# Extraintestinal manifestations in participants with moderately to severely active Crohn's disease: Results from the phase 3 GALAXI 2 & 3 studies

DOP001

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# Disclosure of Conflicts of Interest

I, Silvio Danese, herewith declare the following paid or unpaid consultancies, business interests or sources of honoraria payments for the past three years, and anything else which could potentially be viewed as a conflict of interest:

I report consultancy fees from AbbVie, Alimentiv, Allergan, Amgen, AstraZeneca, Athos, Biogen, Boehringer Ingelheim, Celgene, Celltrion, Eli Lilly, Enthera, Ferring, Gilead, Hospira, Inotrem, Janssen, Johnson & Johnson, MSD, Mundipharma, Mylan, Pfizer, Roche, Sandoz, Sublimity, Takeda, TiGenix, UCB and Vifor; and reports lecture fees from AbbVie, Amgen, Ferring, Gilead, Janssen, Mylan, Pfizer, and Takeda.



This presentation was supported by Johnson & Johnson

# Background and Objective

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

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]

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

Both SC maintenance doses were highly effective in the primary study population compared with placebo and ustekinumab[2] at Week 48 and were approved for use

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

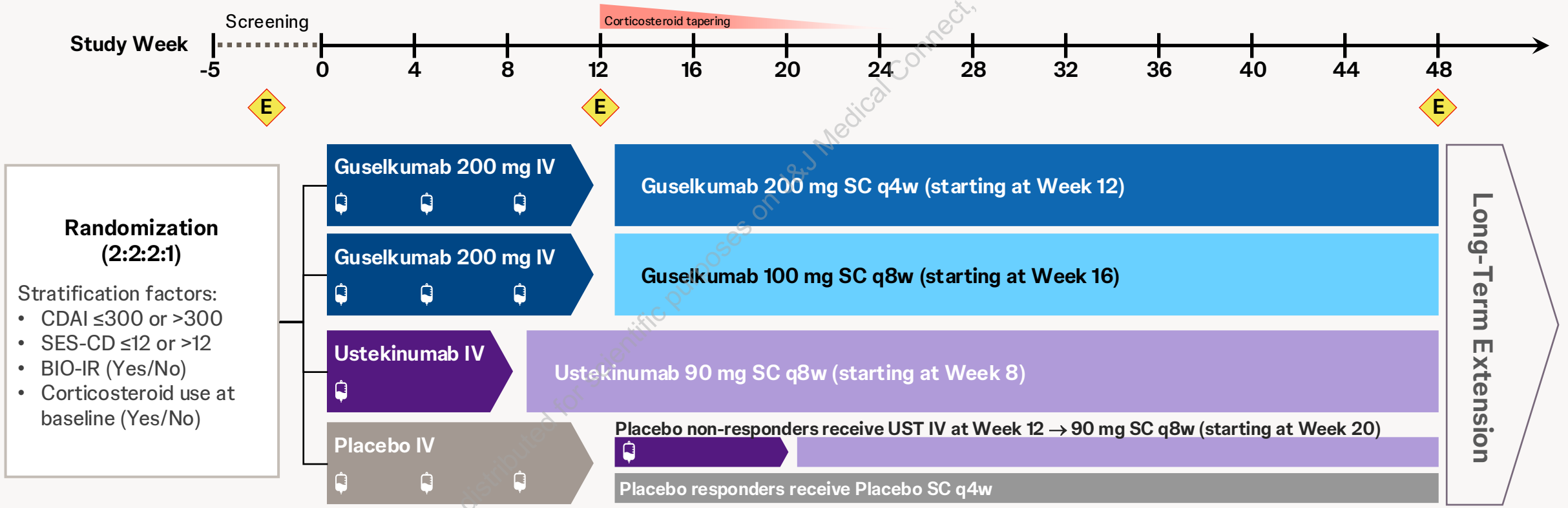


1. Sachen KL, Hammaker D, Sarabia I, et al. Front Immunol. 2025;16:1532852.
2. Panaccione R, Feagan BG, Afzali A, et al. Lancet. 2025;406(10501):358-375.

# Identically-designed, Double-blind, Treat-through studies: GALAXI 2 & 3

**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




[a] *Scored at screening by central reader with minimum scores of 1 for "size of ulcer" and "ulcerated surface"*

[b] *Biologic 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 48*

*6-MP = 6-mercaptopurine; AP = abdominal pain; AZA = azathioprine; CDAI = Crohn's disease activity index; E = endoscopy; IV = intravenous; MTX = methotrexate; q4w/q8w = every 4 or 8 weeks; SC = subcutaneous; SES-CD = Simple Endoscopic Score for Crohn's Disease; SF = stool frequency*

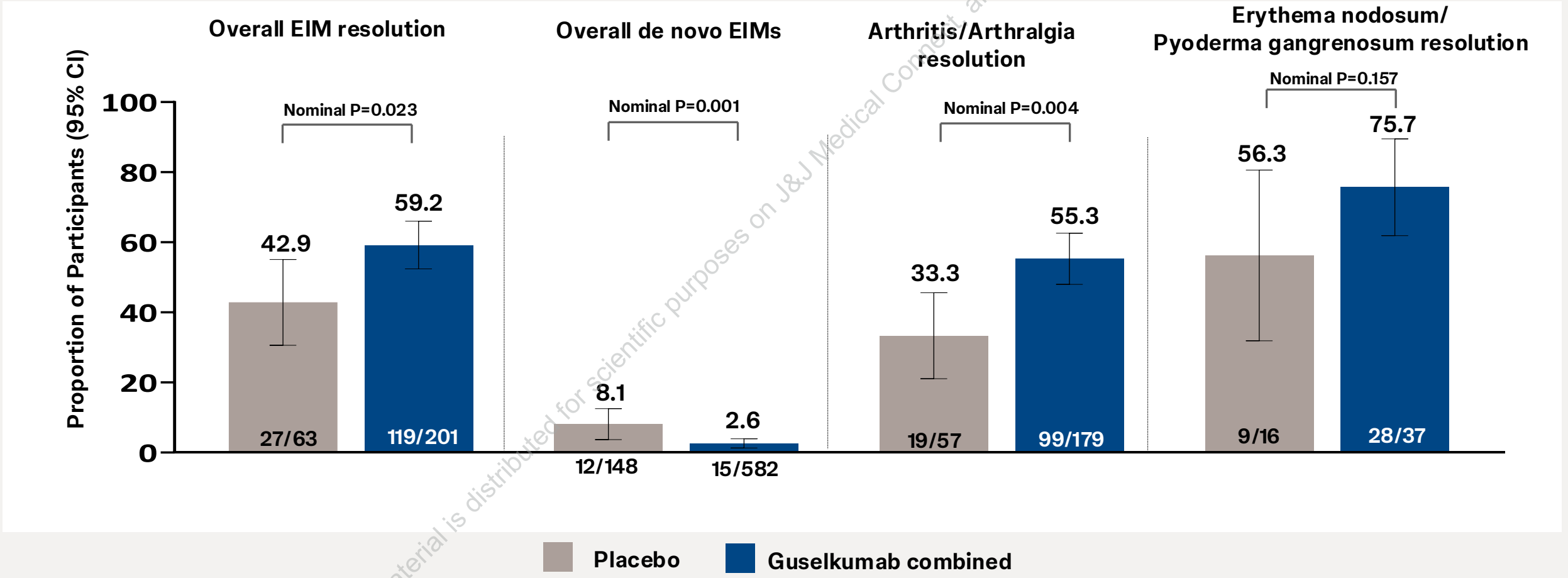
# Pooled Baseline Demographics and Disease Characteristics

| | Placebo | GUS 200 mg IV q4w→ 100mg 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%) |
| **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%) |
| **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%) | 6 (7.0%) | 19 (9.5%) |
| **Certolizumab pegol** | 1 (1.6%) | 4 (3.5%) | 3 (3.5%) | 7 (3.5%) |

CD, Crohn's disease; EIM, extraintestinal manifestation; GUS, guselkumab, IV, intravenous; q4w/q8w, every 4 or 8 weeks; SC, subcutaneous; SD, standard deviation; TNF, tumor necrosis factor

[a]A single participant may have had more than one EIM

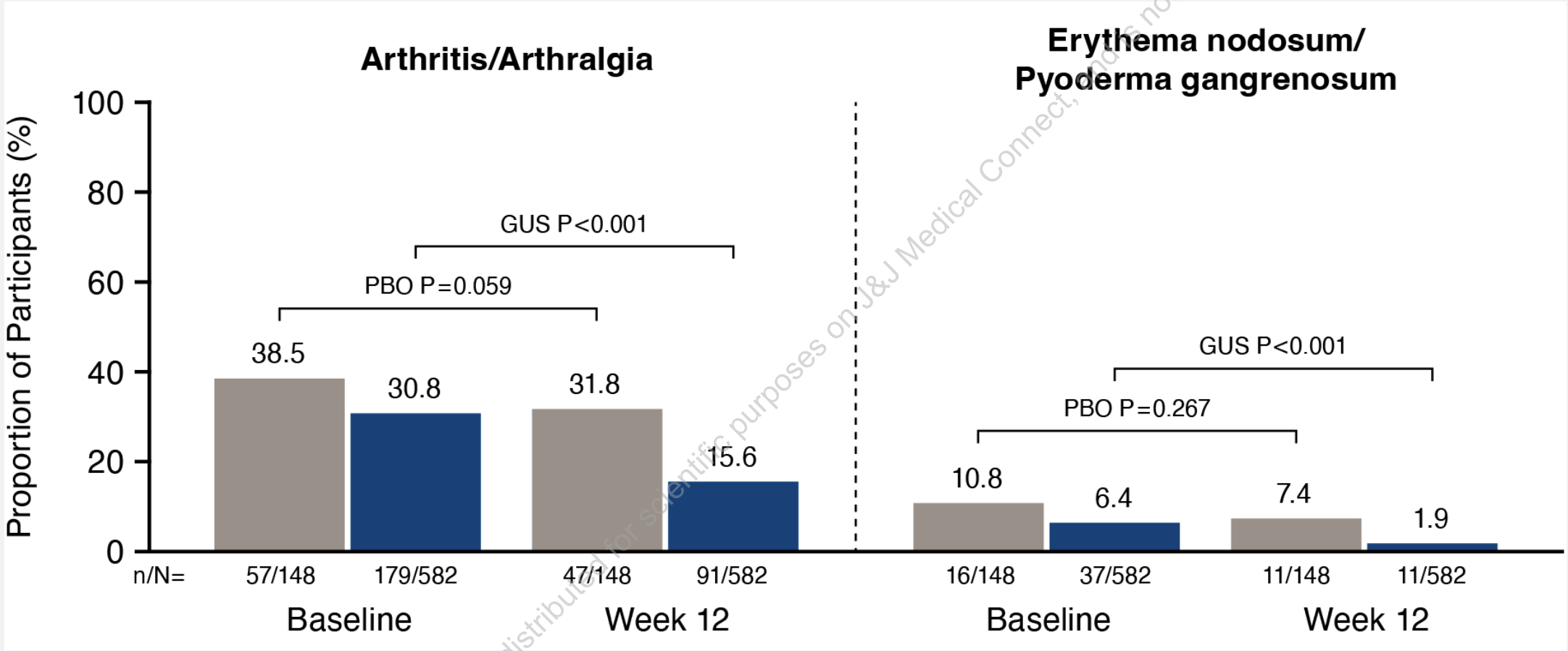
# Week-12 EIM Outcomes Among Participants with EIMs at Baseline






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.

# Week-12 EIMs After Induction

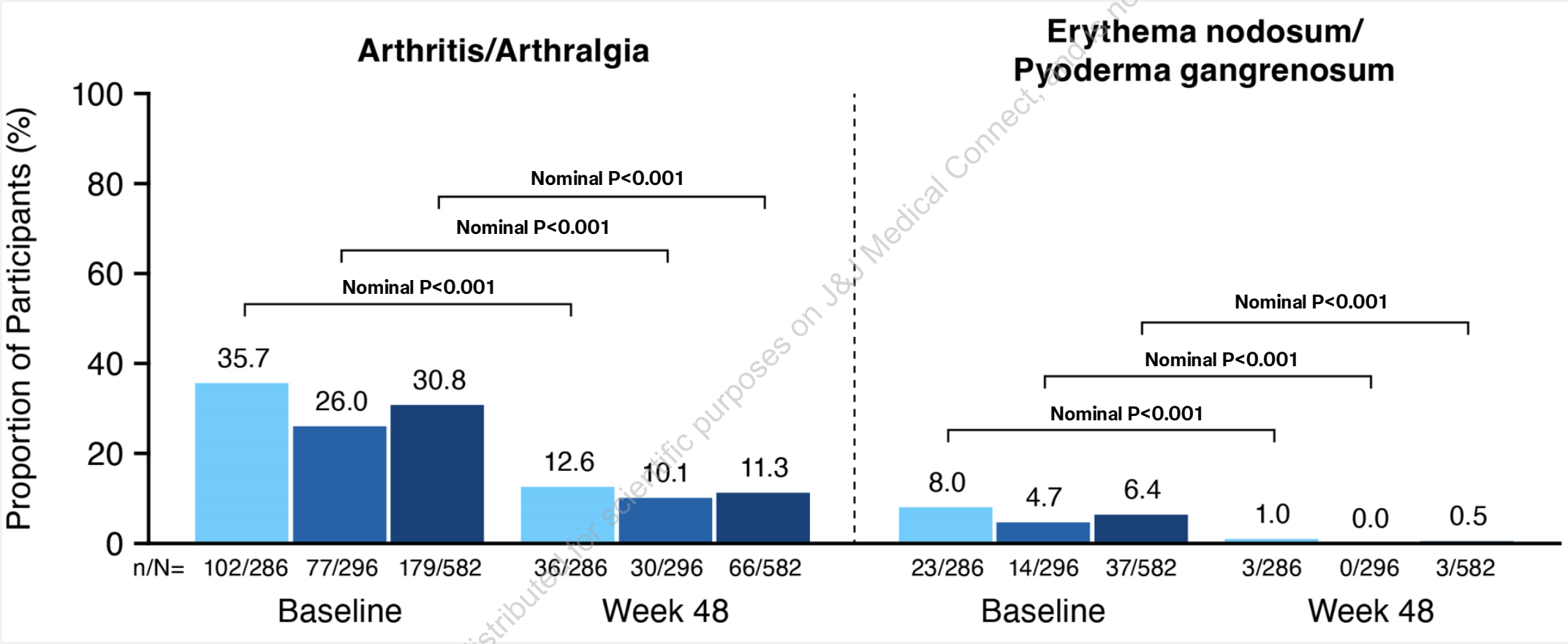



Note: All p-values are nominal

Placebo  Guselkumab combined

EIM, extraintestinal manifestation; GUS, guselkumab; IV, intravenous; PBO, placebo; q4w/q8w, every 4 or 8 weeks; SC, subcutaneous
The nominal p-values are based on the McNemar's test comparing prevalence of EIMs at Week 12 to baseline.

# Week-48 EIMs




Guselkumab 200 mg IV→ 100 mg SC q8w

Guselkumab 200 mg IV→ 200 mg SC q4w

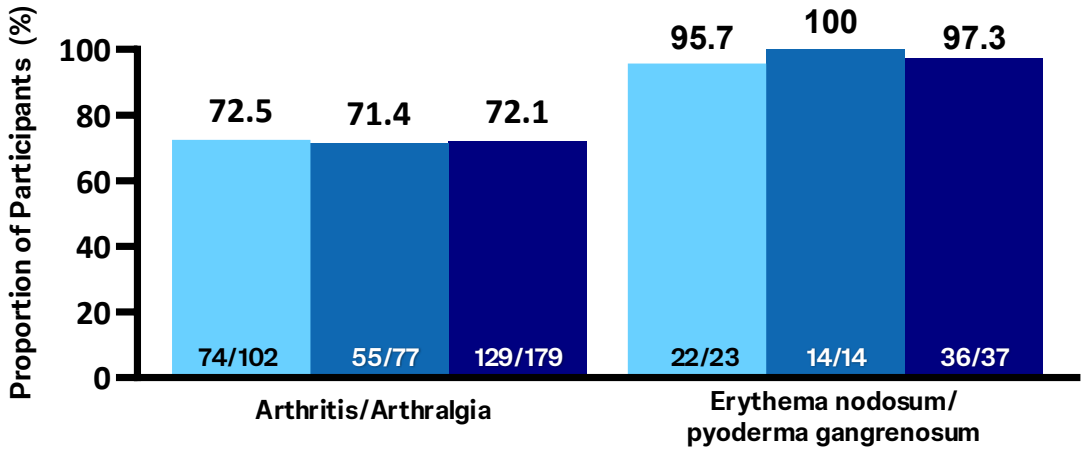
Guselkumab combined

EIM, extraintestinal manifestation; GUS, guselkumab; IV, intravenous; PBO, placebo; q4w/q8w, every 4 or 8 weeks; SC, subcutaneous
The nominal p-values are based on the McNemar's test comparing prevalence of EIMs at Week 48 to baseline.

# Corticosteroid-Free EIM Resolution

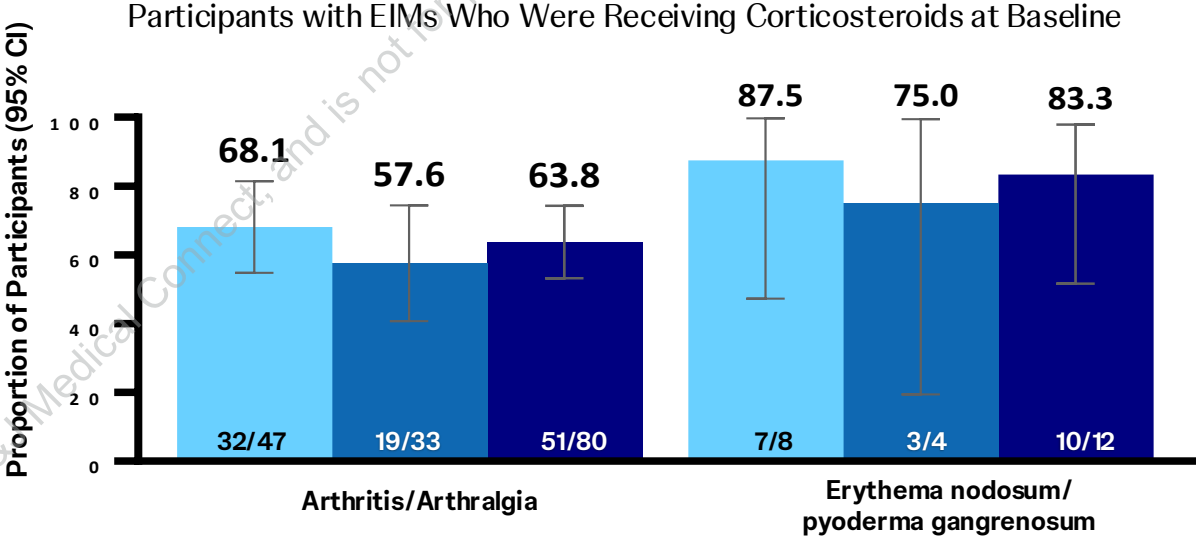
## EIM Resolution at Week 48

Participants with EIMs at Baseline



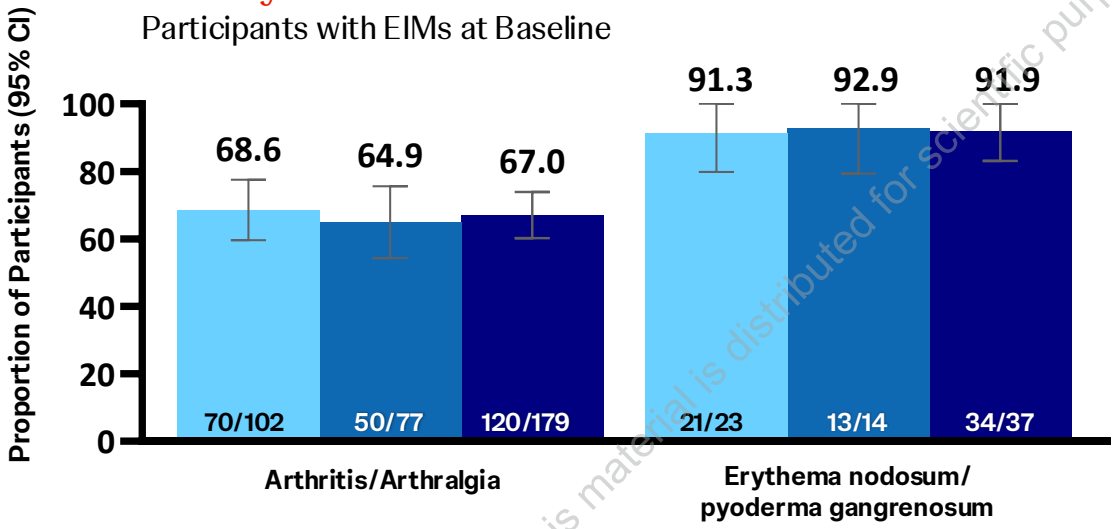

## 90-Day Corticosteroid-Free EIM Resolution at Week 48

Participants with EIMs Who Were Receiving Corticosteroids at Baseline




## 90-Day Corticosteroid-Free EIM Resolution at Week 48

Participants with EIMs at Baseline




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



Guselkumab 200 mg IV→ 100 mg SC q8w | Guselkumab 200 mg IV→ 200 mg SC q4w | Guselkumab combined

# 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

# Acknowledgments


- The authors thank the participants, investigators, and study personnel who made the GALAXI 2 and 3 studies possible

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- Medical writing support was provided by Kristin Ruley Sharples, PhD of Johnson & Johnson under the direction of the authors in accordance with Good Publication Practice guidelines

# Methods

- 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 Iritis/Uveitis Outcomes Among Participants with EIMs at Baseline

| | Placebo | Guselkumab Combined |
|---|---|---|
| **Primary analysis set**, N | **148** | **582** |
| **Number of participants with EIMs at baseline**, n (%) | 63 (42.6%) | 201 (34.5%) |
| **EIMs at baseline,** n (%)[a] | | |
| **Arthritis/Arthralgia** | 57 (90.5%) | 179 (89.1%) |
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| **Iritis/Uveitis** | 2 (3.2%) | 11 (5.5%) |
| **Iritis/Uveitis at baseline** | 2/63 (3.2%) | 11/201 (5.5%) |
| **Iritis/Uveitis resolution at Week 12** | 2/2 (100%) | 6/11 (62.5%) |

# Week-48 Iritis/Uveitis Outcomes Among Participants with EIMs at Baseline

| | GUS 200 mg IV q4w→ 100mg SC q8w | GUS 200 mg IV q4w→ 200 mg SC q4w | Guselkumab Combined |
|---|---|---|---|
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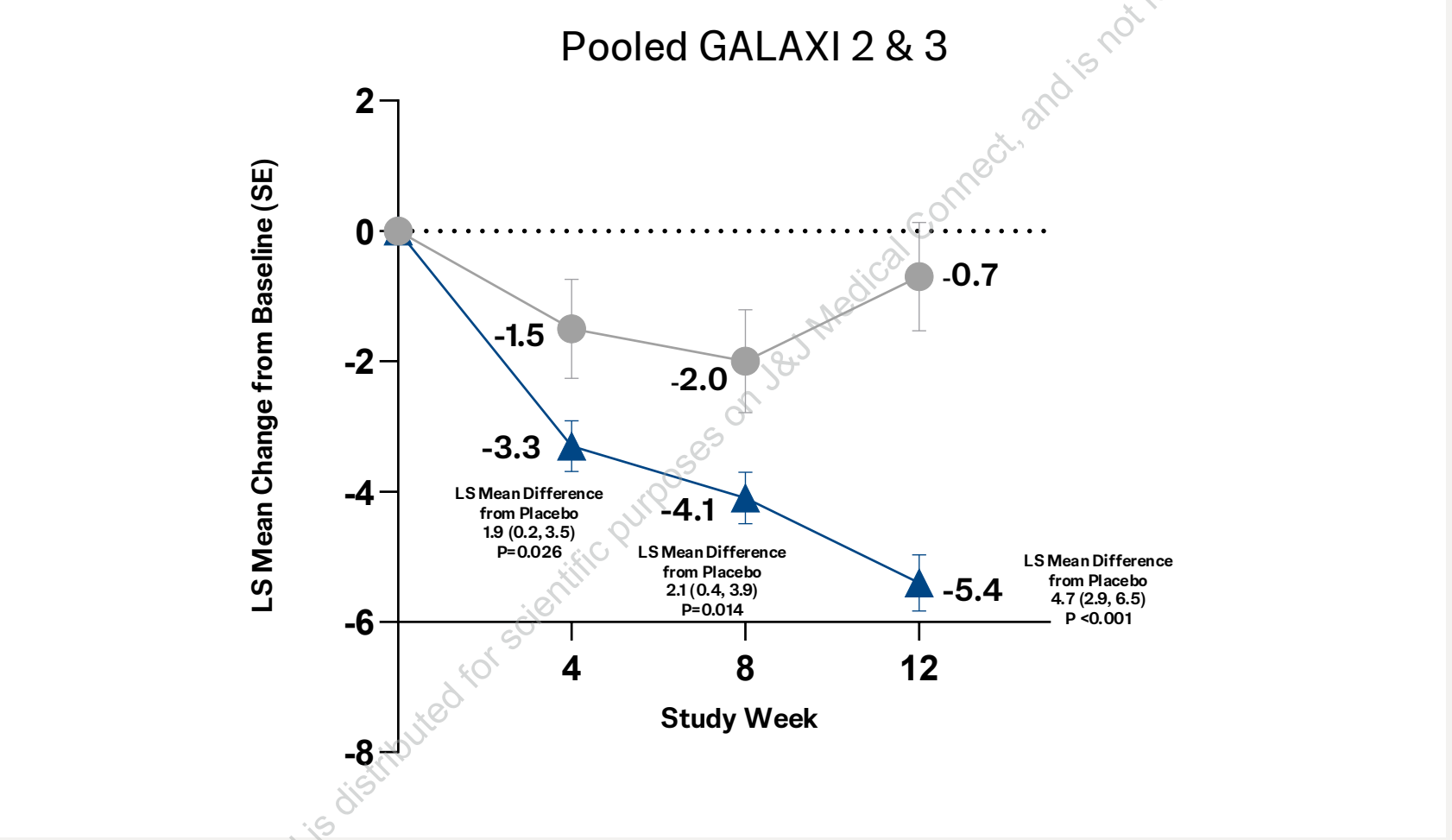
| **Iritis/Uveitis** | 5 (4.3%) | 6 (7.0%) | 11 (5.5%) |
| **Iritis/Uveitis resolution at Week 48** | 4/5 (80.8%) | 5/6 (83.3%) | 9/11 (81.8%) |

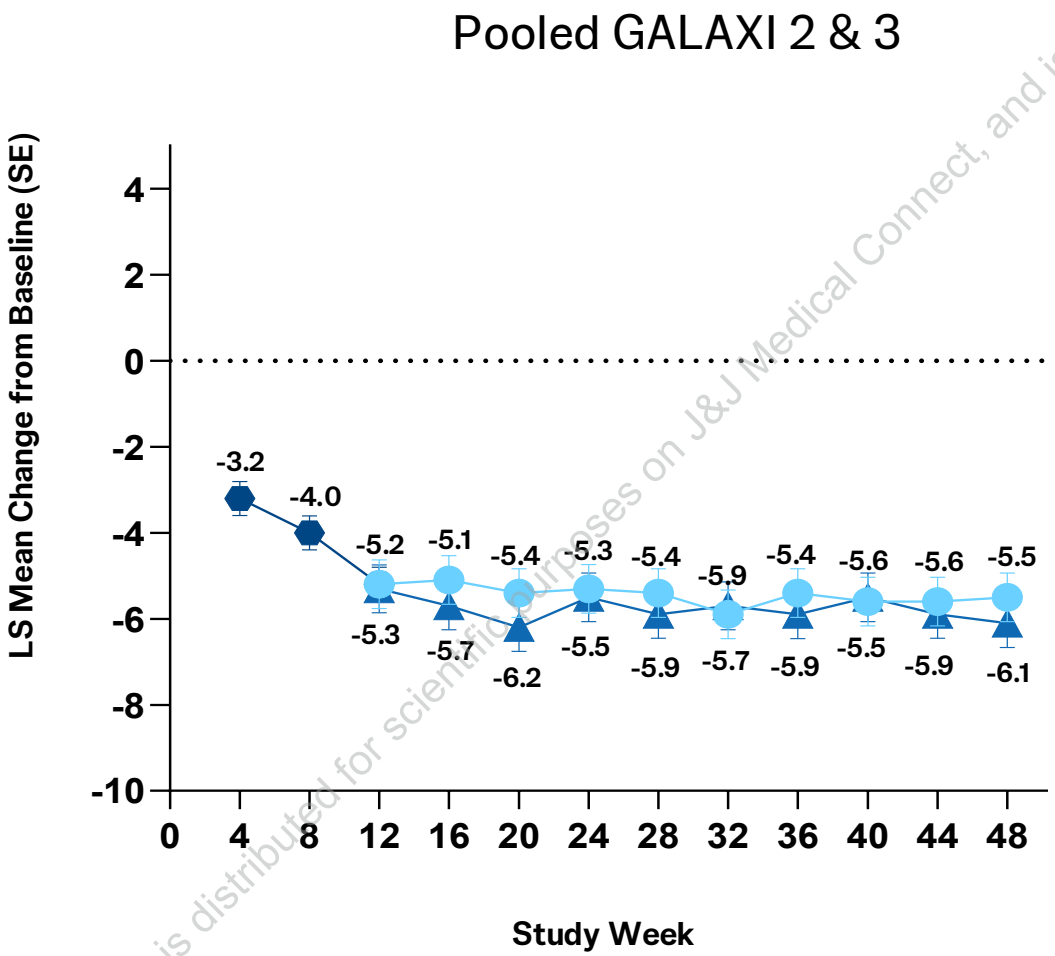
# Change from Baseline to Week 12 in EIM CDAI Component Score






LS, least-squares
All p-values are nominal.

# Change from Week 0 to Week 48 in CDAI EIM Component Score




Guselkumab 400 mg IV q4w

Guselkumab 200 mg IV q4w →100 mg SC q8w

Guselkumab 200 mg IV q4w → 200 mg SC q4w



LS, least-squares
All p-values are nominal.