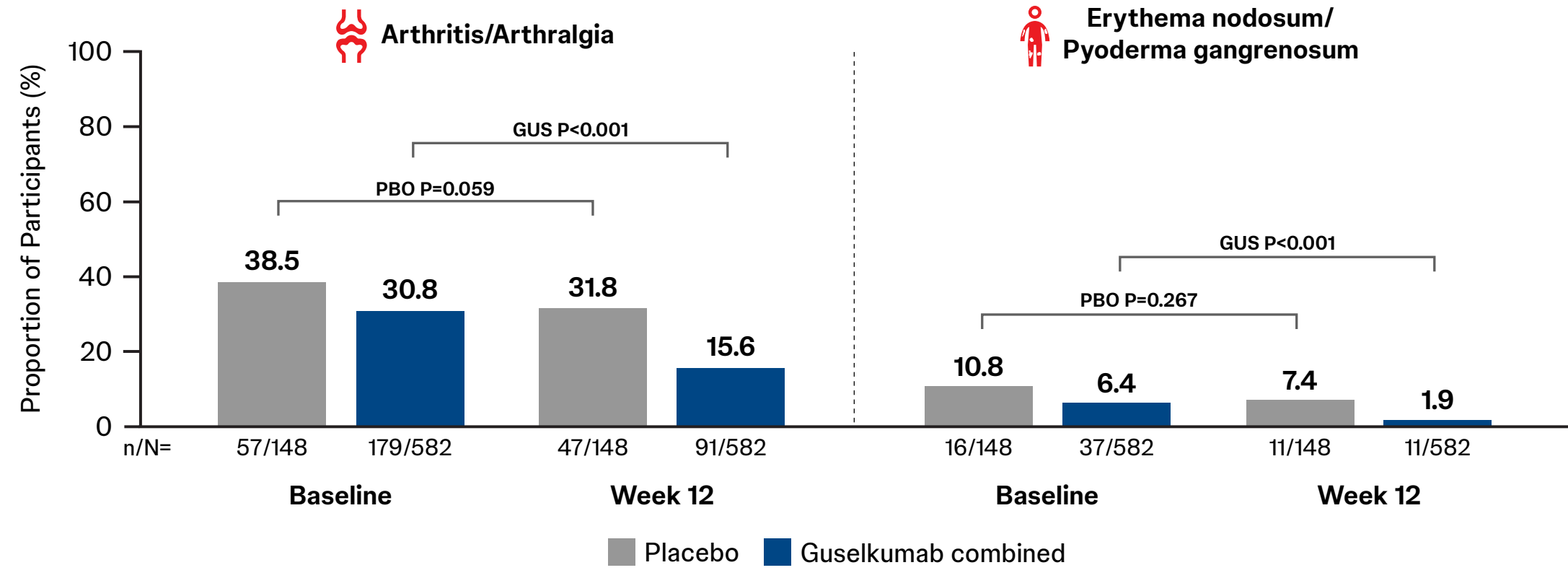
Key Takeaways

- Guselkumab-treated participants with Crohn’s disease had greater EIM resolution and lower rates of de novo EIMs at Week 12 vs placebo
- EIM resolution continued through Week 48, and was not dependent on corticosteroid use
- These results suggest guselkumab may improve and prevent EIMs in patients with Crohn’s disease

Analyses

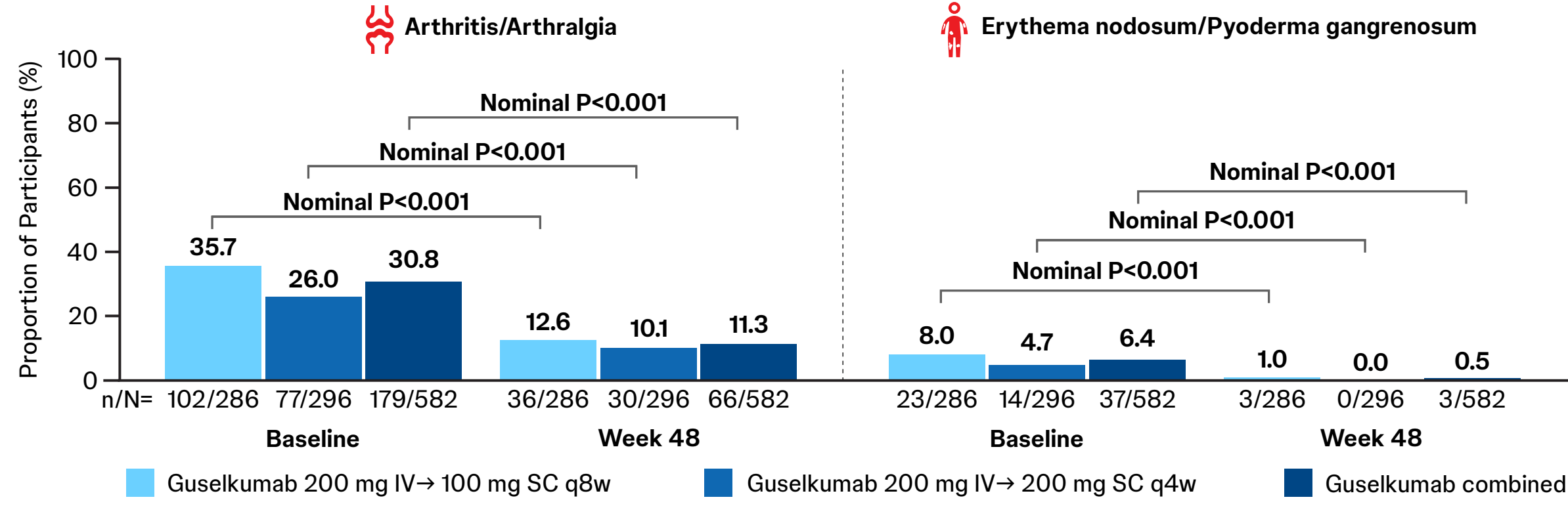
- EIMs included:
 - arthritis/arthralgia
 - erythema nodosum/pyoderma gangrenosum
 - iritis/uveitis
- EIMs were reported as:
 - a component of the CDAI score at each visit
 - individual EIM resolution at Weeks 12 and 48
 - de novo EIMs at Weeks 12 and 48
- EIM data were pooled for the GALAXI 2 & 3 studies
- Corticosteroids were maintained at baseline doses through Week 12, when mandatory tapering began
- GALAXI 2/3 also included ustekinumab, but the current analyses do not include ustekinumab

Week-12 EIMs after induction



Note: All p-values are nominal. The nominal p-values are based on the McNemar’s test comparing prevalence of EIMs at Week 12 to baseline. **EIM**=extraintestinal manifestation, **GUS**=guselkumab, **PBO**=placebo.

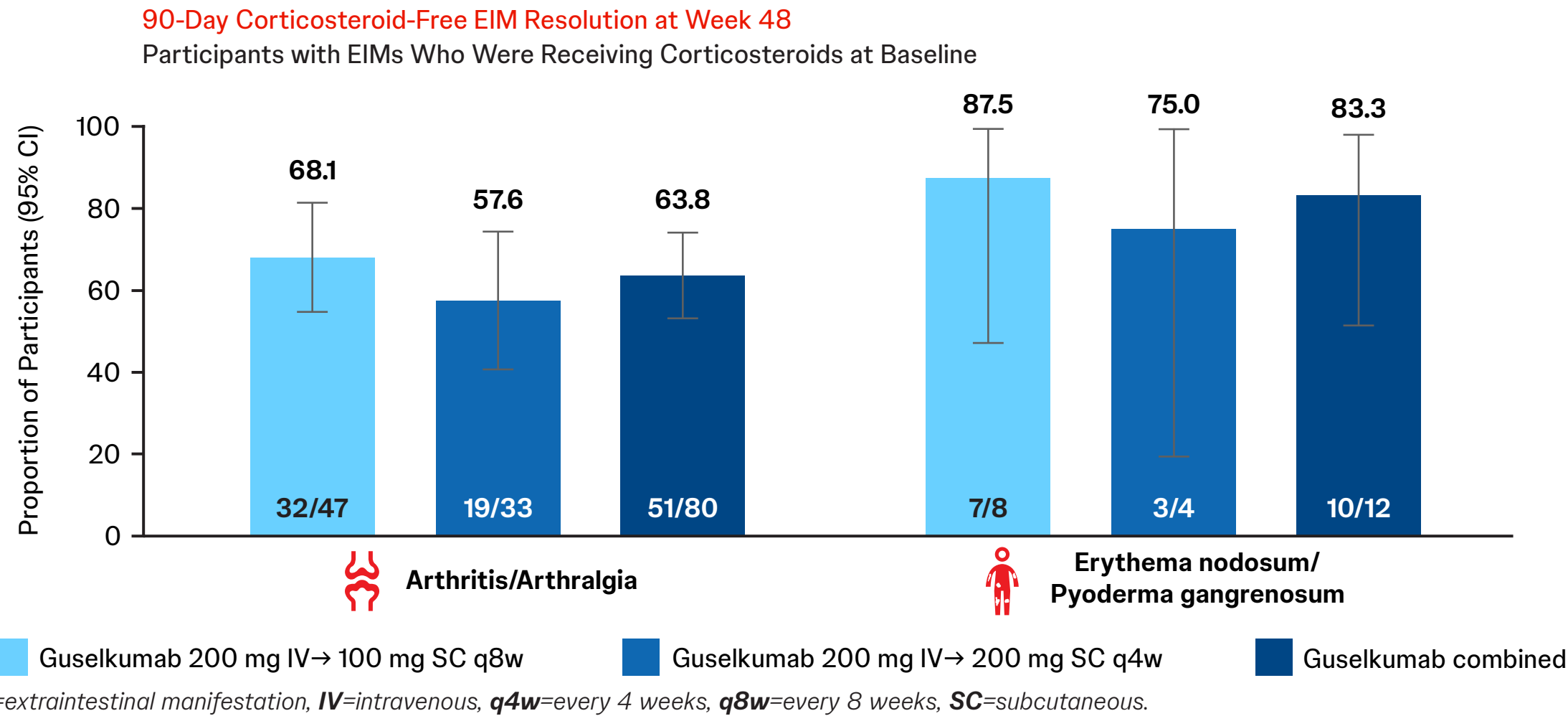
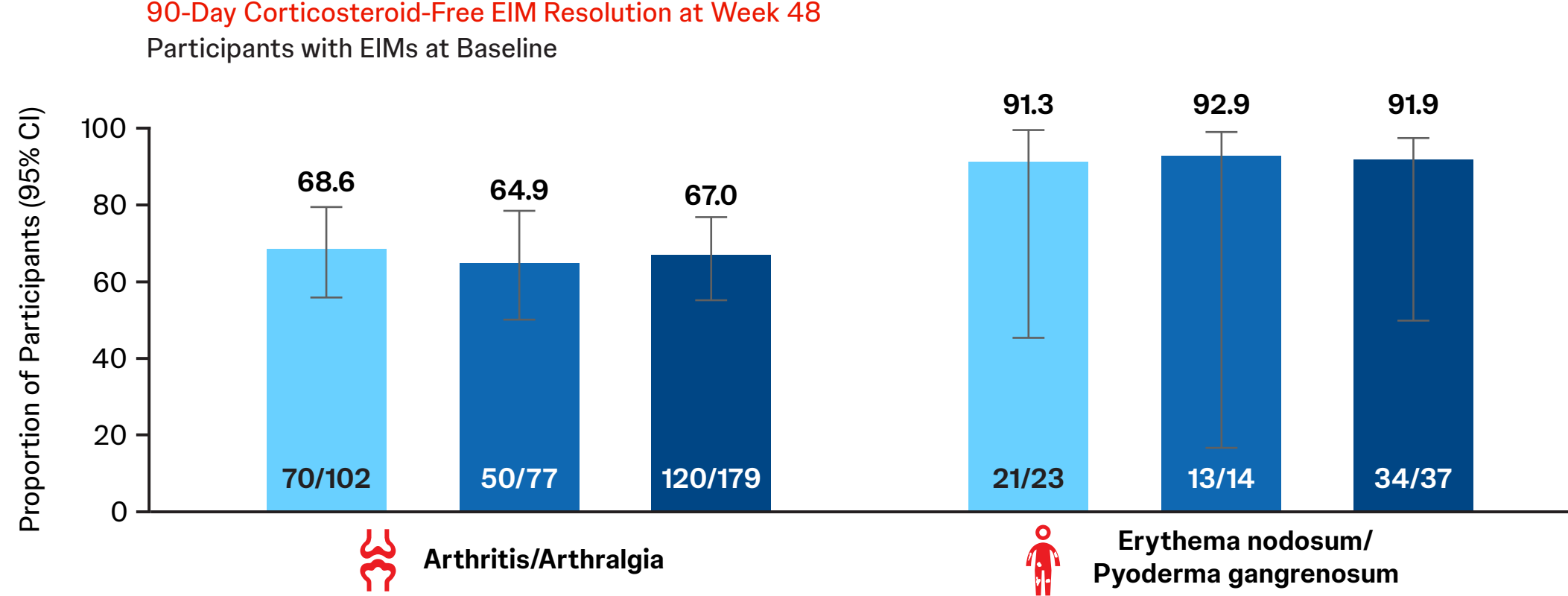
Week-48 EIMs after induction and maintenance



The nominal p-values are based on the McNemar’s test comparing prevalence of EIMs at Week 48 to baseline. **EIM**=extraintestinal manifestation, **IV**=intravenous, **q4w**=every 4 weeks, **q8w**=every 8 weeks, **SC**=subcutaneous.

Corticosteroid-free EIM resolution

- Most participants in EIM resolution at Week 48 were corticosteroid-free



CI=confidence interval, **EIM**=extraintestinal manifestation, **IV**=intravenous, **q4w**=every 4 weeks, **q8w**=every 8 weeks, **SC**=subcutaneous.