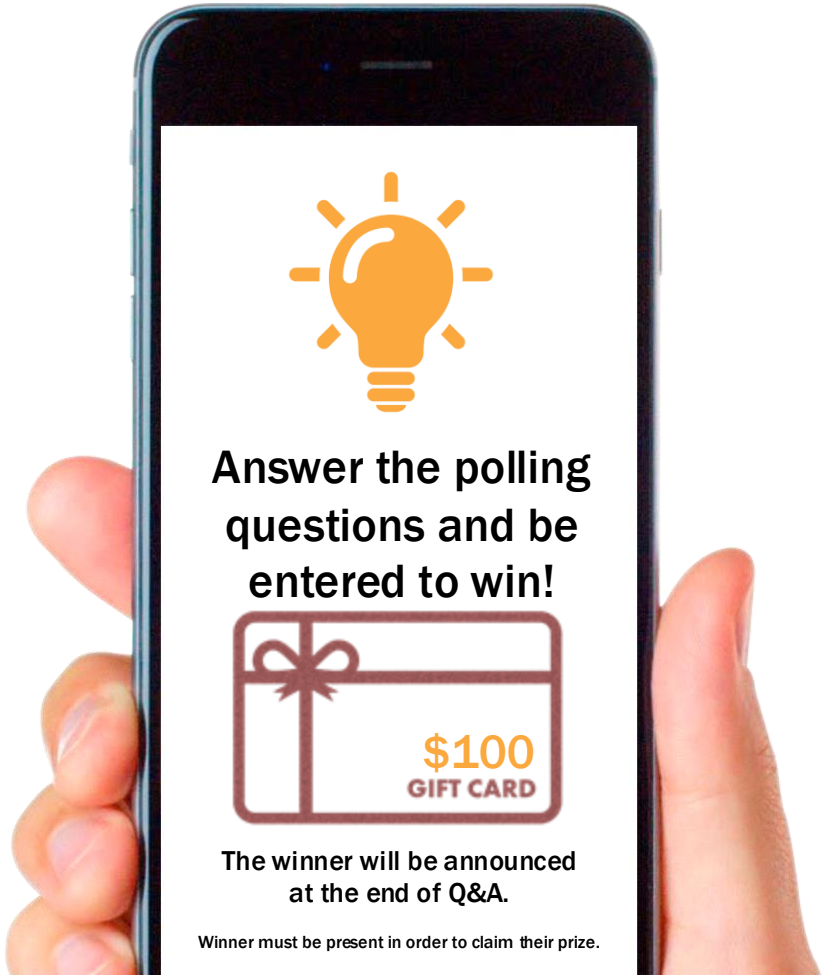


Click on Polling & Questions in the app to participate in this session

NORTHERN HEMISPHERE D

You can also scan this QR code:

Novel Strategies to Advance IBD Care

A Focus on the Role of IL-23 Inhibitors for the Management of Crohn's Disease and Ulcerative Colitis

This session is supported by an independent educational grant from Johnson & Johnson.

Learning Objectives

- Address current challenges in the management of IBD, including non-response and loss of response with traditional agents
- Assess the role of IL-23 in IBD pathogenesis and the utility of targeting IL-23 for the treatment of IBD
- Evaluate the most recent safety and efficacy data associated with current and emerging IL-23 inhibitors for the treatment of IBD, including their MOA and considerations for treatment sequencing
- Implement multidisciplinary care plans that incorporate individualized and evidence-based treatment strategies for patients with IBD

IBD = inflammatory bowel disease; IL = interleukin; MOA = mechanism of action.

Novel Strategies to Advance IBD Care

A Focus on the Role of IL-23 Inhibitors for the Management of Crohn's Disease and Ulcerative Colitis

IL-23 in IBD: Introduction

Gil Melmed, MD, MS, FACG, AGAF

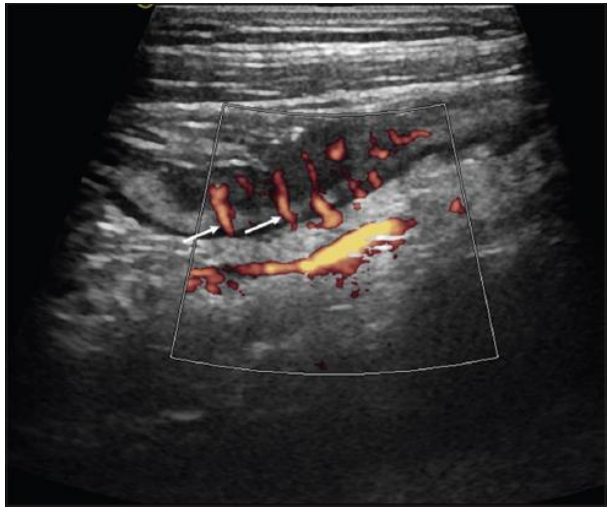
Director, IBD Clinical Research, F. Widjadja IBD Institute
Cedars-Sinai Medical Center

Disclosures

- **Gil Melmed, MD, MS, FACG, AGAF:** Consultant – AbbVie, Boehringer-Ingelheim, Bristol Myers Squibb, Diasorin, Genentech/Roche, Ferring, Fresenius Kabi, Gilead, Harp Diagnostics, Janssen, Johnson and Johnson, Lilly, Merck & Co., OptionCare, Oshi Health, Pfizer, Takeda, Verantos, Viatris; advisory board – AbbVie, Boehringer-Ingelheim, Bristol Myers Squibb, Diasorin, Genentech/Roche, Ferring, Fresenius Kabi, Gilead, Harp Diagnostics, Janssen, Johnson and Johnson, Lilly, Merck & Co., OptionCare, Oshi Health, Pfizer, Takeda, Verantos, Viatris; speaker's bureau – AbbVie, Boehringer-Ingelheim, Bristol Myers Squibb, Diasorin, Genentech/Roche, Ferring, Fresenius Kabi, Gilead, Harp Diagnostics, Janssen, Johnson and Johnson, Lilly, Merck & Co., OptionCare, Oshi Health, Pfizer, Takeda, Verantos, Viatris

42-Year-Old Man with Weight Loss and Diarrhea

- Began 3 months ago, after returning from trip to Mexico
- Watery, non-bloody diarrhea, 5-7/day
- No abdominal pain
- Weight loss of 15 lbs
- No past medical history of note
- No medications
- No family history of IBD
- Exam – RLQ tenderness
- Labs – Hgb 10.9 g/dL, MCV 79 fl, Plt 564/µL, CRP 14.2 mg/dL, ESR 43 mm/hr, calprotectin 263 µg/mg

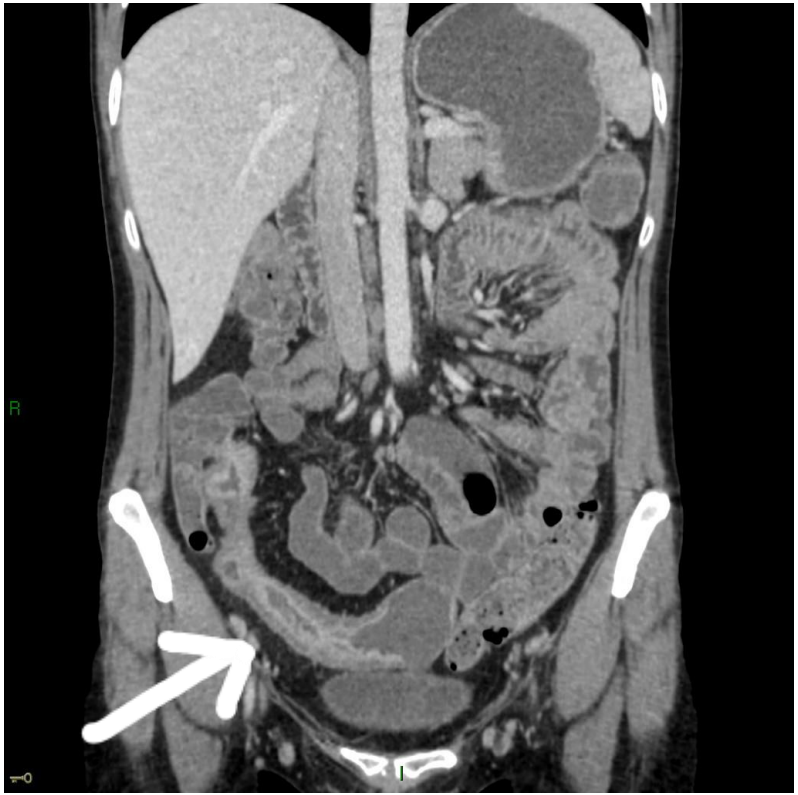


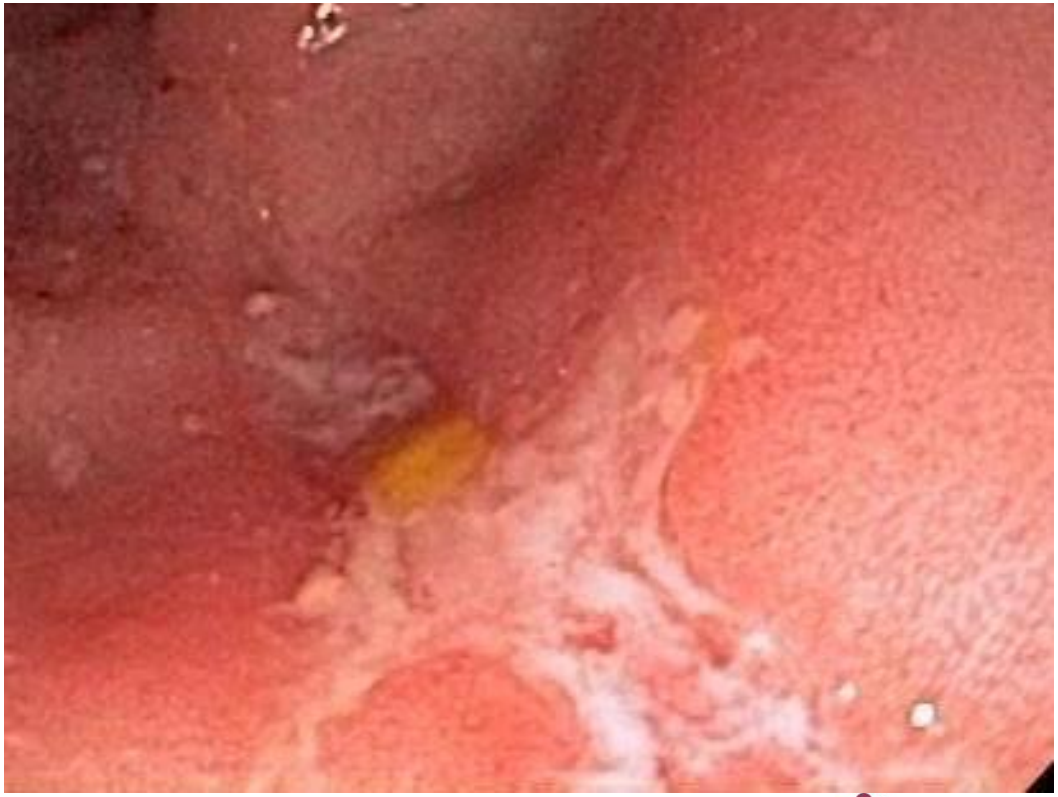
RLQ = right lower quadrant; Hgb = hemoglobin; MCV = mean corpuscular volume; CRP = c-reactive protein; ESR = erythrocyte sedimentation rate.

Kucharzik T, et al. *Ann Gastroenterol*. 2017;30(2):135-144.

AIBD

Severe Ileitis on CTE and Colonoscopy





CTE = computed tomography enterography.
Photos courtesy of Gil Melmed, Cindy Kallman.

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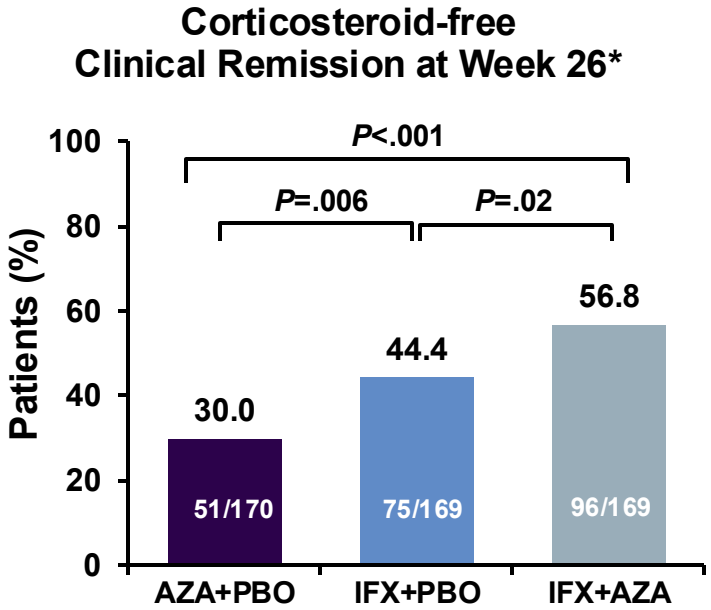
Until Recently, This Is What We Were Saying: Combo Therapy Better than Monotherapy, but Significant Gaps Remain

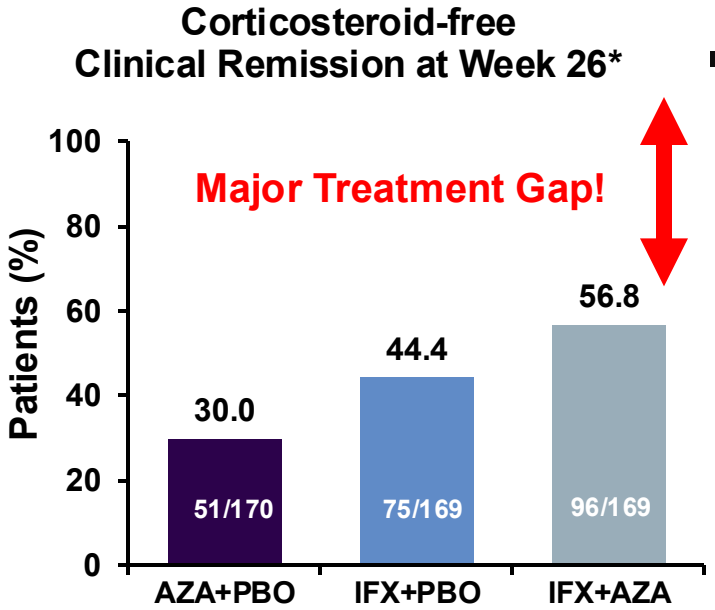
SONIC Trial



AZA = azathioprine; IFX = infliximab; PBO = placebo.
Colombel JF, et al. *N Engl J Med*. 2010;362(15):1383-1395.

Combo Therapy Better than Monotherapy, but Significant Gaps Remain

SONIC Trial



Is this the right outcome?

Is clinical remission enough?

What is the right long-term outcome?

What is important to patients?

Colombel JF, et al. *N Engl J Med*. 2010;362(15):1383-1395.

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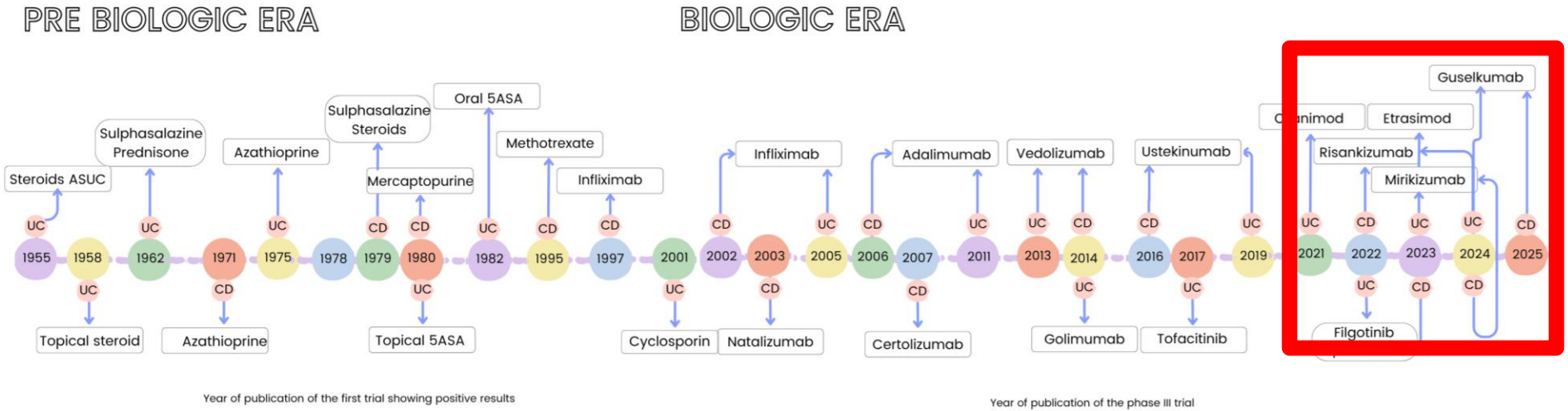
Evolution of IBD Therapies: The Interleukin(IL)-23 Era



UC = ulcerative colitis; CD = Crohn's disease; ASUC = acute severe ulcerative colitis; ASA = aminosalicylic acid.
Adapted from Gros B. Accessed Nov 6, 2025. https://ibd-eii.com/timeline/.

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Key Learning Points

- There is an unmet need for treatment of inflammatory bowel disease
- The landscape of new therapies for IBD include the novel IL-23 class

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Novel Strategies to Advance IBD Care

A Focus on the Role of IL-23 Inhibitors for the Management of Crohn's Disease and Ulcerative Colitis

The IL-23 Pathway and Its Role in UC and CD Pathogenesis

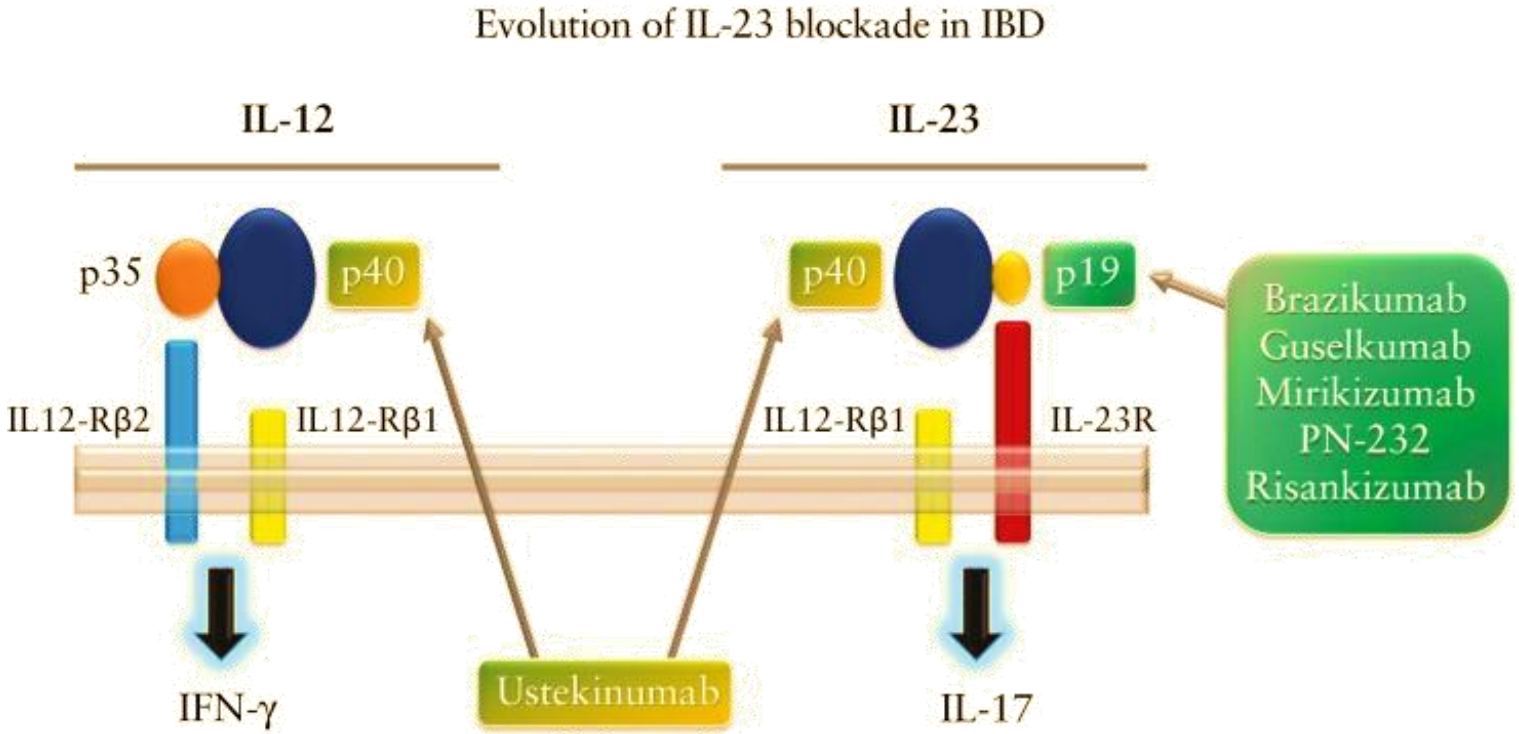
Marla Dubinsky, MD

Icahn School of Medicine
Mount Sinai at New York, NY

Disclosures

- **Marla Dubinsky, MD:** Consultant – Abbvie, Abivax, Astra Zeneca, BMS, Boehringer Ingelheim, Celltrion, Genentech Roche, Gilead, Janssen, Johnson & Johnson, Lilly, Merck, Pfizer, Prometheus Labs, Spyre, Takeda, Target PharmaSolutions; advisory board – Abbvie, Abivax, Astra Zeneca, BMS, Boehringer Ingelheim, Celltrion, Genentech Roche, Gilead, Janssen, Johnson & Johnson, Lilly, Merck, Pfizer, Prometheus Labs, Spyre, Takeda, Target PharmaSolutions; licensing fees – Takeda; other financial support – Trellus Health

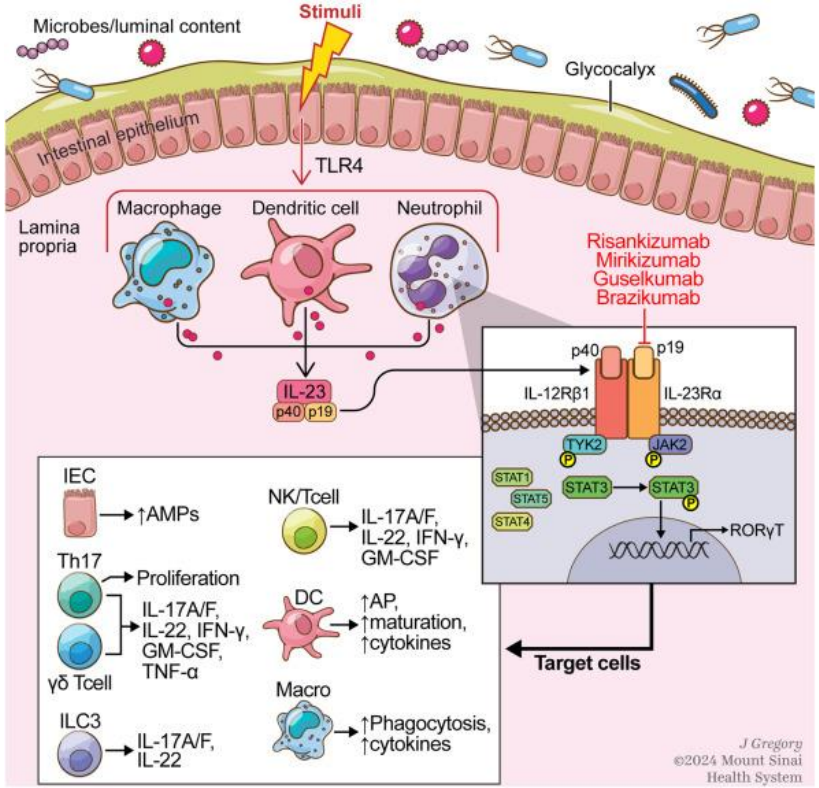
Evolution of IL-23 Treatments for IBD

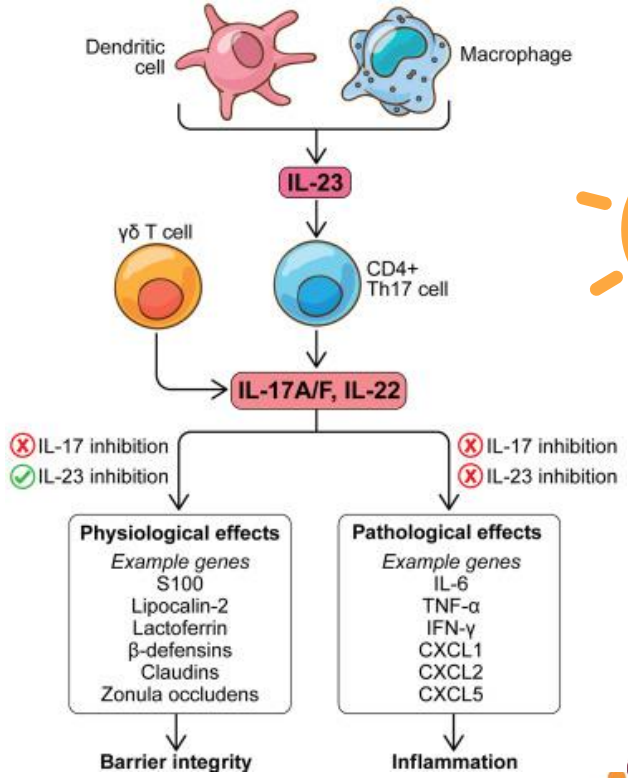


IFN = interferon.

Danese S, et al. *J Crohns Colitis*. 2022;16(Suppl 2):ii1-ii2.

IL-23 Signaling in the Intestinal Mucosa and the Immune Impact of IL-23





Bourgonje AR, et al. *Gastroenterology*. 2025;168(1):29-52.e3.

Key Learning Points

- Inhibition of IL-23 decreases mucosal inflammation and improves epithelial barrier integrity
- Inhibiting IL-23 suppresses gut inflammation in T-cell-mediated colitis
- Anti-IL-23 therapy preserves protective IL-17 gut functions
  - Animal models of IL-17 blockade in colitis had mixed results
  - Trials of anti-IL-17A/IL-17A receptor antagonists in IBD resulted in worse outcomes vs placebo

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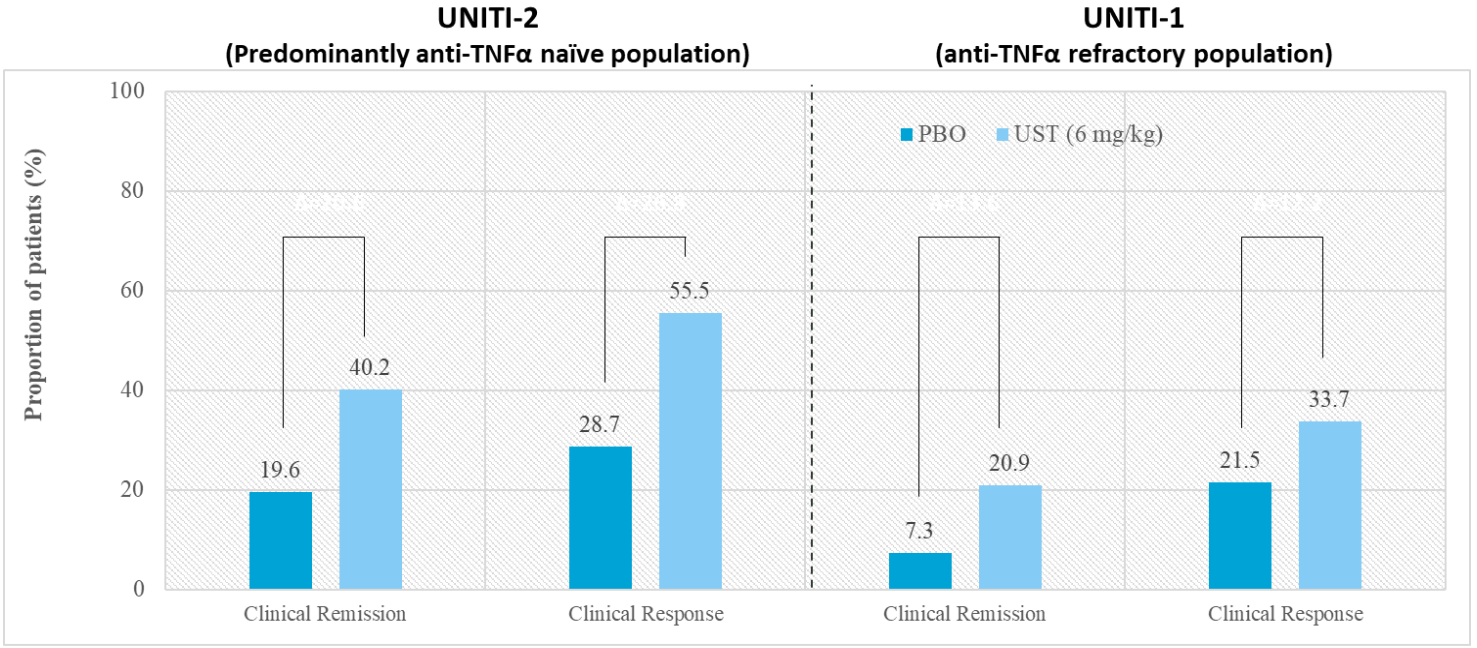
AIBD ADVANCES IN INFLAMMATORY BOWEL DISEASES

IL-12/23

Ustekinumab Clinical Efficacy Is Decreased in Anti-TNFα Exposed Patients with CD



Clinical remission: CDAI score of ≤150. CDAI-100 response: ≥100-point decrease from baseline in the CDAI score.
TNF = tumor necrosis factor; CDAI = Crohn's Disease Activity Index; UST = ustekinumab.
Feagan BG et al. *N Engl J Med*. 2016;375(20):1946-1960.

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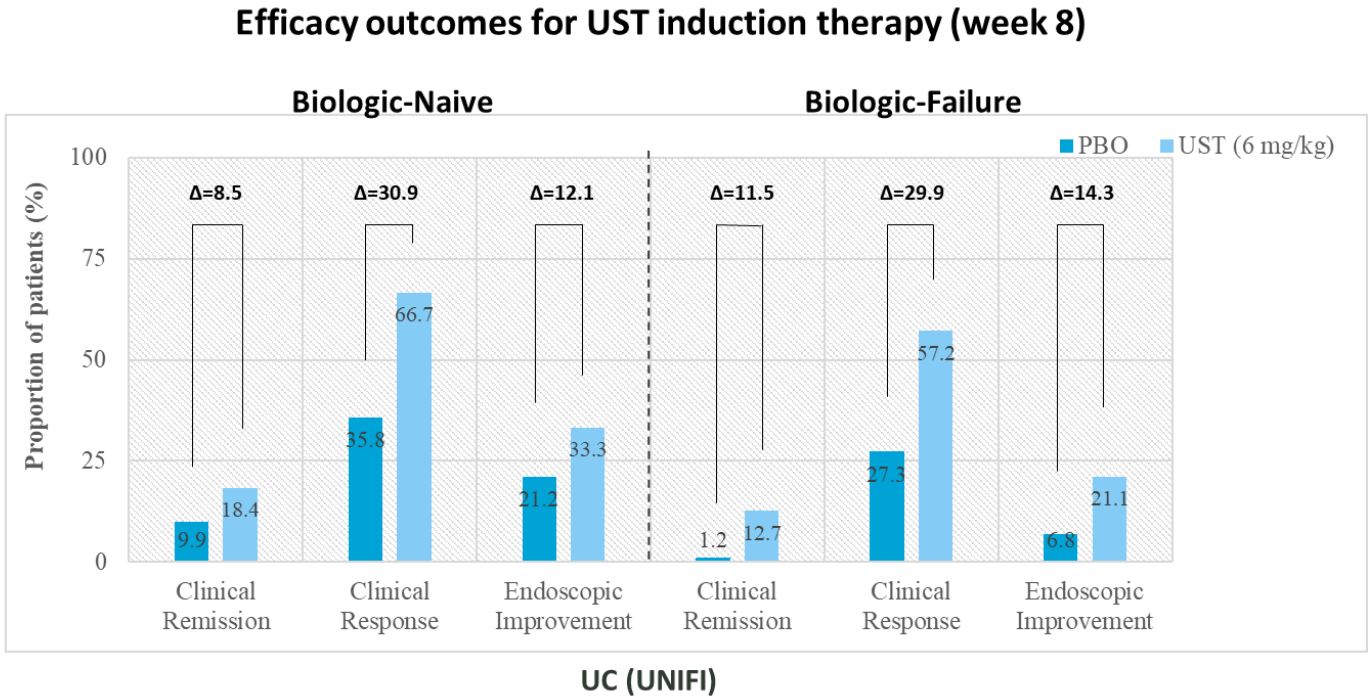
Ustekinumab Efficacy Is Not Decreased in Biologic-Failure Patients with UC



Clinical remission: Mayo score ≤ 2 points with no individual subscore > 1; Clinical response: Decrease from baseline in the Mayo score by ≥30% and 23 points with either a decrease from baseline rectal bleeding subscore ≥1 or a rectal bleeding subscore of 0 or 1; Endoscopic improvement: Mayo endoscopic subscore of 0 or 1 (by central review).

Sands BE, et al. *N Engl J Med.* 2019;381(13):1201-1214.

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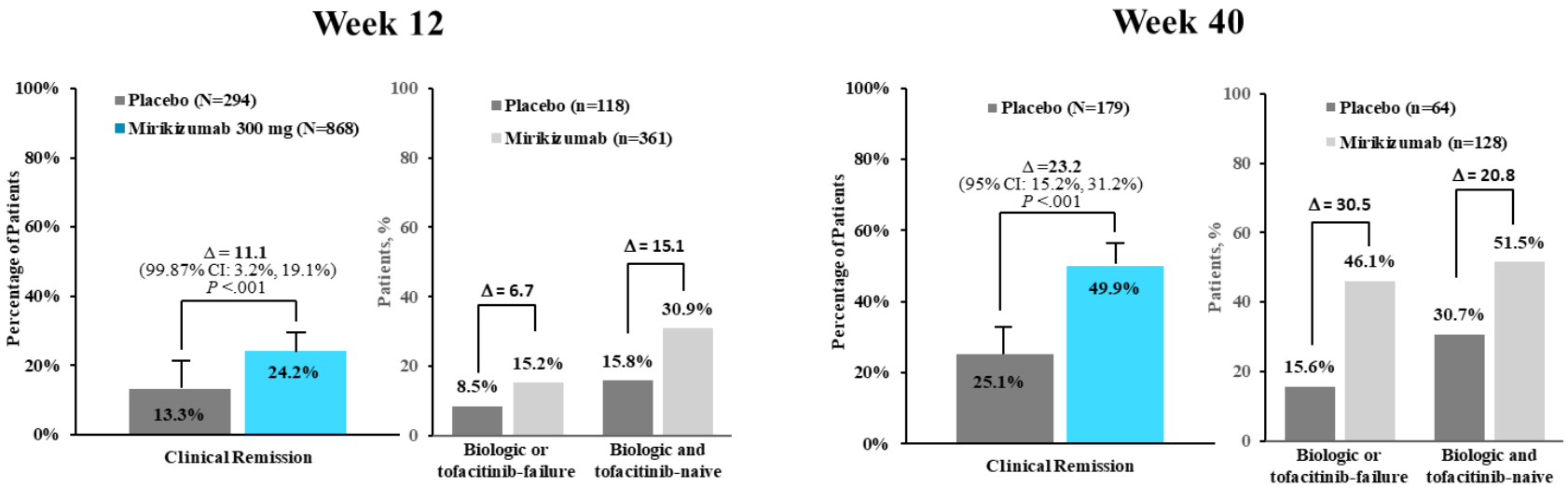
AIBD ADVANCES IN INFLAMMATORY BOWEL DISEASES

IL-23 in UC

Mirikizumab Efficacy by Prior Biologic/JAK Inhibitor Exposure in LUCENT-1 and LUCENT-2 Trials

Clinical Remission (Primary Endpoint)



Clinical remission: Modified Mayo SFS=0 or SFS=1 with a decrease of ≥1 point from baseline, RBS=0, and ES of 0 or 1 (excluding friability)

JAK = Janus kinase.

D'Haens G, et al. *N Engl J Med.* 2023;388(26):2444-2455.

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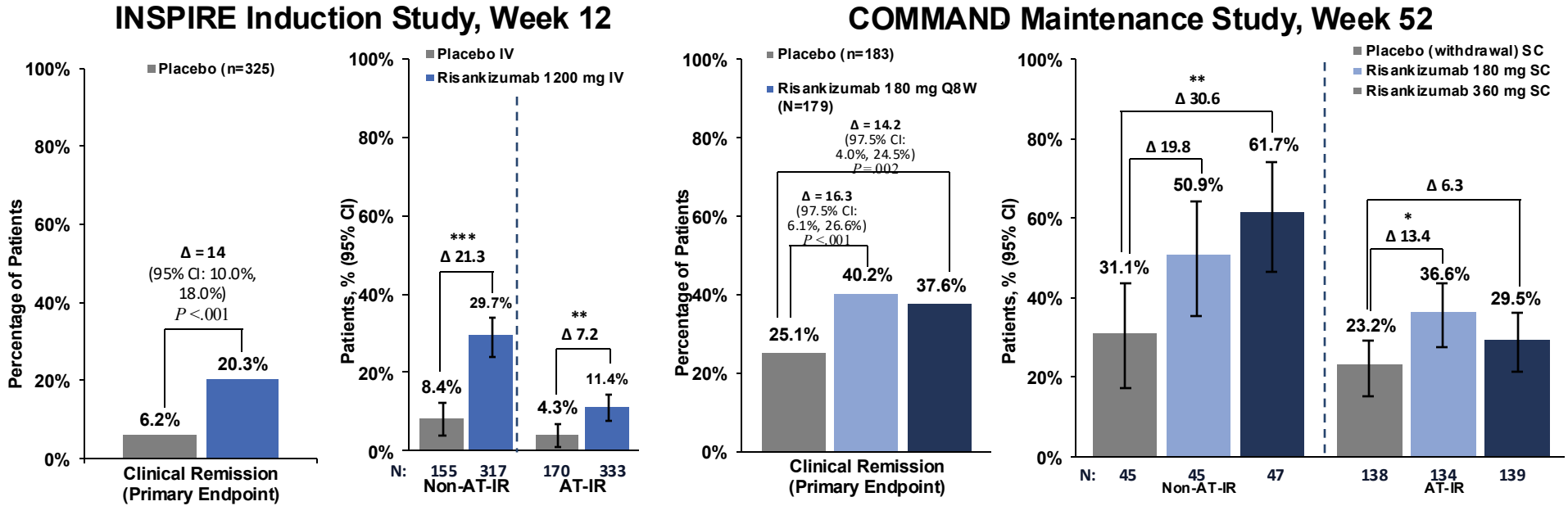
Risankizumab Efficacy by Prior Biologic/JAK Inhibitor Exposure in INSPIRE and COMMAND Trials



Clinical remission: SFS ≤1 and not greater than baseline, RBS=0, and ES ≤1 (without friability)

*$P \leq .05$; **$P \leq .01$; ***$P \leq .001$.

AT-IR = inadequate response or intolerance to advanced therapy; SFS = stool frequency subscore; RBS = rectal bleeding subscore; ES = endoscopic subscore.

Louis E, et al. *JAMA*. 2024;332(11):881-897. Panaccione R, et al. *J Crohns Colitis*. 2025;19:(1):jjaf005.

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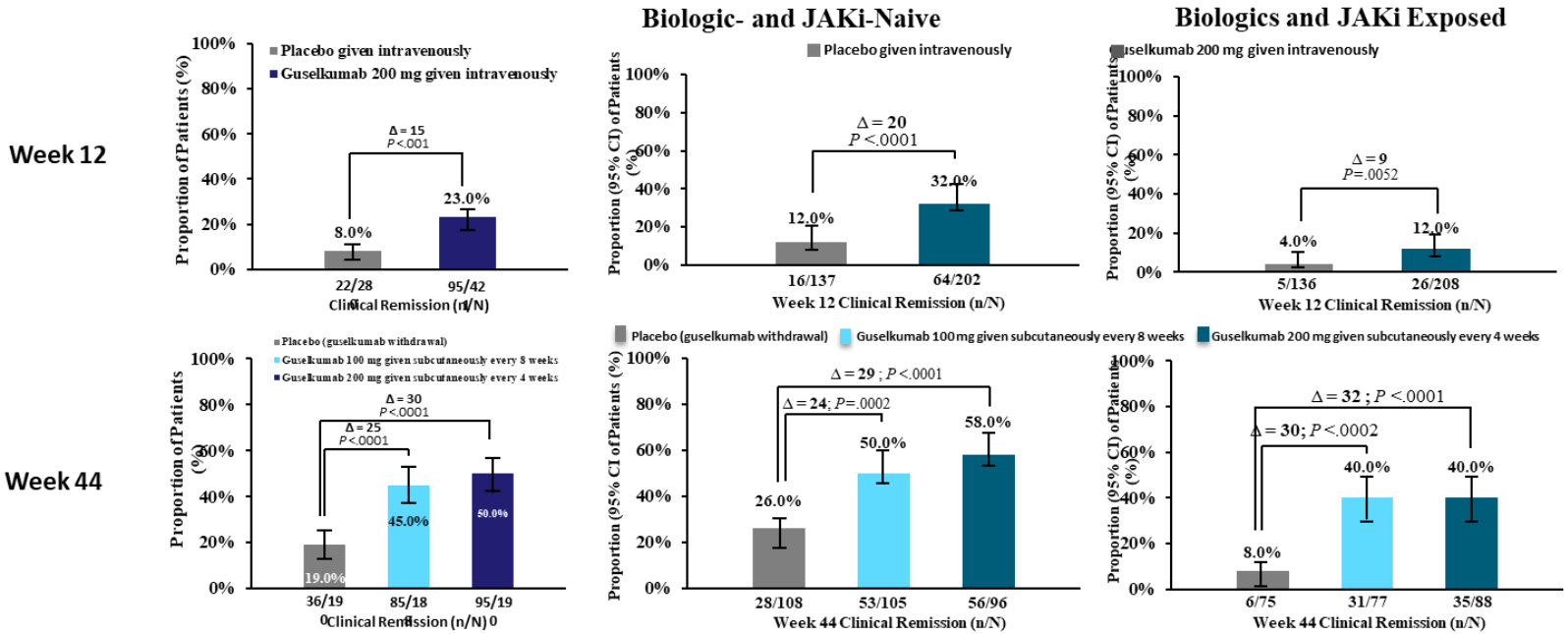
QUASAR: Guselkumab as Induction and Maintenance Therapy for Moderate-to-Severe UC



Clinical remission: SFS ≤1 and not greater than baseline, RBS=0, and ES of ≤1 (no friability)

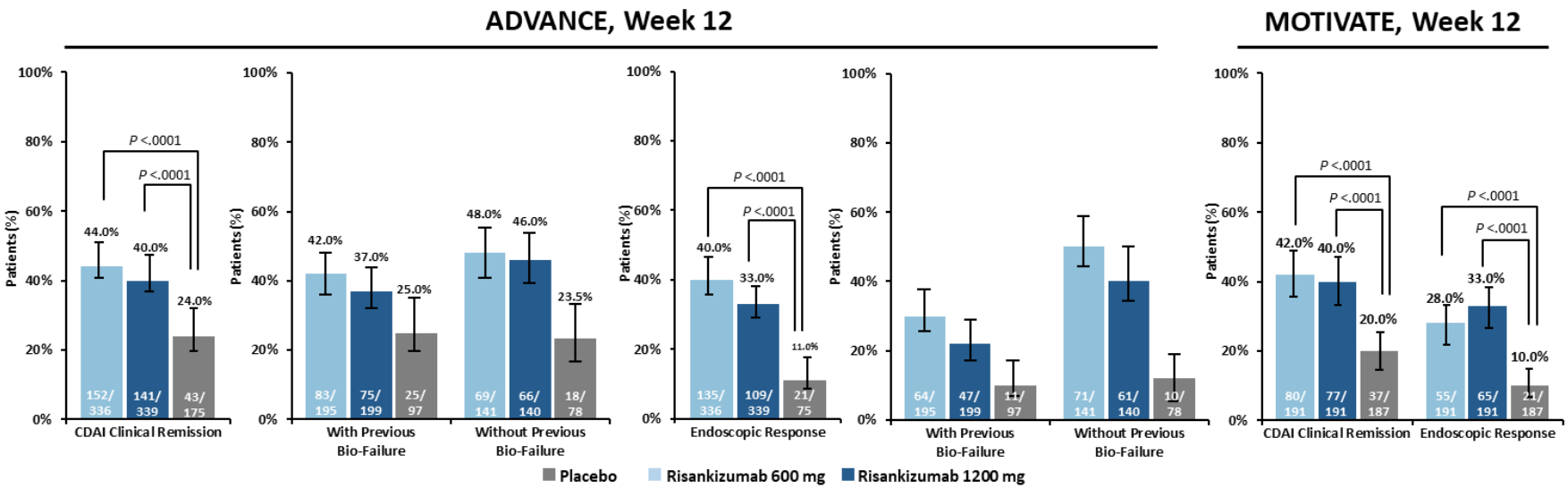
Rubin DT, et al. *Lancet.* 2025;405(10472):33-49.

AIBD ADVANCES IN INFLAMMATORY BOWEL DISEASES

IL-23 in CD

Risankizumab Efficacy for Moderately to Severely Active CD: ADVANCE and MOTIVATE Induction Trials

Clinical Remission and Endoscopic Response at Week 12 (Coprimary Endpoints)



Clinical remission (US protocol): CDAI <150; Clinical remission (non-US protocol): SF/APS (average daily very soft/liquid SF ≤2.8 and average daily APS ≤1.0 and both not worse than baseline) or CDAI 50% from baseline (or for SES-CD of 4 at baseline, ≥2-point reduction); Endoscopic response: >50% decrease in SES-CD (or for isolated ileal disease and a baseline SES-CD of 4, ≥2-point reduction)

APS = abdominal pain score; SF = stool frequency; SES-CD = Simple Endoscopic Score for Crohn Disease.

D'Haens G, et al. *Lancet.* 2022;399(10340):2015-2030.

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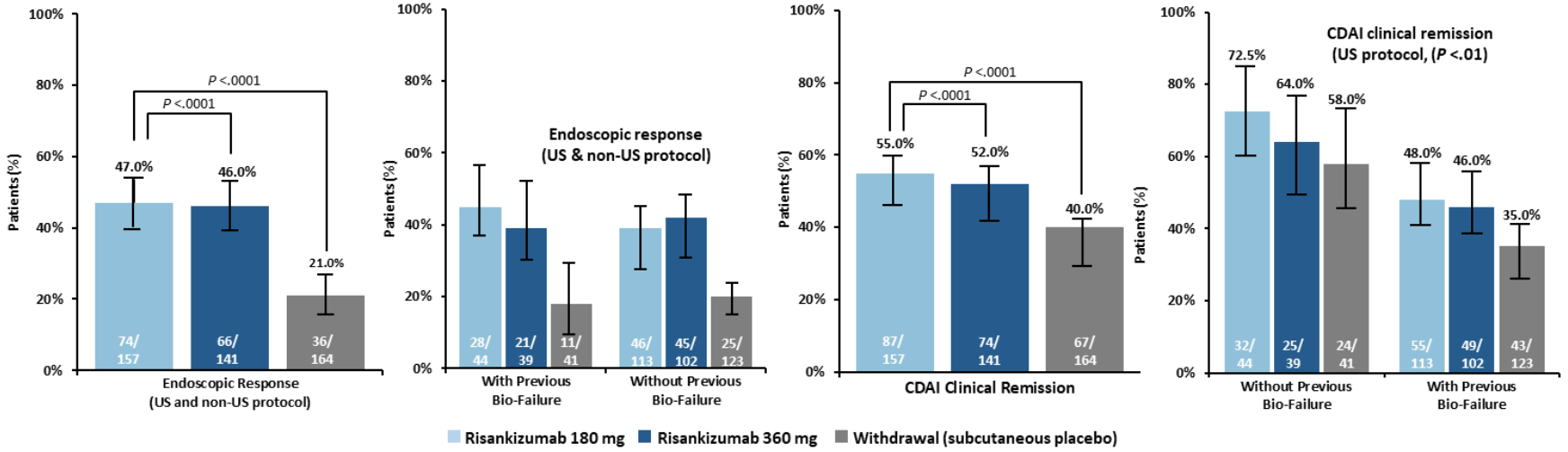
FORTIFY: Risankizumab as Maintenance Therapy for Moderately to Severely Active CD

Endoscopic Response (Primary Endpoint) and Clinical Remission

FORTIFY, Week 52



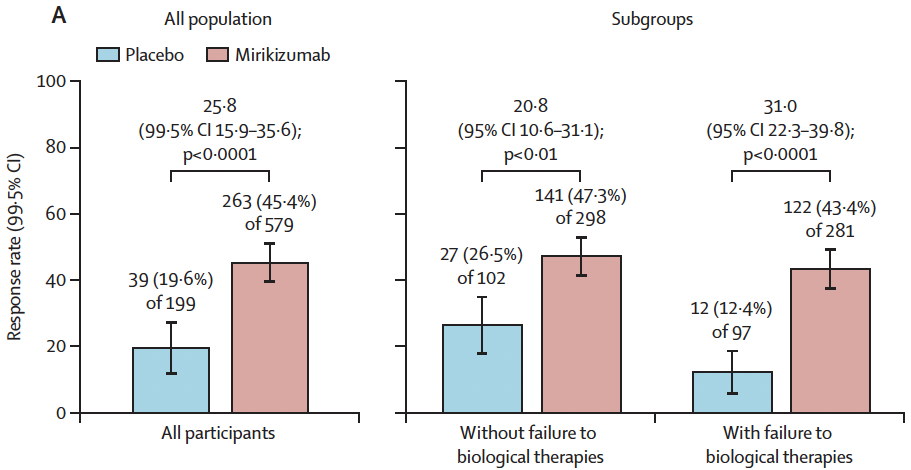
Clinical remission (US protocol): CDAI <150; Clinical remission (non-US protocol): SF/APS (average daily very soft/liquid SF ≤2.8 and average daily APS ≤1.0 and both not worse than baseline) or CDAI 50% from baseline (or for SES-CD of 4 at baseline, ≥2-point reduction); Endoscopic response: >50% decrease in SES-CD (or for isolated ileal disease and a baseline SES-CD of 4, ≥2-point reduction)

Ferrante M, et al. *Lancet.* 2022;399(10340):2031-2046.

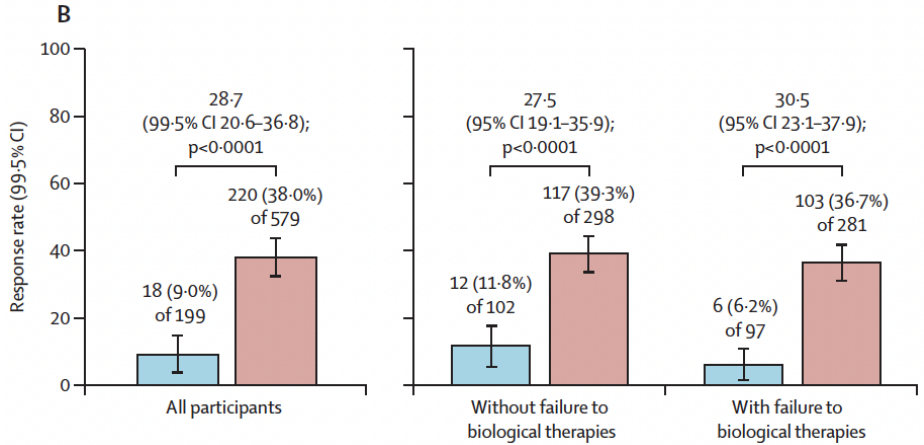
AIBD

VIVID-1 Coprimary Endpoints: Miri vs PBO for All Participants, and Pts with or without Previous Failure to Biological Therapies

Co-primary endpoints: Clinical response by PRO at week 12 and clinical remission by CDAI at week 52 (NRI)



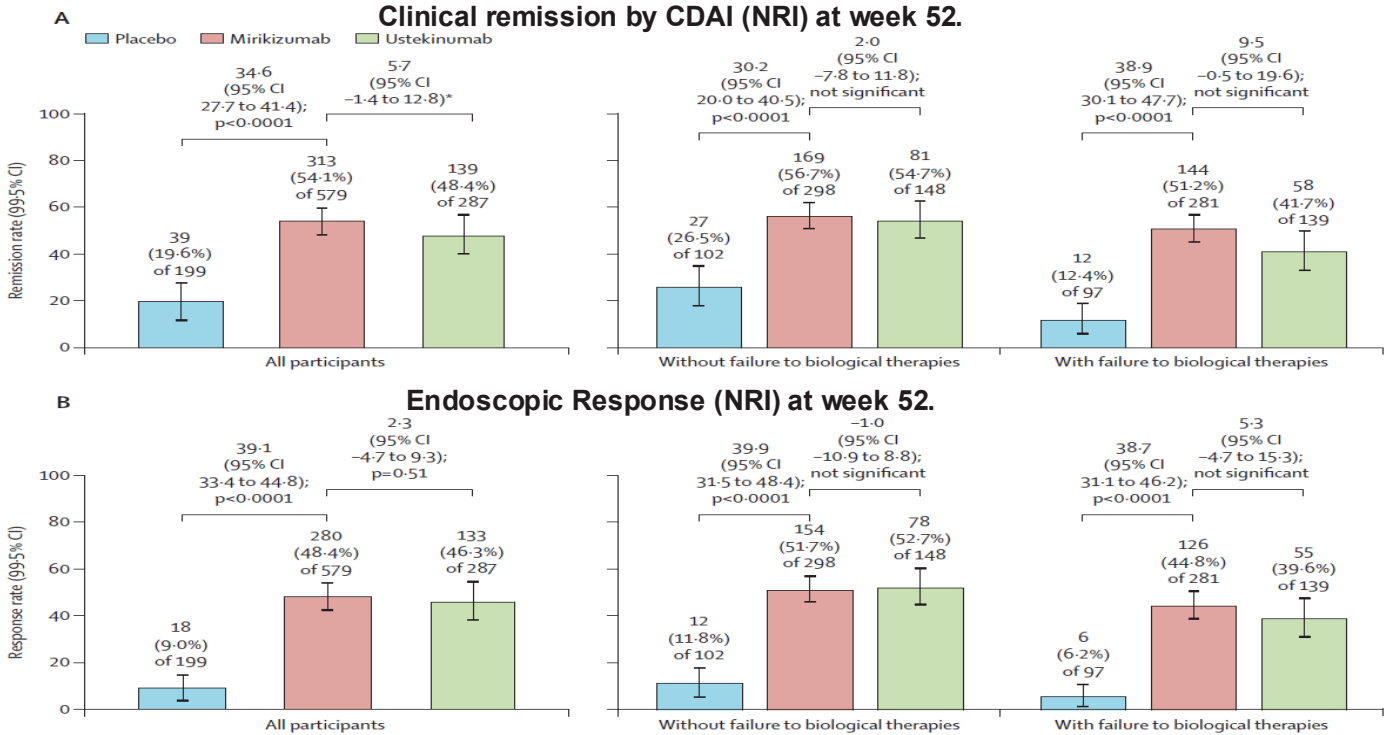
Co-primary endpoints: Clinical response by PRO at week 12 and endoscopic response at week 52 (NRI)



Ferrante M, et al. *Lancet.* 2024;404(10470):2423-2436.

AIBD

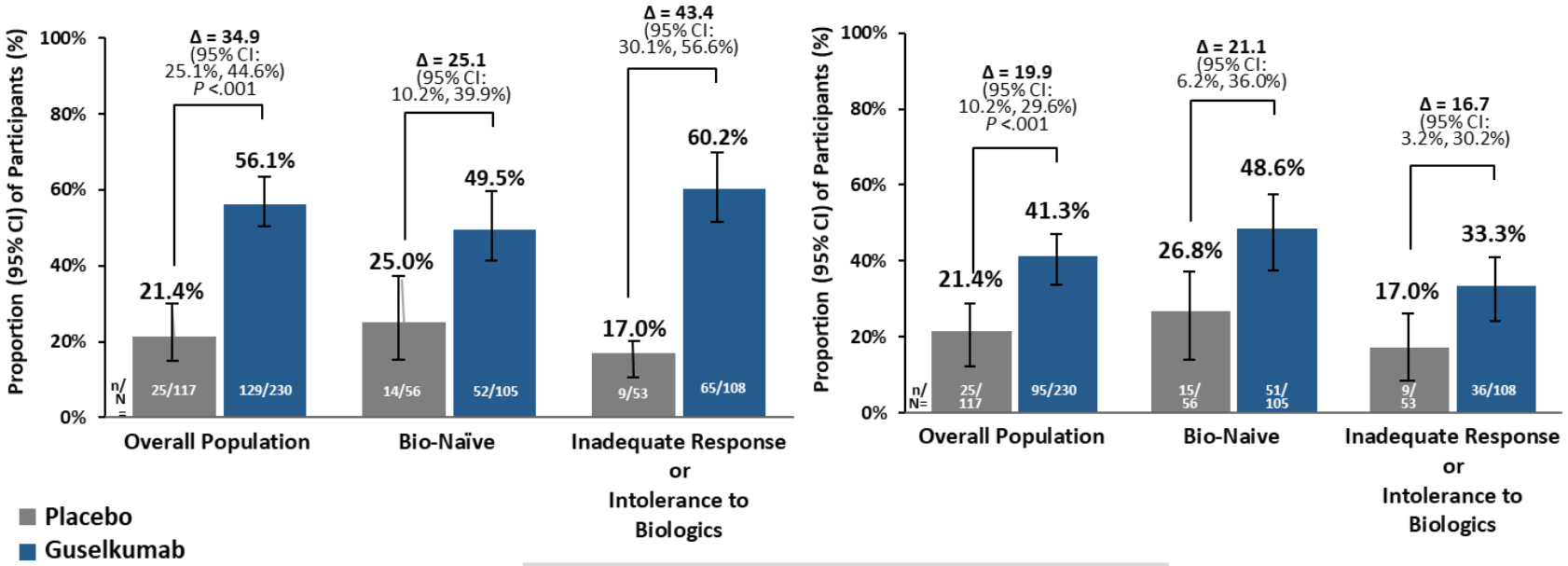
Treat-Through Results in All Participants, and Subgroups with or without Previous Failure to Biological Therapies, for Miri vs UST



NRI = non-responder imputation.

Ferrante M, et al. *Lancet.* 2024;404(10470):2423-2436.

GRAVITI: Subcutaneous Guselkumab as Induction Therapy for Moderate-to-Severe CD

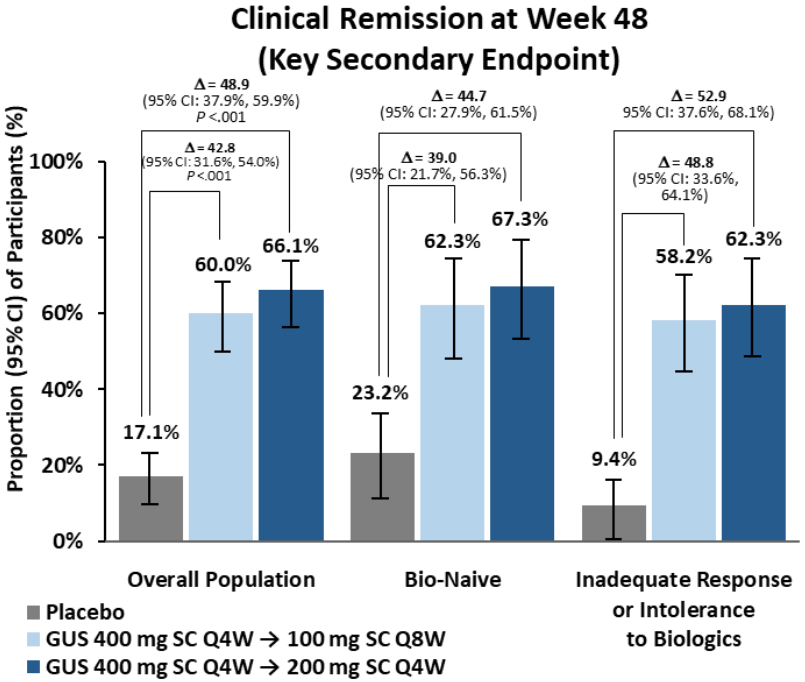


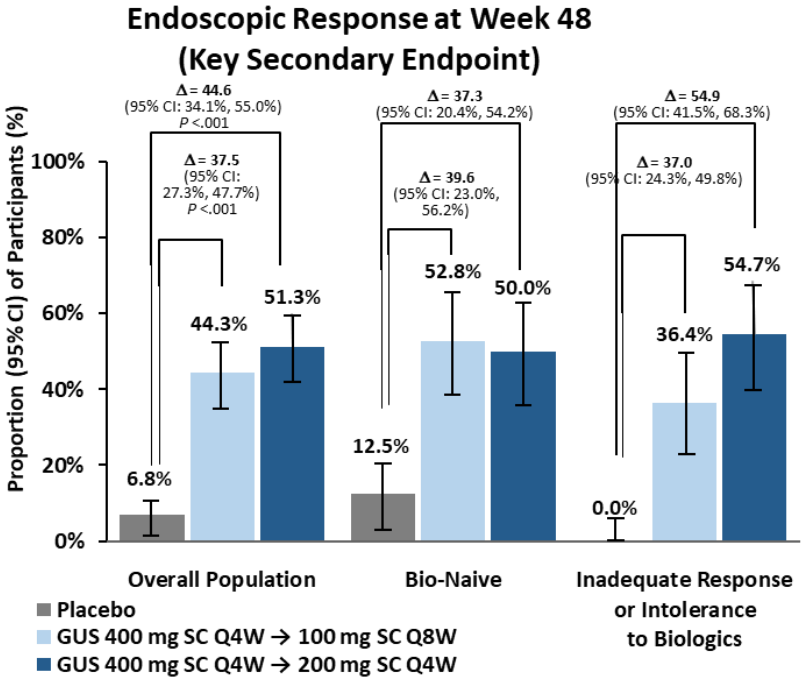
Clinical remission: CDAI score <150
Endoscopic response: 50% improvement in SES-CD

Hart A, et al. *Gastroenterology*. 2025;169(2):308-325.

AIBD

GRAVITI: Subcutaneous Guselkumab as Induction Therapy for Moderate-to-Severe CD



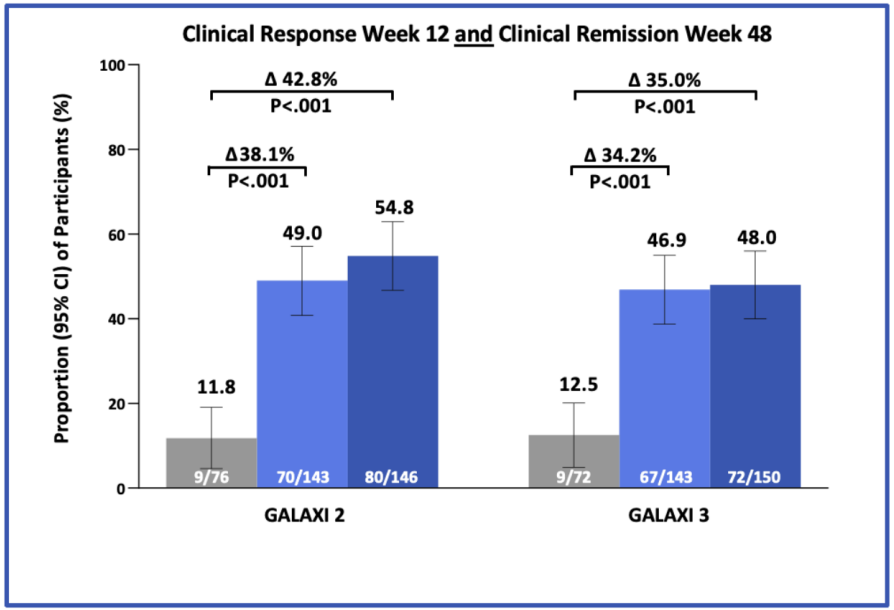


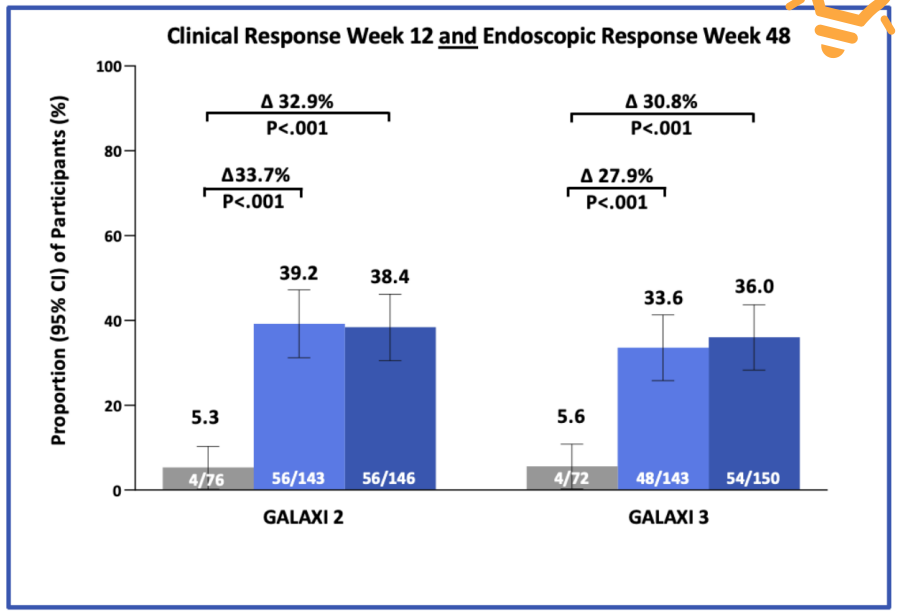
Clinical remission: CDAI <150; Endoscopic response: 50% improvement in SES-CD

Hart A, et al. *Gastroenterology*. 2025;169(2):308-325.

AIBD

GALAXI 2 & 3: Composite Co-Primary Endpoints





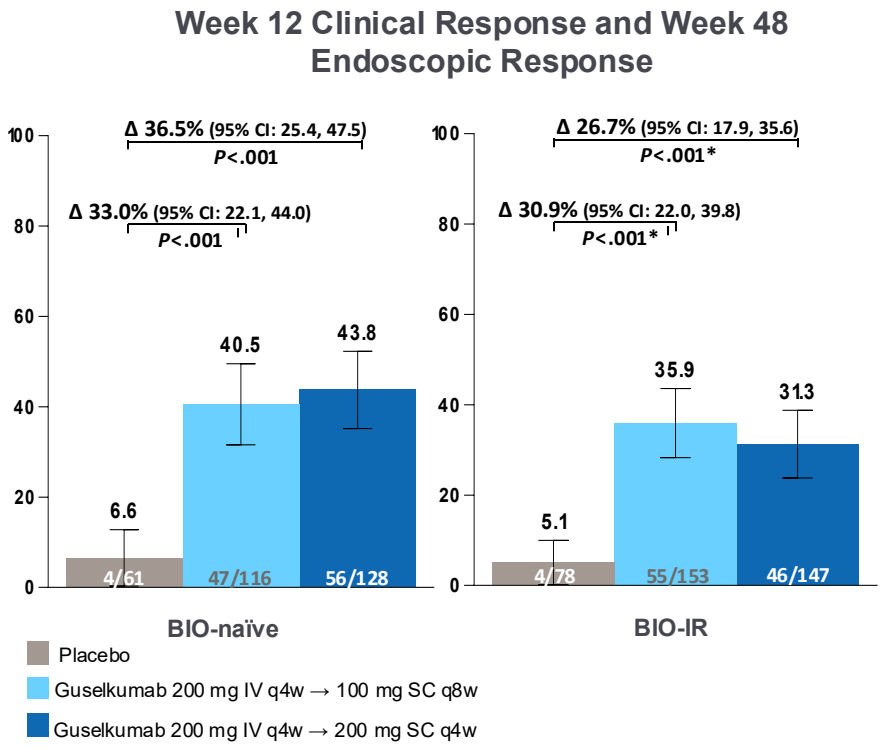
Placebo | GUS 200 mg IV q4w → 100 mg SC q8w | GUS 200 mg IV q4w → 200 mg SC q4w

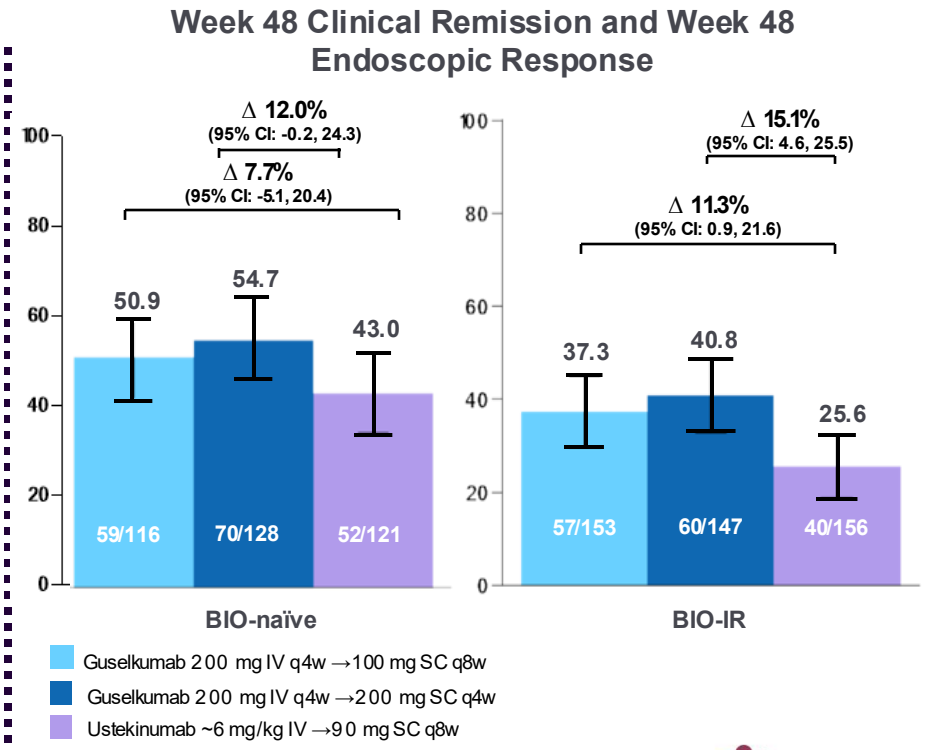
Clinical response: ≥100-point reduction from baseline in CDAI or CDAI < 150; clinical remission: CDAI < 150; endoscopic response: ≥50% improvement from baseline in SES-CD or SES-CD ≤ 2.

Panaccione R, et al. Presented at: Digestive Disease Week (DDW) 2024; May 18-21, 2024; Washington, DC. 1057b.

AIBD

Guselkumab Efficacy by Prior Biologic Exposure in GALAXI-2 & -3 Trials, Weeks 12 and 48





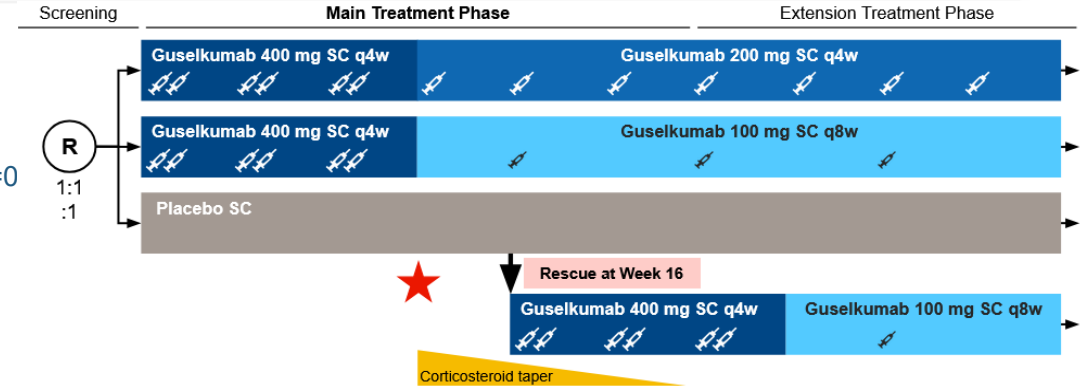
Sands BE, et al. Presented at: United European Gastroenterology Week (UEGW) 2024; October 14, 2024; Vienna Austria. OP042. Rubin DT, et al. Presented at: American College of Gastroenterology (ACG) 2024; October 25-30, 2024; Philadelphia, PA. 73.

AIBD

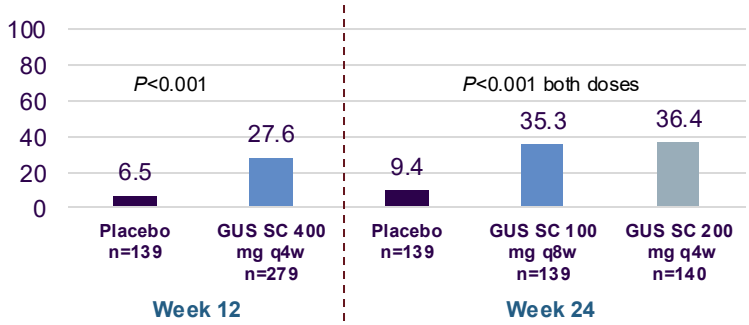
Subcutaneous GUS Effectively Induces Clinical, Endoscopic, and Histologic Remission in Mod-to-Sev Active UC: Phase 3 ASTRO

Methods

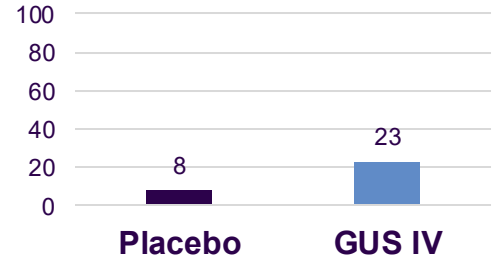
- Patients with moderate-to-severe UC, naive or previously exposed to advanced therapy
- **Primary endpoint:** Clinical remission at Wk12 (Defined as: Stool frequency ≤1, rectal bleeding=0 and a Mayo endoscopic subscore ≤1)
- N=418
  40.2% advanced therapy
  (ie. biologic/JAK/S1P) exposed



Clinical Remission at Weeks 12 and 24 with SC Induction



Clinical Remission with IV Induction: QUASAR

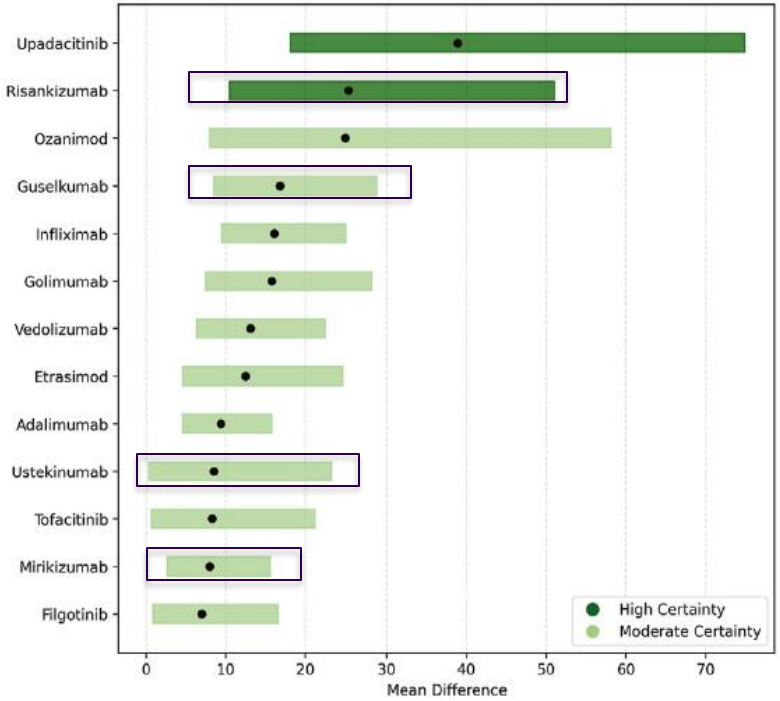


Key Takeaway

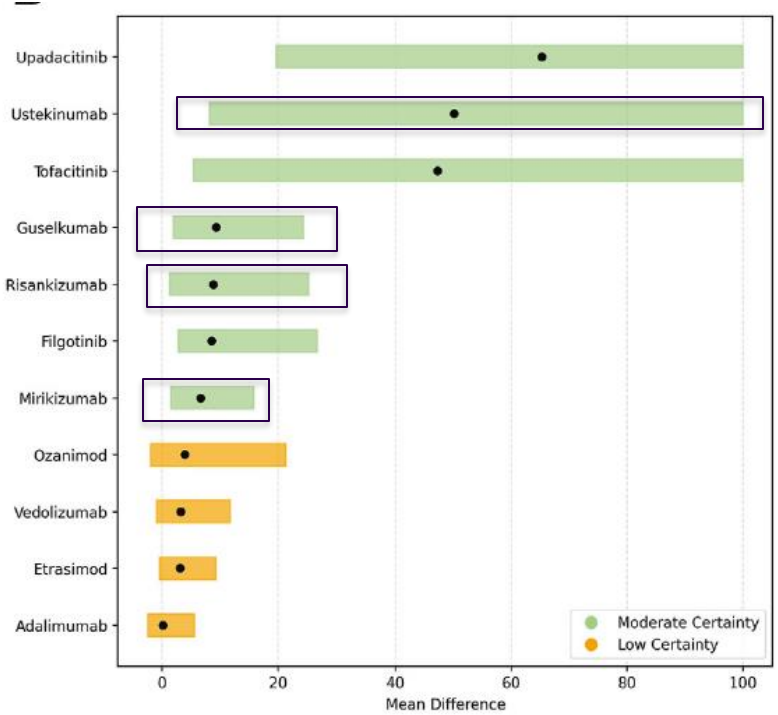
- Induction with SC guselkumab induces clinical and endoscopic remission in patients with moderate-to-severely active UC
- No new safety concerns

Long MD, et al. Presented at DDW 2025; May 3-6, 2025; San Diego, CA. 800.

Network Meta-Analysis for Bio-Exposed vs Bio-Naive



Bio-Naïve UC



Bio-Exposed UC

Ananthakrishnan AN, et al. *Gastroenterology*. 2024;167(7):1460-1482.

AIBD

Key Learning Points: The IL-23 Revolution

- Risankizumab IV induction and SC maintenance approved for CD and UC and superior to placebo
- Mirikizumab IV induction and SV maintenance approved for UC and CD and superior to placebo
  - Mirikizumab not superior to ustekinumab as it relates to endoscopic outcomes in CD
- Guselkumab: SC and IV induction and SC maintenance approved for CD and UC and superior to placebo
  - Guselkumab: CD IV induction and SC maintenance superior to UST

AIBD

Novel Strategies to Advance IBD Care

A Focus on the Role of IL-23 Inhibitors for the Management of Crohn's Disease and Ulcerative Colitis

Safety of Anti-IL-23

Sara Horst, MD, MPH, FACG, AGAF

Professor of Medicine
Vanderbilt University Medical Center

Disclosures

- **Sara Horst, MD, MPH, FACG, AGAF:** Consultant – AbbVie, Biocon, Celltrion, Johnson & Johnson, Takeda; research/grant support –AbbVie

Safety in Anti-IL-23

- Similar and low rates of AE/SAE compared to placebo across trials in phase 3 trials for risankizumab, mirikizumab, and guselkumab
- Increasing data for long-term safety (2-5 years) also shows continued low rates of AE/SAE overall
- No increased rates of serious infections, malignancy

- Risankizumab: Small increase rates of liver test abnormalities; one case of possible drug induced liver injury in phased trial
- **Recommended:** Liver tests at baseline and within first 8 weeks of initiation

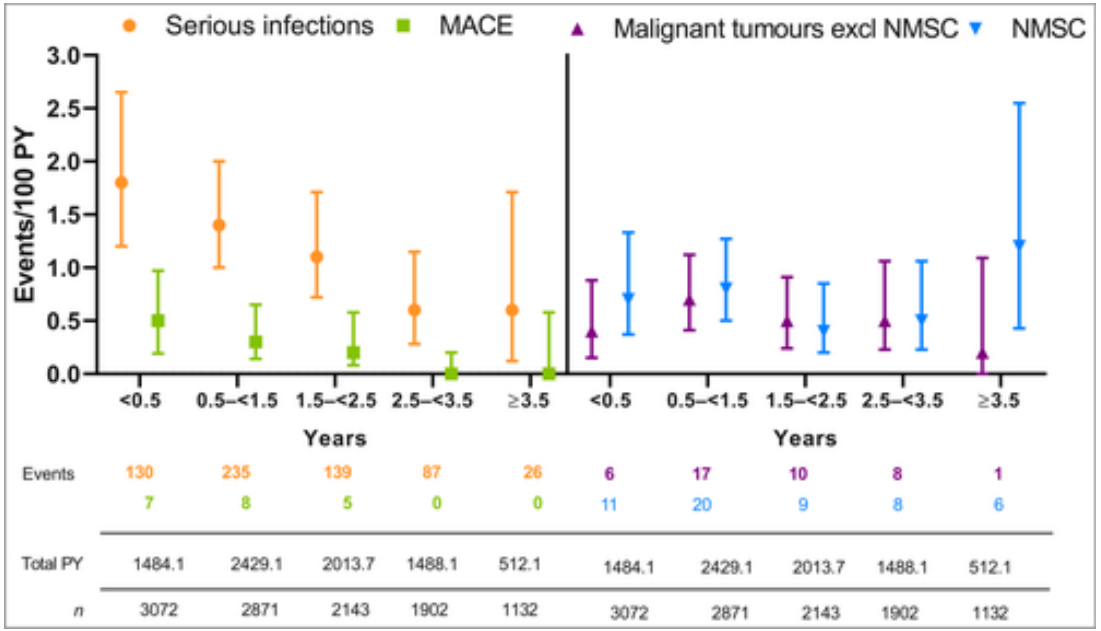
AE = adverse event; SAE = serious adverse event.

Bourgonje AR, et al. *Gastroenterology*. 2025;168(1):29-52.e3.

AIBD

Safety in Anti-IL-23

- Extensive experience in psoriasis (17 trials)
- Extensive experience in psoriatic arthritis
- Infection, MACE, malignancy rates extremely uncommon
- No boxed warnings



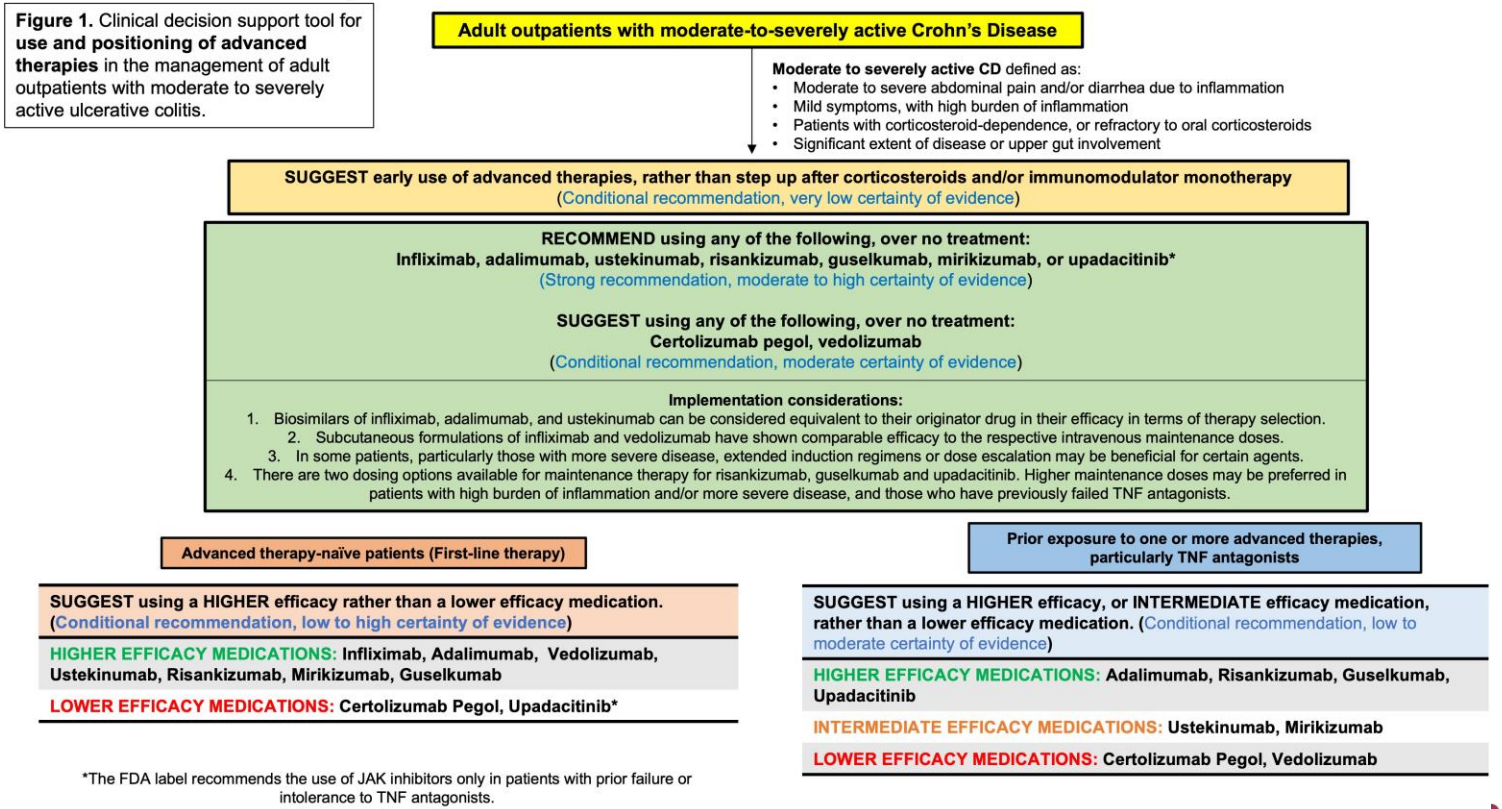
MACE = major adverse cardiac events; NMSC = non-melanoma skin-cancer.
Gordon KB, et al. *Br J Dermatol*. 2022;186(3):466-475.

AIBD ADVANCES IN INFLAMMATORY BOWEL DISEASES

How to Use RCT to Drive Positioning

Proposed AGA CD Guidelines

Figure 1. Clinical decision support tool for **use and positioning of advanced therapies** in the management of adult outpatients with moderate to severely active ulcerative colitis.



Scott FI, et al. *AGA Guideline*. Accessed Nov 6, 2025. https://shorturl.at/l8PYj.

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AGA UC Guidelines

Adult outpatients with moderate to severely active ulcerative colitis

Moderate to severely active UC defined as:
- Moderate to severe symptoms with Mayo endoscopy sub-score 2 or 3
- Mild symptoms, with high burden of inflammation or poor prognostic features
- Patients with corticosteroid-dependence, or refractory to oral corticosteroids

ADVANCED THERAPY-NAÏVE PATIENTS (FIRST-LINE THERAPY)

SUGGEST using a HIGHER efficacy, or INTERMEDIATE efficacy medication, rather than a lower efficacy medication.
(Conditional recommendation, low certainty of evidence)

HIGHER EFFICACY MEDICATIONS: Infliximab, Vedolizumab, Ozanimod, Etrasimod, Upadacitinib*, Risankizumab, Guselkumab

INTERMEDIATE EFFICACY MEDICATIONS: Golimumab, Ustekinumab, Tofacitinib*, Filgotinib*, Mirikizumab

LOWER EFFICACY MEDICATIONS: Adalimumab

PRIOR EXPOSURE TO ONE OR MORE ADVANCED THERAPIES, PARTICULARLY TNF ANTAGONISTS

SUGGEST using a HIGHER efficacy, or INTERMEDIATE efficacy medication, rather than a lower efficacy medication.
(Conditional recommendation, low certainty of evidence)

HIGHER EFFICACY MEDICATIONS: Tofacitinib, Upadacitinib, Ustekinumab

INTERMEDIATE EFFICACY MEDICATIONS: Filgotinib, Mirikizumab, Risankizumab, Guselkumab

LOWER EFFICACY MEDICATIONS: Adalimumab, Vedolizumab, Ozanimod, Etrasimod

Singh S, et al. *Gastroenterology*. 2024;167(7):1307-1343.

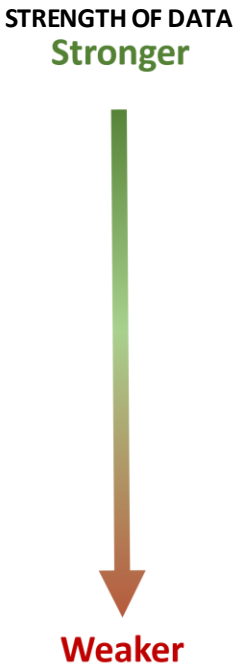
AIBD

AIBD ADVANCES IN INFLAMMATORY BOWEL DISEASES

Comparative Efficacy Studies

Understanding Strength for Comparisons and Decision-Making

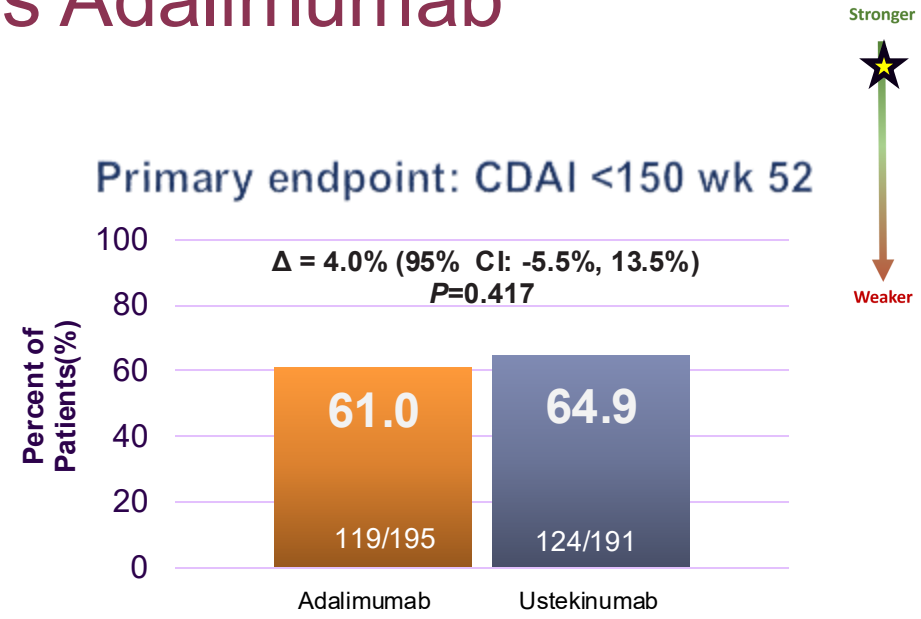
- **Efficacy**
  - Pivotal randomized Phase 3 controlled trials
    - May have a comparator arm
  - **Prospective randomized head-to-head trials**
    - Inferiority (“not worse than,” smaller sample size)
    - Superiority (no room for ambiguity or inconclusive results)
  - Post-marketing data (Phase 4)
  - Clinical decision tools
  - Network meta-analyses
  - **Real-world evidence (retrospective or prospective)**
  - Case reports
  - Expert opinion



AIBD

Head-to-Head Clinical Trial: Bio-Naïve Pts with CD: Ustekinumab vs Adalimumab

- Blinded, randomized, double-blind, double-dummy monotherapy for bio-naïve pts
- 386 pts: Active Crohn's disease with at least 1 ulcer on endoscopy
- Safety metrics similar
- Higher adalimumab cessation (11% vs 6%, *P* = NS)
- Endoscopic response rates: ADA 36.9% and UST 41.9%



ADA = adalimumab.

Sands BE, et al. *Lancet*. 2022;399(10342):2200-2211.

AIBD

Head-to-Head Clinical Trial: Anti-TNF Experienced Pts with CD: Risankizumab vs Ustekinumab

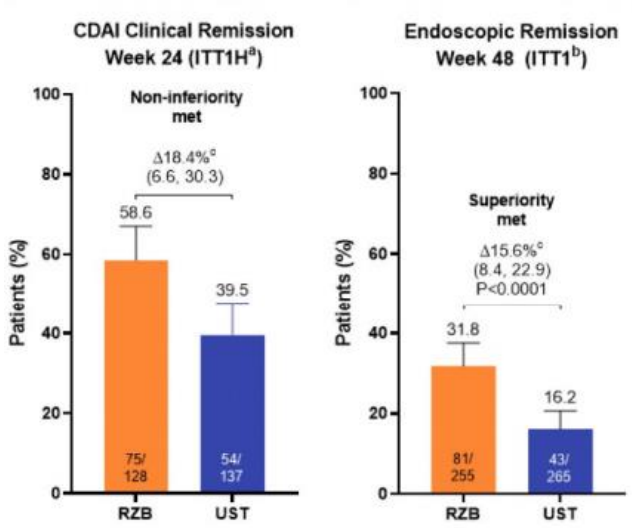
Stronger

Weaker

- **SEQUENCE: Head-to-head, phase 3b open-label, non-inferiority clinical trial for patients with Crohn's disease (active clinical and endoscopic disease) and anti-TNF failure/intolerance**
  - Primary endpoints for RZB met
    - Non-inferiority to UST at wk 24: Clinical remission
    - Superiority to UST at wk 48: Endoscopic remission
    - Safety events: No difference in TEAEs or SAEs

Baseline Demographics and Disease Characteristics

Variable (ITT1)[a]	Risankizumab N=255	Ustekinumab N=265
Age, years, mean (SD)	38.0 (13.1)	38.3 (13.8)
Female, n (%)	119 (46.7)	134 (50.6)
BMI, mean (SD)	23.8 (5.5)	24.8 (6.0)
Disease duration, years, mean (SD)	9.4 (7.8)	9.4 (8.7)
SES-CD, mean (SD)	13.5 (7.1)	14.1 (7.4)
Daily abdominal pain, n, mean (SD)	251,1.9 (0.5)	263,1.9 (0.6)
Daily stool frequency, n, mean (SD)	251, 5.5 (2.7)	263, 5.6 (2.5)
Immunomodulator use, n (%)	34 (13.3)	47 (17.7)
Corticosteroid use[b], n (%)	58 (22.7)	71 (26.8)
Baseline fecal calprotectin (mg/kg), n, median (min, max)	207, 1030 (30, 26823)	215, 1515 (30, 26361)
Baseline hs-CRP (mg/L), n, median (min, max)	246, 8.20 (0.2, 287.1)	257, 9.40 (0.2, 196.6)
CDAI, n, mean (SD)	251, 309.4 (61.7)	263, 310.1 (62.6)
Failed > 1 anti-TNFs[b], n (%)	59 (23.1)	61 (23.0)
Disease location, n (%)		
Ileal only	42 (16.5)	45 (17.0)
Colonic only	102 (40.0)	106 (40.0)
Ileal-colonic	111 (43.5)	114 (43.0)



TEAE = treatment-emergent AE; ITT = intention to treat; RZB = risankizumab; BMI = body-mass index.

Peyrin-Biroulet L, et al. *N Engl J Med.* 2024;391(3):213-223.

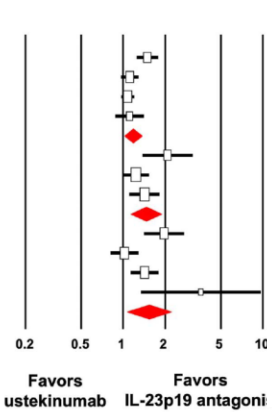
AIBD

Meta-Analysis: Anti-IL12/23 vs Anti-IL-23 in Pts with CD

- Overall, anti-IL-23 was favored in efficacy endpoints
- In subset analysis, anti-IL-23 was favored in bio-experienced but not in bio-naïve pts

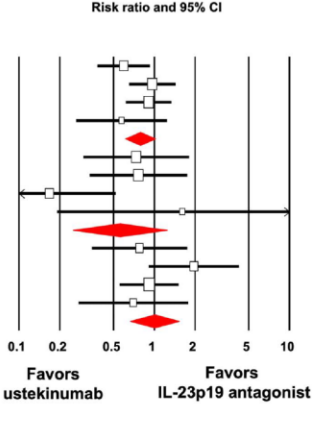
IL-23p19 Antagonists vs. Ustekinumab – All patients

Study name	Risk ratio	Lower limit	Upper limit	Events / Total IL-23p19	Events / Total Ustekinumab
SEQUENCE 2023	1.49	1.25	1.78	155 / 255	108 / 265
VIVID 2024	1.12	0.97	1.29	313 / 579	139 / 287
GALAXI 2 and 3 2024	1.08	0.97	1.20	395 / 582	183 / 291
GALAXI 1 2022	1.11	0.88	1.40	120 / 184	37 / 63
Clinical remission	**1.18**	**1.02**	**1.36**	**983 / 1600**	**467 / 906**
SEQUENCE 2023	2.08	1.38	3.14	58 / 255	29 / 265
VIVID 2024	1.23	0.99	1.53	199 / 579	80 / 287
GALAXI 2 and 3 2024	1.42	1.11	1.82	185 / 582	65 / 291
Deep remission	**1.46**	**1.14**	**1.88**	**442 / 1416**	**174 / 843**
SEQUENCE 2023	1.96	1.41	2.72	81 / 255	43 / 265
VIVID 2024	1.02	0.82	1.28	165 / 579	80 / 287
GALAXI 2 and 3 2024	1.42	1.13	1.79	205 / 582	72 / 291
GALAXI 1 2022	3.60	1.34	9.63	42 / 184	4 / 63
Endoscopic remission	**1.53**	**1.07**	**2.20**	**493 / 1600**	**199 / 906**



IL-23p19 Antagonists vs. Ustekinumab – Adverse Events

Study name	Risk ratio	Lower limit	Upper limit	Events / Total IL-23	Events / Total IL-12/23
SEQUENCE 2023	0.59	0.38	0.92	27 / 262	46 / 265
VIVID 2024	0.97	0.65	1.44	65 / 630	33 / 309
GALAXI 2 and 3 2024	0.91	0.61	1.34	63 / 595	35 / 300
GALAXI 1 2022	0.57	0.27	1.24	16 / 220	9 / 71
Serious Adverse Events	**0.79**	**0.61**	**1.02**	**171 / 1707**	**123 / 945**
SEQUENCE 2023	0.74	0.30	1.80	8 / 262	11 / 265
VIVID 2024	0.76	0.33	1.74	14 / 630	9 / 309
GALAXI 2 and 3 2024	0.17	0.05	0.52	4 / 595	12 / 300
GALAXI 1 2022	1.61	0.19	13.58	5 / 220	1 / 71
Serious infection	**0.56**	**0.25**	**1.24**	**31 / 1707**	**33 / 945**
SEQUENCE 2023	0.78	0.35	1.74	10 / 262	13 / 265
VIVID 2024	1.96	0.92	4.21	32 / 630	8 / 309
GALAXI 2 and 3 2024	0.92	0.56	1.51	40 / 595	22 / 300
GALAXI 1 2022	0.70	0.28	1.77	13 / 220	6 / 71
Treatment discontinuation due to AE	**1.01**	**0.66**	**1.53**	**95 / 1707**	**49 / 945**

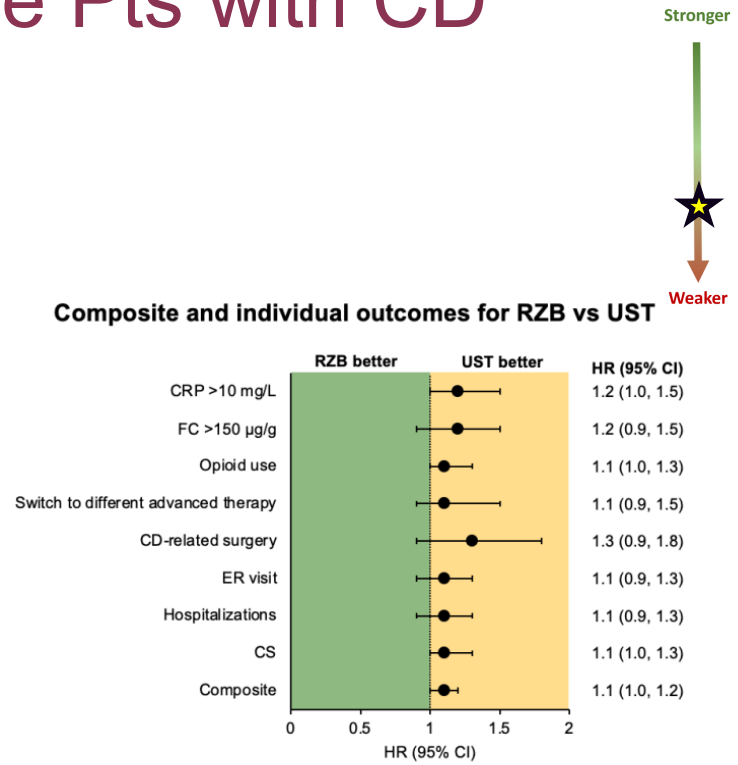


Dziegielewski C, et al. *Am J Gastroenterol*. 2025;120(10):2260-2267.

AIBD

Real World: Real-World efficacy of Risankizumab vs Ustekinumab in Bio-Naïve Pts with CD

- Retrospective multicenter database evaluation of TriNetX US Collaborative Network
  - Pts who started RZB or UST June 2022 to Oct 2024
  - Cox proportional hazards model with 1:1 propensity-score matching
    - Demographics, BL comorbidities, CD severity (location, phenotype, EIM, CS at baseline, Hb, body weight)
  - 1 yr composite endpoint: Need for CS, IBD-related hospitalizations; ER visits; surgeries
  - RZB: 1633 pts; UST: 3106 pts (21% were dose escalated)
  - After matching: 1562 pts included



BL = baseline; EIM = extraintestinal manifestations; CS = corticosteroids.

Deepak P, et al. Presented at: 20th Congress of the European Crohn's and Colitis Organisation (ECCO); Feb 19-22, 2025, Berlin, DE. DOP102.

AIBD

Real World: Real-World Efficacy of Risankizumab in Pts with CD in Multicenter Study

- Multicenter consortium (309 pts); 85.8% advanced therapy exposed including 169 UST exposed
- Primary outcome: Wk 12 clinical remission (HBI); 6 mon endoscopic remission with multiple secondary outcomes
- High rates of clinical remission at wk 12 and 6 mon
- Higher rates of 6 and 12 mon endoscopic remission in AT naïve
- Only 5.5% (17/309) experienced AE; 1.4% with SAE and stopped therapy

Table 2. Clinical and endoscopic outcomes following induction at 12 weeks, and cumulative maintenance outcomes after 6 and 12 months.

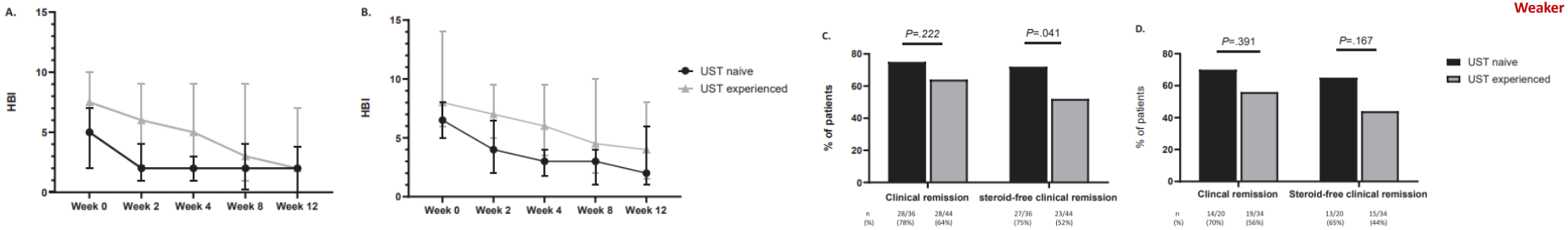
	Entire cohort	Advanced therapy naïve	Advanced therapy exposed	*P*-value	UST-naive	UST-exposed	*P*-value
12-week outcomes							
Clinical response[a]	62.4% (123/197)	72.7% (24/33)	60.4% (99/164)	.181	66.7% (56/84)	59.3% (67/113)	.291
Clinical remission[b]	49.7% (98/197)	63.6% (21/33)	47.0% (77/164)	.080	57.1% (48/84)	44.2% (50/113)	.073
Steroid-free clinical[c] remission	66.6% (14/21)	75.0% (1/4)	64.7% (11/17)	.694	75.0% (6/8)	61.5% (8/13)	.525
6-month cumulative outcomes							
Clinical remission[d]	37.9% (97/256)	36.8% (14/38)	38.1% (83/218)	.885	36.7% (40/109)	38.8% (57/147)	.735
Endoscopic remission	54.2% (45/83)	88.9% (16/18)	44.6% (29/65)	**<.001**	75.6% (31/41)	33.3% (14/42)	**<.001**
Radiographic response[e]	30.6% (22/72)	30% (3/10)	30.6% (19/62)	.432	25.8% (8/31)	34.1% (14/41)	.298
12-month cumulative outcomes							
Clinical remission[f]	65.0% (165/254)	81.6% (31/38)	62.0% (134/216)	**.020**	70.6% (77/109)	60.7% (88/145)	.100
Endoscopic remission[g]	49.5% (51/103)	89.5% (17/19)	40.5% (34/84)	**<.001**	68.1% (32/47)	33.9% (19/56)	**<.001**
Radiographic response	36.2% (34/94)	42.9% (6/14)	35.0% (28/80)	.334	32.5% (13/40)	38.9% (21/54)	.332

Johnson AM, et al. *J Crohns Colitis*. 2025;19(5):jjaf070.

AIBD

Real World: Real-World efficacy of Risankizumab in Pts with CD in Single Center Study

- Retrospective single center analysis of patients on RZB from a single tertiary care center (n=80), all had active luminal disease at the time of initiation
- 74 (92%) were biologic experienced; 44 (55%) had UST experience



Covariate for steroid free remission	Odds Ratio	95% CI	P-value
History of bowel resection	0.082	0.015–0.466	0.005
Number of prior advanced therapies	0.86	0.490–1.509	0.598
UST exposure: primary non-responder	1.504	0.028–82.020	0.842
UST exposure: other experienced	2.383	0.93–61.121	0.6
HBI at baseline	0.765	0.636–0.921	0.005
Steroid use at baseline	0.276	0.055–1.384	0.118

Zinger A, et al. *Clin Gastroenterol Hepatol*. 2024;22(6):1336-1338.e2.

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Key Learning Points

- Safety: Anti-IL-23 agents show low AE/SAE rates, no increased risk of serious infections or malignancy; monitor liver tests early
- Head-to-head clinical trial: Risankizumab outperforms ustekinumab for endoscopic remission at 48 weeks
- Meta-analysis: Favors anti-IL-23 agents in biologic-experienced patients with CD
- Real world data: High clinical and endoscopic remission rates with risankizumab; consistent safety profile across studies
- AGA Guidelines: Moderate to Severe CD and UC
  - Treat early with advanced therapies
  - IL-23 positioning as both first line and bio-experienced

AIBD

Novel Strategies to Advance IBD Care

A Focus on the Role of IL-23 Inhibitors for the Management of Crohn's Disease and Ulcerative Colitis

PROs in IBD

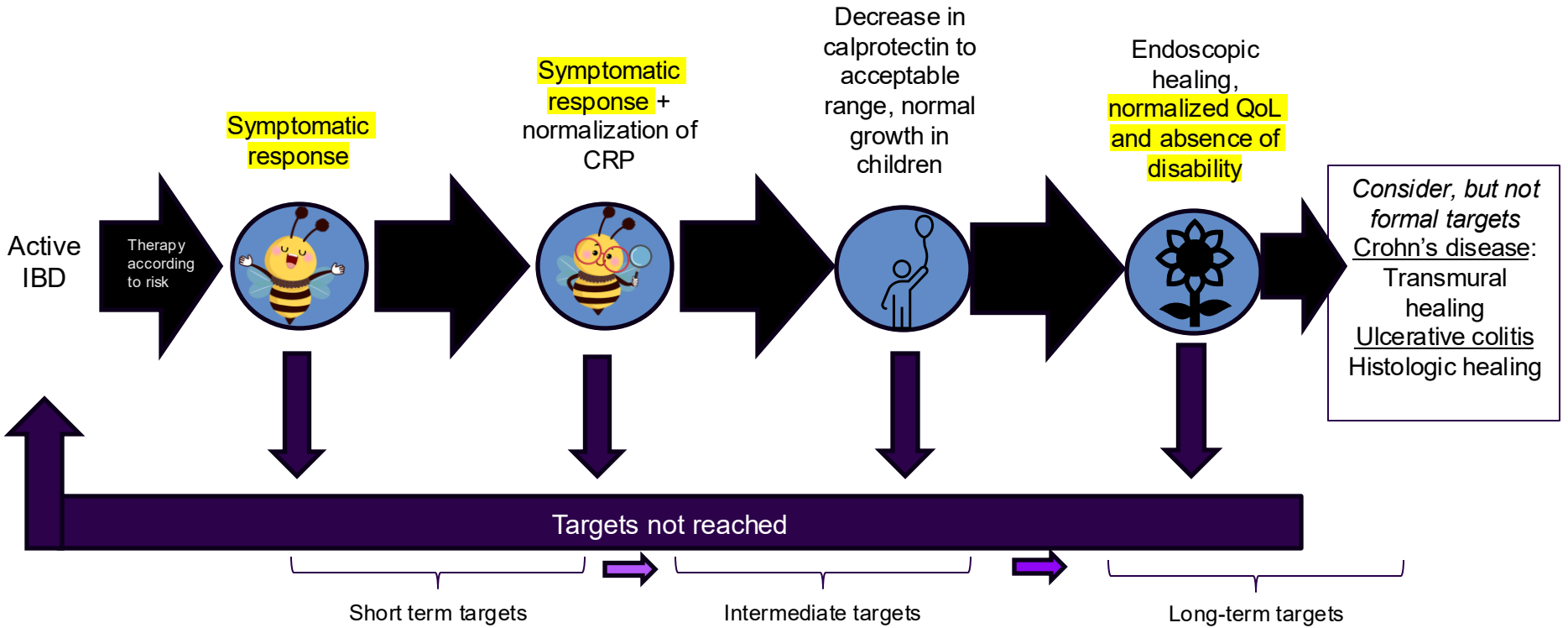
Amy Stewart, FNP-C

Lead Advanced Practice Provider
Capital Digestive Care

Disclosures

- **Amy Stewart, FNP-C:** Speakers Bureau/Advisory/Consulting – Johnson & Johnson, Eli Lilly, Pfizer, Takeda, Exact Sciences, Phathom; Advisory Board – Celltrion, Salix, Sanofi Regeneron, Consulting – AbbVie, Mindset Health, Prometheus Laboratories, Nestle Health Science

STRIDE II



QoL = quality of life.
Adapted from Turner D, et al. *Gastroenterology*. 2021;160(5):1570-1583.

Patient Reported Outcomes in IBD

- Capture how patients feel, function, and live
- Rectal bleeding, abdominal pain, stool frequency
  - Bowel urgency, fatigue, quality of life?
  - Standard questionnaires or capturing in practice

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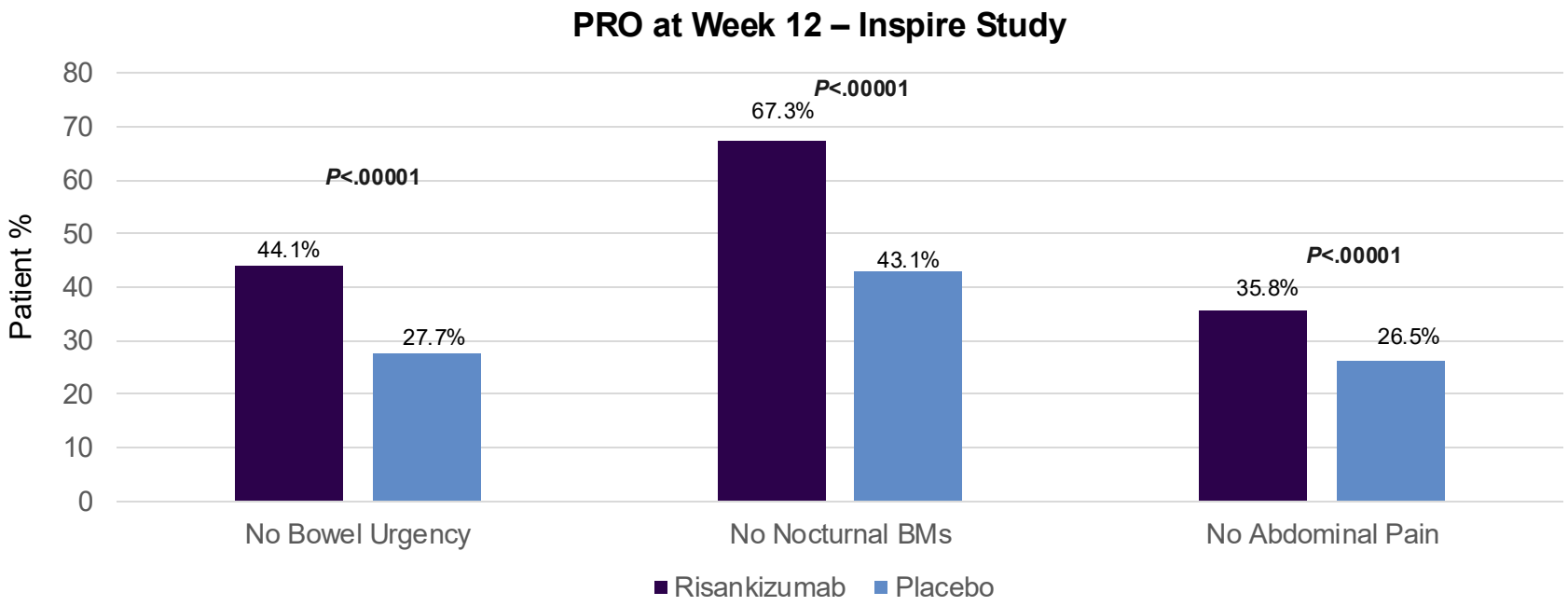
Risankizumab: PROs in UC

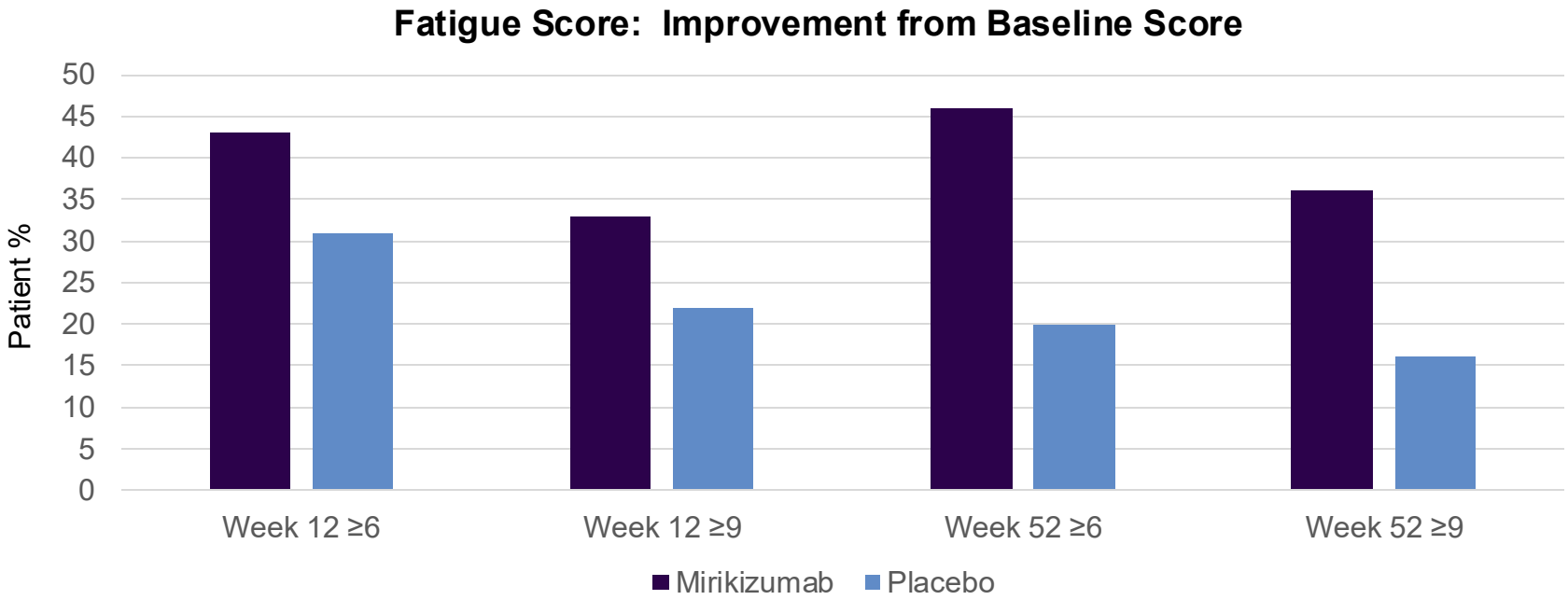


BM = bowel movement; PRO = patient-reported outcomes.

[no authors listed]. *Gastroenterol Hepatol (N Y).* 2023;19(12 Suppl 9):9-10.

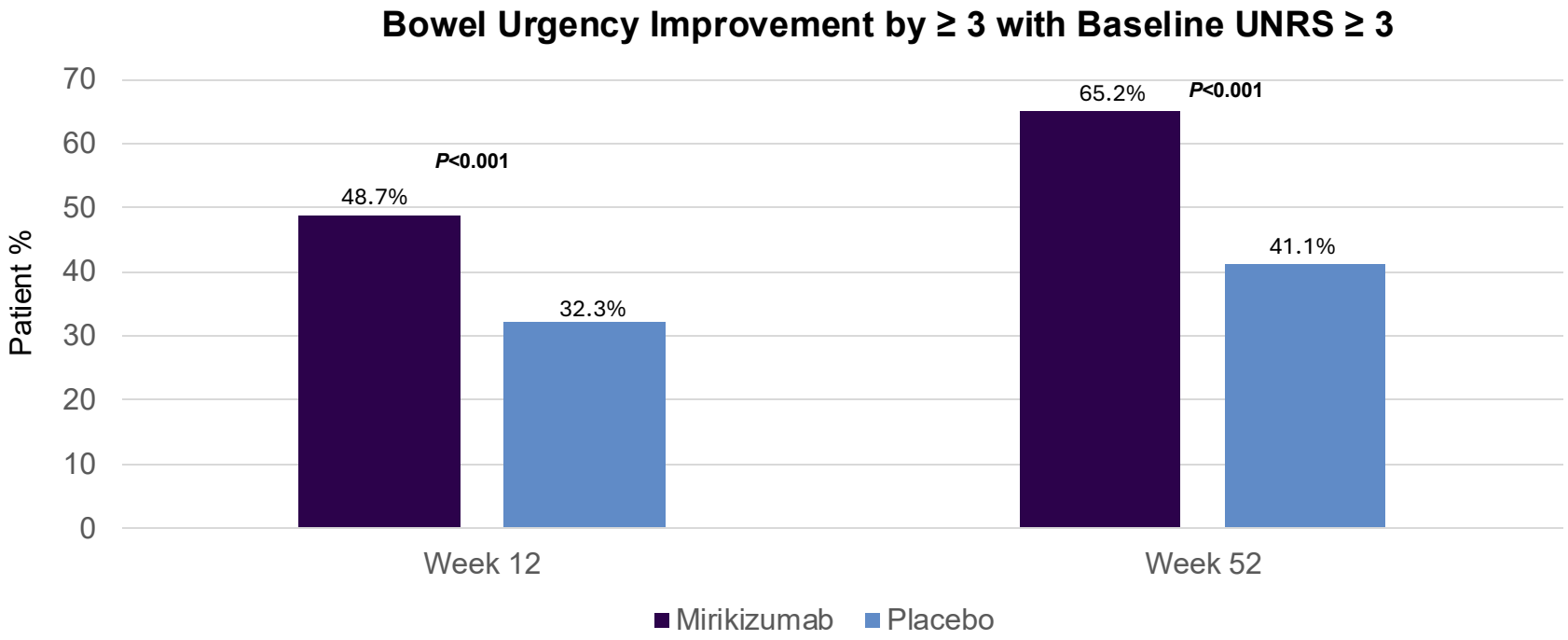
AIBD

Mirikizumab: PROs in CD



Regueiro M, et al. *J Crohns Colitis*. 2025;19(7):jjaf100.

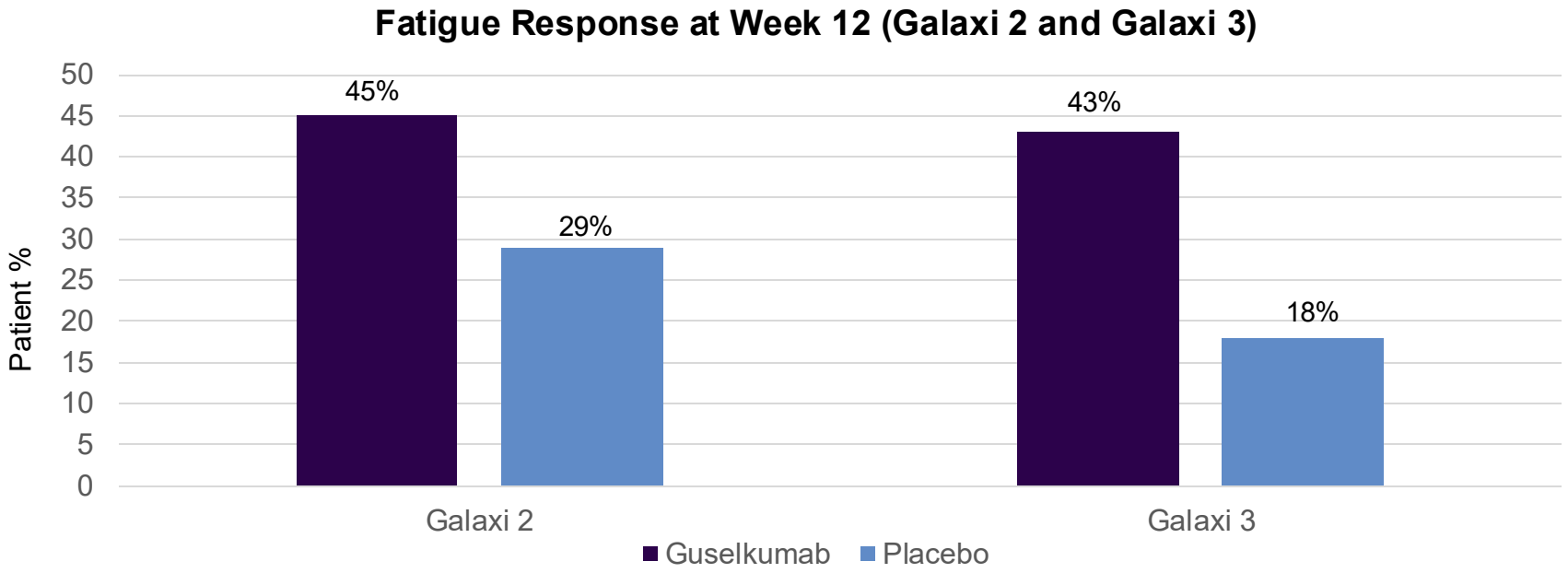
Mirikizumab: PROs in UC



UNRS = Urgency Numeric Rating Scale.

Dubinsky MC, et al. *Crohns Colitis 360.* 2022;5(1):otac044.

Guselkumab: PROs in CD



Defined by improvement from baseline of ≥7 points in PROMIS–Fatigue Short Form 7a score

PROMIS = Patient-Reported Outcomes Measurement Information System.

Panaccione R, et al. *Lancet*. 2025;406(10501):358-375.

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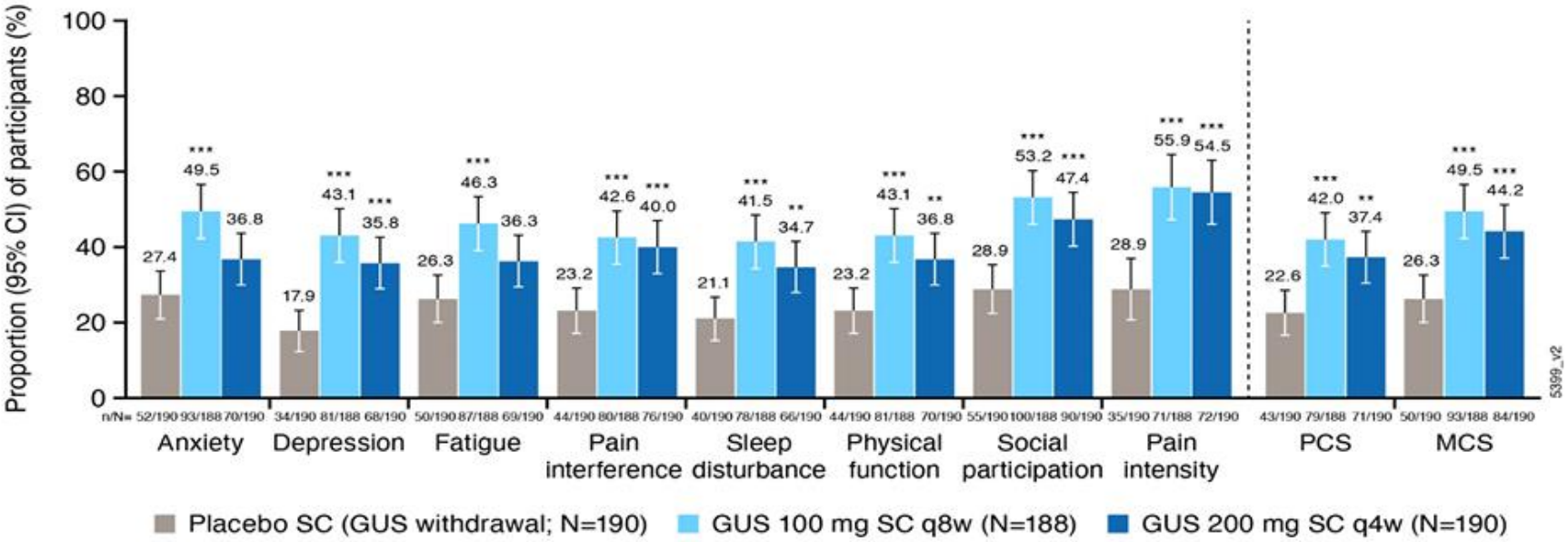
Guselkumab: PROs in UC

Figure. Clinically meaningful improvement from induction baseline at Week 44 in each PROMIS-29 domain T-score, pain intensity score, and PCS/MCS scores



PCS = physical component score; MCS = mental component score.

Bressler B et al. *J Crohn's Colitis*. 2025;19(Suppl 1):i2129–i2131

Shared Decision Making & Patient Values

- “What would successful treatment look like for you?”
  - Able to have a meeting before 10am
  - Able to run 5+ miles without a bathroom break
  - Having energy to complete weekly household chores
  - Abdominal pain not affecting work
  - Being able to drink coffee

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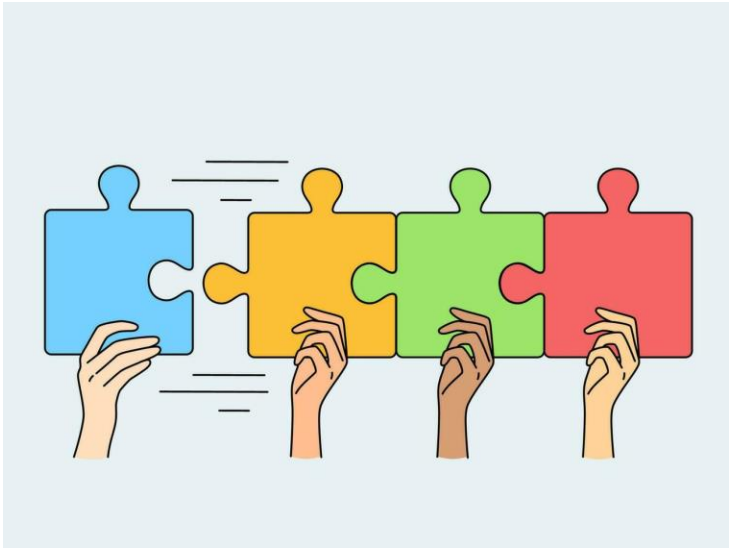
How Can We Get There Together?

- Do you prefer injection or infusions?
- Have you self injected in the past?
- What is your work/travel schedule (thinking about infusions, frequency of injections

- Co-morbidities, individual disease characteristics including EIMs, disease severity, safety profile

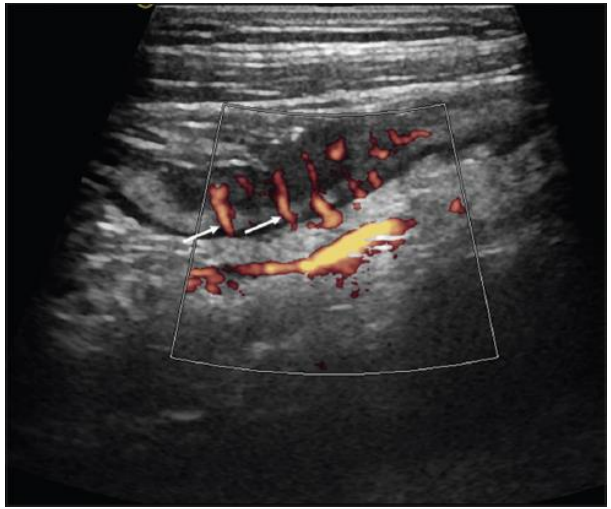


Multidisciplinary/Coordinated Care

- Involve your team of specialists
  - PCP, rheumatology, dermatology, ophthalmology if applicable
- Consider nutrition screening
  - Findings RDs when you don’t have one in house
  - Eatright.org, iffgd,org, AGA, Crohn's & Colitis Foundation have searchable databases
- Consider mental health screening
  - Resources for referrals
  - https://www.psychologytoday.com/us

42-Year-Old Man with Weight Loss and Diarrhea

- Began 3 months ago, after returning from trip to Mexico
- Watery, non-bloody diarrhea, 5-7/day
- No abdominal pain
- Weight loss of 15 lbs
- No past medical history of note
- No medications
- No family history of IBD
- Exam – RLQ tenderness
- Labs – Hgb 10.9 g/dL, MCV 79 fl, Plt 564/µL, CRP 14.2 mg/dL, ESR 43 mm/hr, calprotectin 263 µg/mg



Kucharzik T, et al. *Ann Gastroenterol*. 2017;30(2):135-144.

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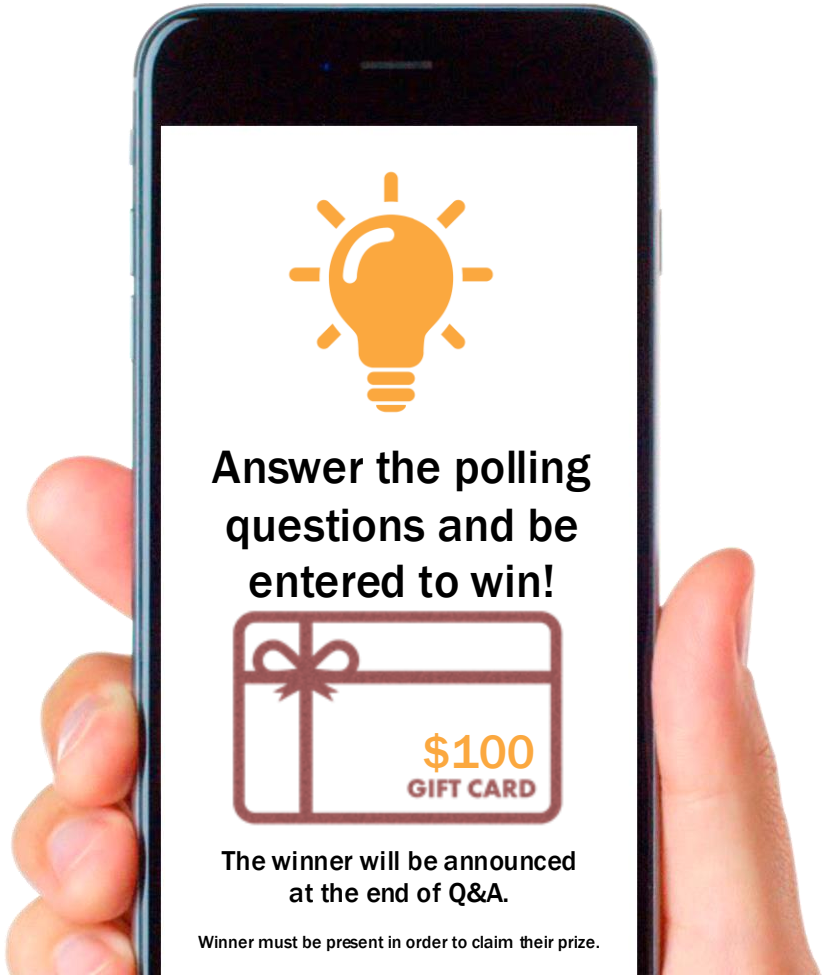
Patient Reported Outcomes

- What would successful treatment look like to you?
- Are you missing work or social events due to your symptoms?
- What are you not doing that you'd like to be able to do?
- Consider formal screening for fatigue, anxiety, depression, bowel urgency to track outcomes over time

Key Learning Points

- True shared decision making happens when we understand our patients' values and preferences
  - In order to understand, we need to ask!

- STRIDE II guidelines include patient reported outcomes
  - But we can’t stop there! Need objective data to confirm response
  - Absence of disability and normal quality of life is a long-term treatment target



Click on Polling & Questions in the app to participate in this session

NORTHERN HEMISPHERE D

You can also scan this QR code: