AIBD REGIONALS

DELIVERING THE HIGHEST STANDARD OF IBD EDUCATION

In Association with ACG





CINCINNATI, OH | APRIL 18-19



Go to https://meet.ps/2026AIBDRegionals to participate in this session

You can also scan this QR code:

AIBD REGIONALS

AIBD REGIONALS

IL-23 Inhibitors in IBD: Incorporating New Evidence and Updated Guidelines into Clinical Practice

Raymond K. Cross, MD, MS, AGAF, FACG

Medical Director, The Center for Inflammatory Bowel and Colorectal Diseases
The Melissa L. Posner Institute for Digestive Health and Liver Disease at Mercy Medical Center
Baltimore, Maryland

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

Faculty Disclosures

- **Raymond K. Cross, MD, MS:** Advisory Board/Consulting—Abbvie, Genentech, J&J,and Pfizer; Speaker's Bureau—Abbvie, Celltrion, J&J, and Pfizer; ExecutiveCommittee Member—IBD Education Group; Scientific Co-Director—CorEvitasRegistry; DSMB—Gilead; Research Grants—Janssen and Takeda

AIBD REGIONALS

Learning Objectives

- Explain the role of IL-23 in IBD pathophysiology and the rationale for IL-23 targeted therapies
- Assess current and emerging IL-23 inhibitors for IBD, including their efficacy and safety profiles and routes of administration
- Integrate updated guidelines and best practices into individualized care plans for patients with IBD receiving IL-23 therapy

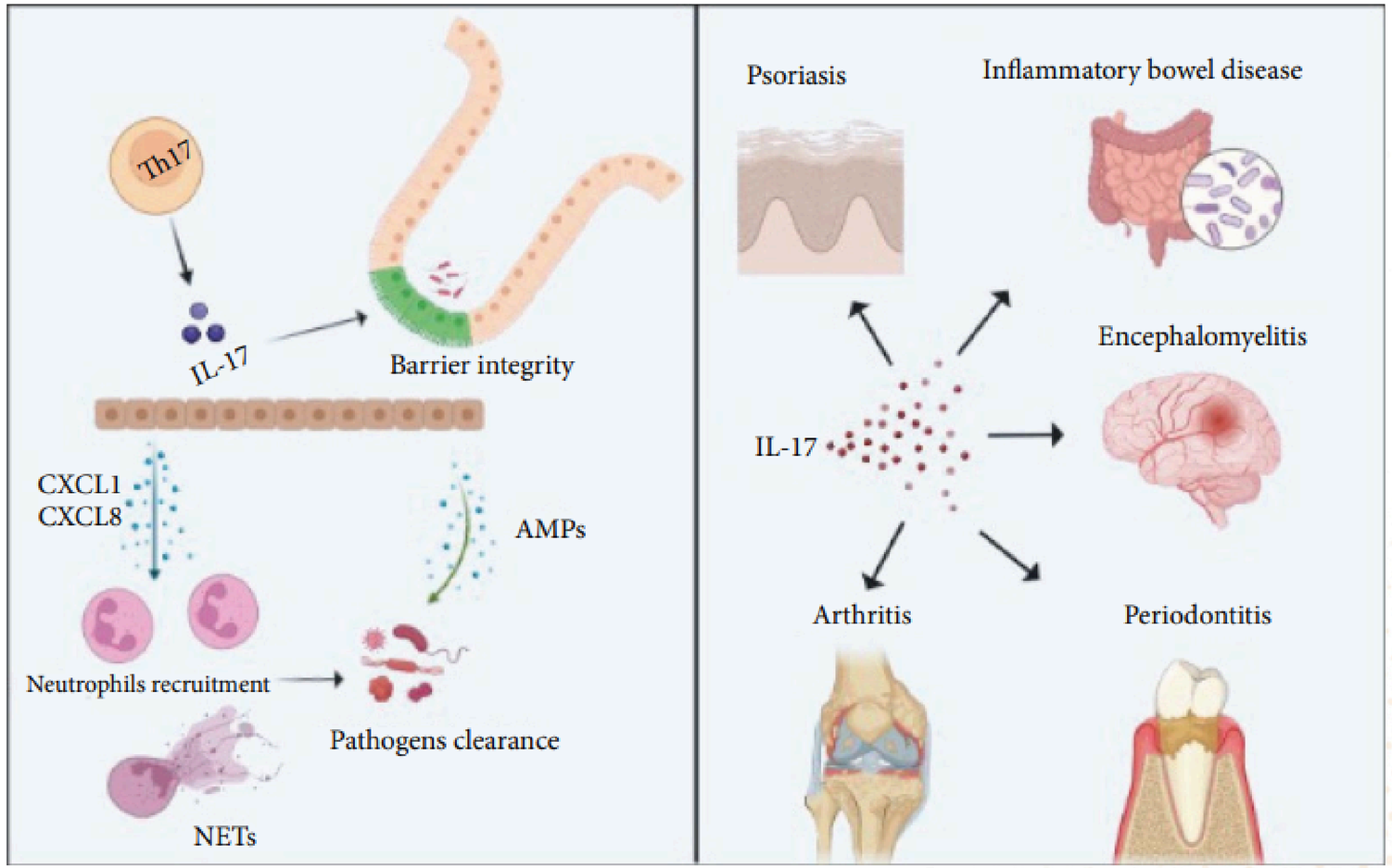
AIBD REGIONALS

Role of Th17 and IL-17

Pathogenic and Protective Immunity

Protective

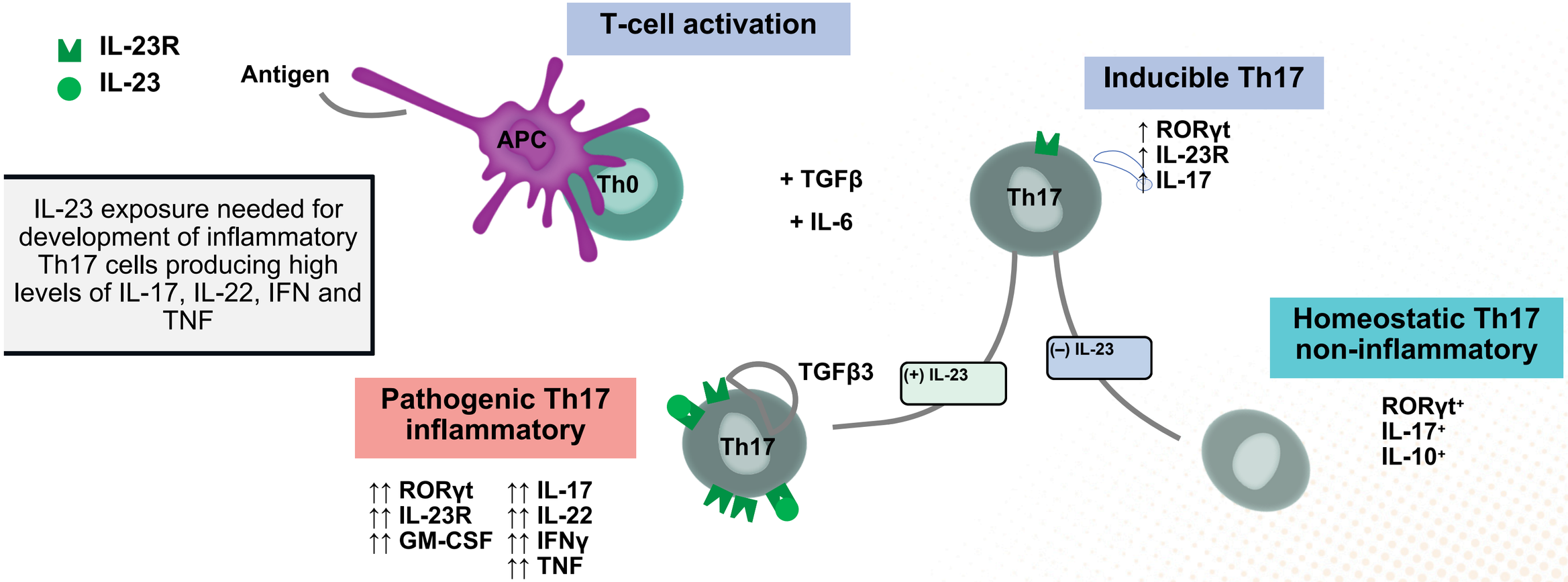
Pathogenic



IBD = inflammatory bowel disease; AMP = antimicrobial peptide; IL = interleukin; NET = neutrophil extracellular trap; Th = T helper cell.

Sun L, et al. *J Immunol Res*. 2022;2022:2260210.

IL-23 Drives Development of Inflammatory Pathogenic Th17 Cells

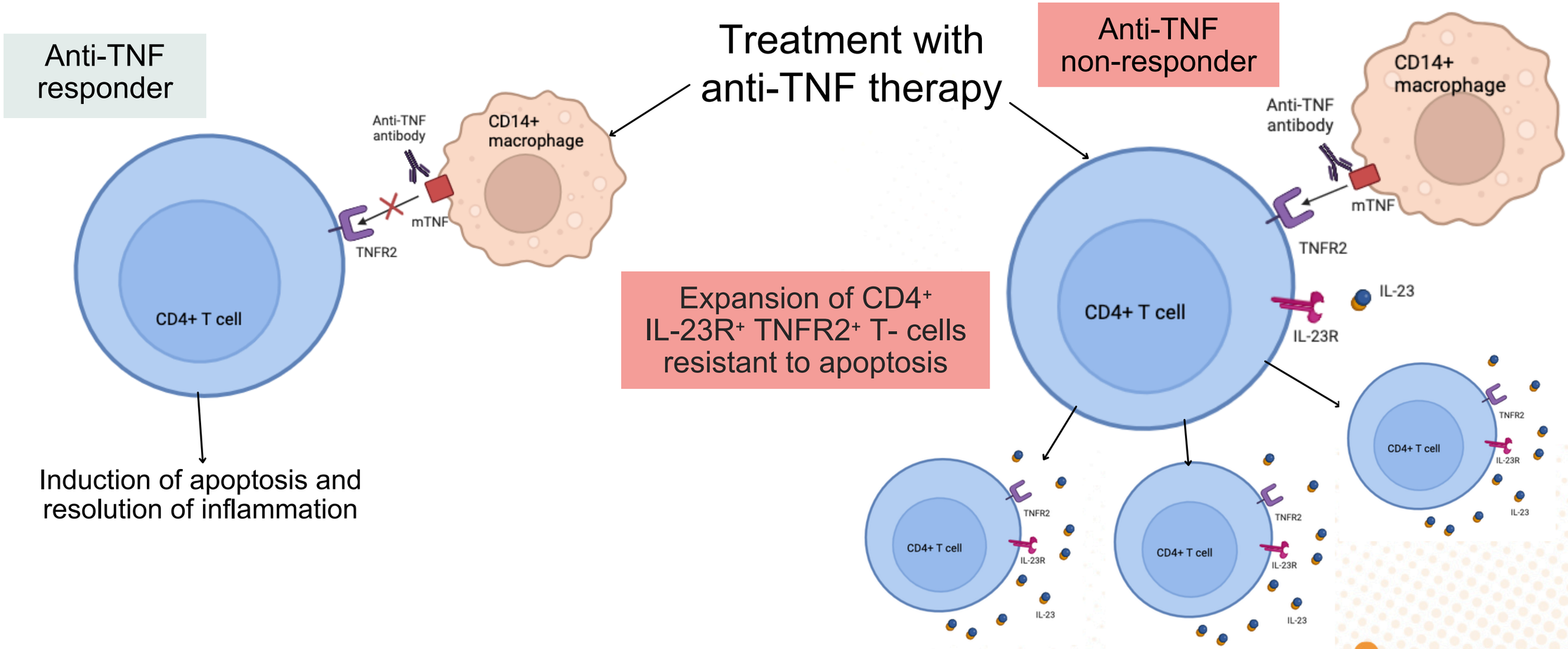


APC = antigen presenting cell; GM-CSF = granulocyte macrophage colony stimulating factor; IFN = interferon; IL-23R = interleukin 23 receptor; RORγt = retinoic acid receptor-related orphan receptor gamma t; TGF = transforming growth factor; TNF = tumor necrosis factor.

Adapted from Zúñiga LA, et al. *Immunol Rev*. 2013;252(1):78-88. Gaffen SL, et al. *Nat Rev Immunol*. 2014;14(9):585-600. Schmitt H, et al. *Front Immunol*. 2021;12:622924.

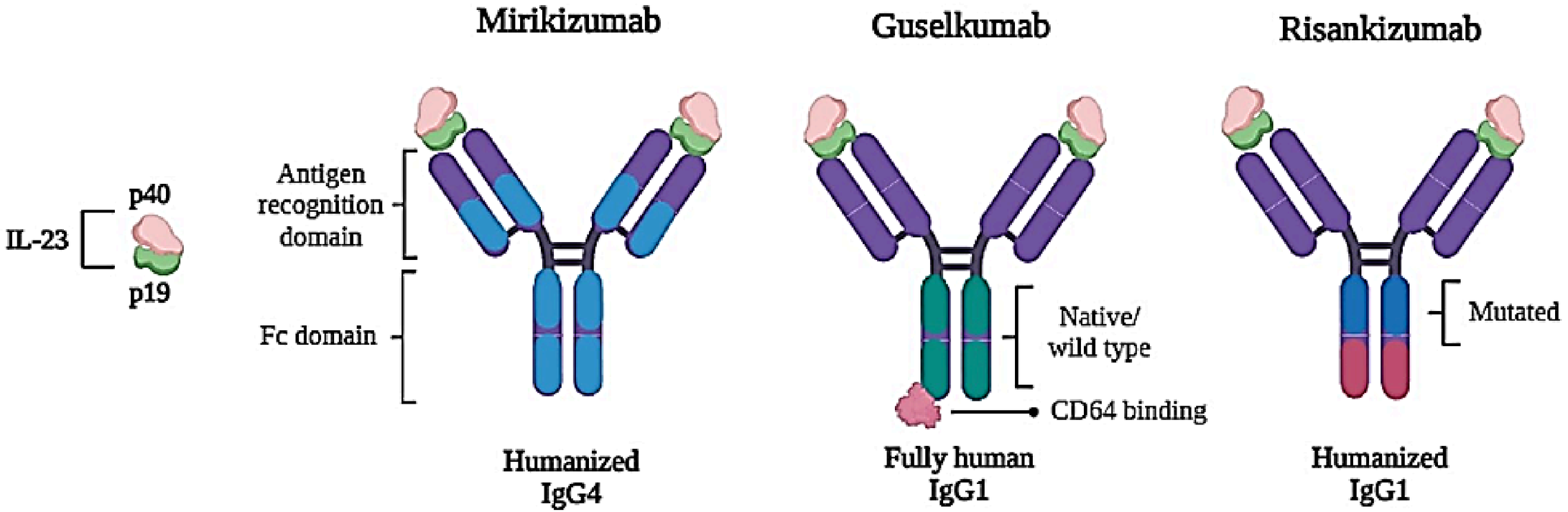
AIBD REGIONALS

IL-23 Mediated Resistance to Anti-TNF



CD = cluster of differentiation; mTNF = membrane-associated tumor necrosis factor; TNFR2 = tumor necrosis factor receptor 2.
Adapted from Schmitt H, et al. *Semin Immunopathol*. 2019;41(6):737-746. Schmitt H, et al. *Gut*. 2019;68(5):814-828.

IL-23 Inhibitors



Guselkumab is unique among the IL-23 inhibitors in that it also binds to CD64, a glycoprotein expressed on IL-23-producing immune cells.

AIBD REGIONALS

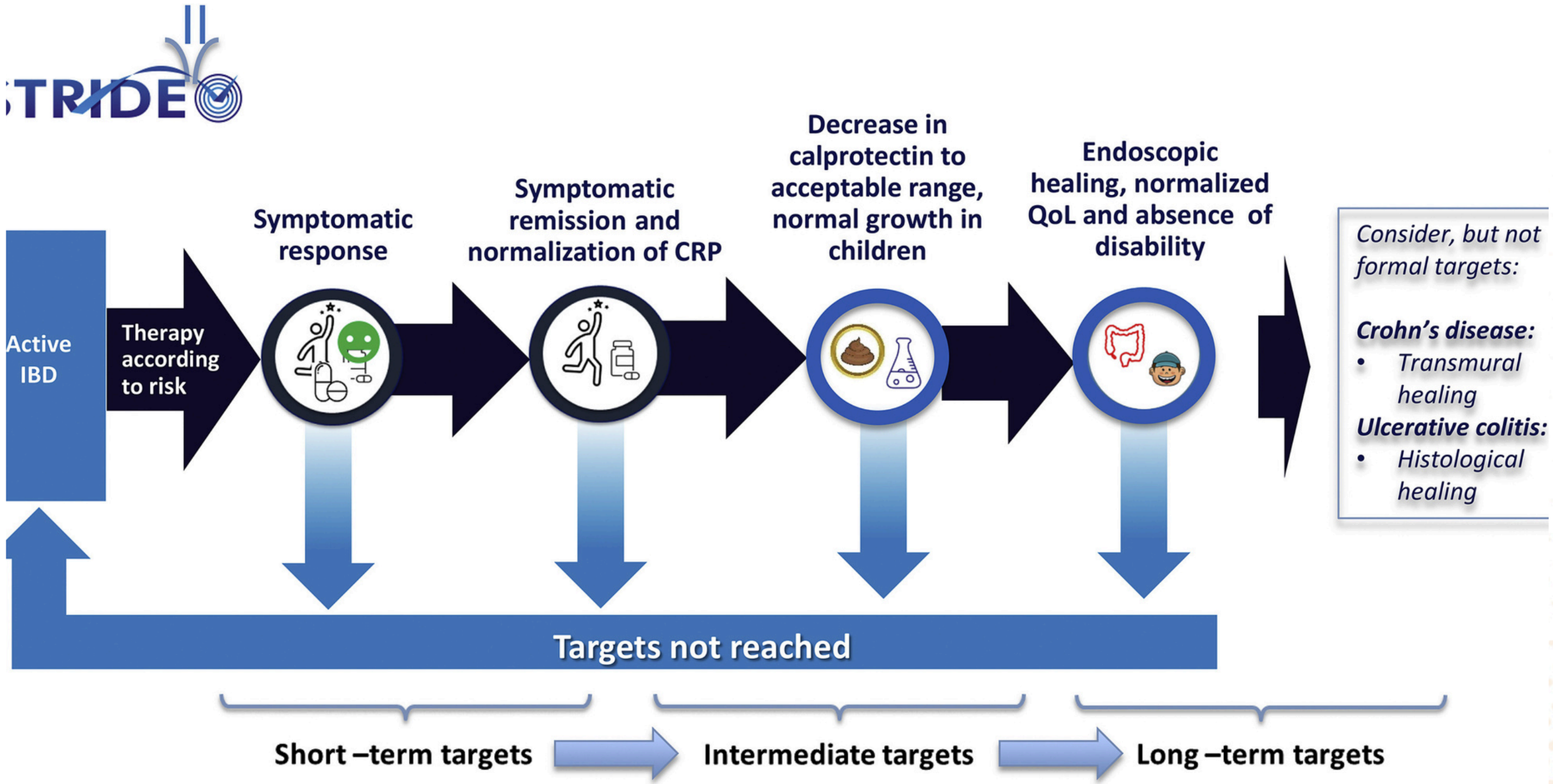
Bezzio C, et al. *Therap Adv Gastroenterol*. 2024;17:17562848241299564.

Key Learning Points

- IL-17 is an important cytokine that maintains intestinal homeostasis and clearance of intestinal pathogens
- Excess IL-17 is associated with immune-mediated illnesses
- IL-23 exposure is needed for TH17 immune cells to produce high levels of inflammatory cytokines, including IFN and TNF
- Expansion of IL-23R+ T cells in anti-TNF non-responder patients may explain efficacy of IL-23 inhibitors in treatment-refractory patients

AIBD REGIONALS

Goals of Treatment in IBD



CRP = C-reactive protein; QoL = quality of life.

Turner, D et al. *Gastroenterology*. 2021; 160(5):1570-1583.

AIBD REGIONALS

ACG 2025 Guidelines for Managing CD

EARLY initiation of advanced therapy is KEY for optimal outcomes in CD

		Induction	Maintenance	Comments
Mild to Moderate Disease	**Oral mesalamine**	⊘	⊘	
	Ileal release budesonide	☐	⊘	
Moderate to Severe Disease	**Oral corticosteroids** Prednisone 40 mg daily for 1-2 weeks, with subsequent tapering	☐	⊘	Think early advanced therapy for these patients
	Thiopurines Azathioprine 2-2.5 mg/kg/day Mercaptopurine 1-1.5 mg/kg/day	⊘	☐	• TPMT testing before start • Given the adverse effect profile of thiopurine monotherapy (eg, lymphoma, skin cancer), consider newer, safer agents for maintenance
	Methotrexate Up to 25 mg 1 /week IM/SC	⊘	☐	• ↓ to 15 mg/week @ 4 months if steroid-free remission
	Anti-TNF agents IV infliximab; SC adalimumab; SC certolizumab pegol	☐	☐	• SC infliximab for maintenance only • Check TB, hepatitis B testing pretreatment
	Anti-integrin agents IV vedolizumab	☐	☐	SC vedolizumab for maintenance only
	Anti-IL-12/23 agents Ustekinumab	☐	☐	• RISA → UST for anti-TNF experienced patient • GUS → SC or IV induction • MIRI, RISA, UST → IV induction
	Anti-IL-23p19 agents Guselkumab; mirikizumab; risankizumab	☐	☐	
	JAK inhibitor agents Upadacitinib	☐	☐	Use limited to anti-TNF-experienced patients in the United States

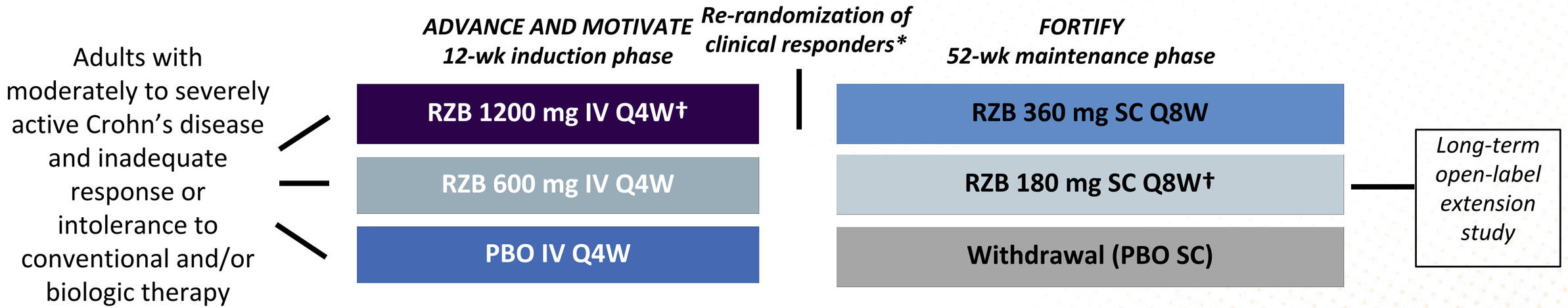
ACG = American College of Gastroenterology; GUS = guselkumab; MIRI = mirikizumab; NSAID = nonsteroidal anti-inflammatory drug; RISA = risankizumab; TB = tuberculosis; TPMT = thiopurine methyltransferase; UST = ustekinumab.

Lichtenstein GR, et al. *Am J Gastroenterol.* 2025;120(6):1225-1264.

AIBD REGIONALS

ADVANCE, MOTIVATE, FORTIFY: Risankizumab in Patients with Moderate to Severe CD

Phase 3 Program



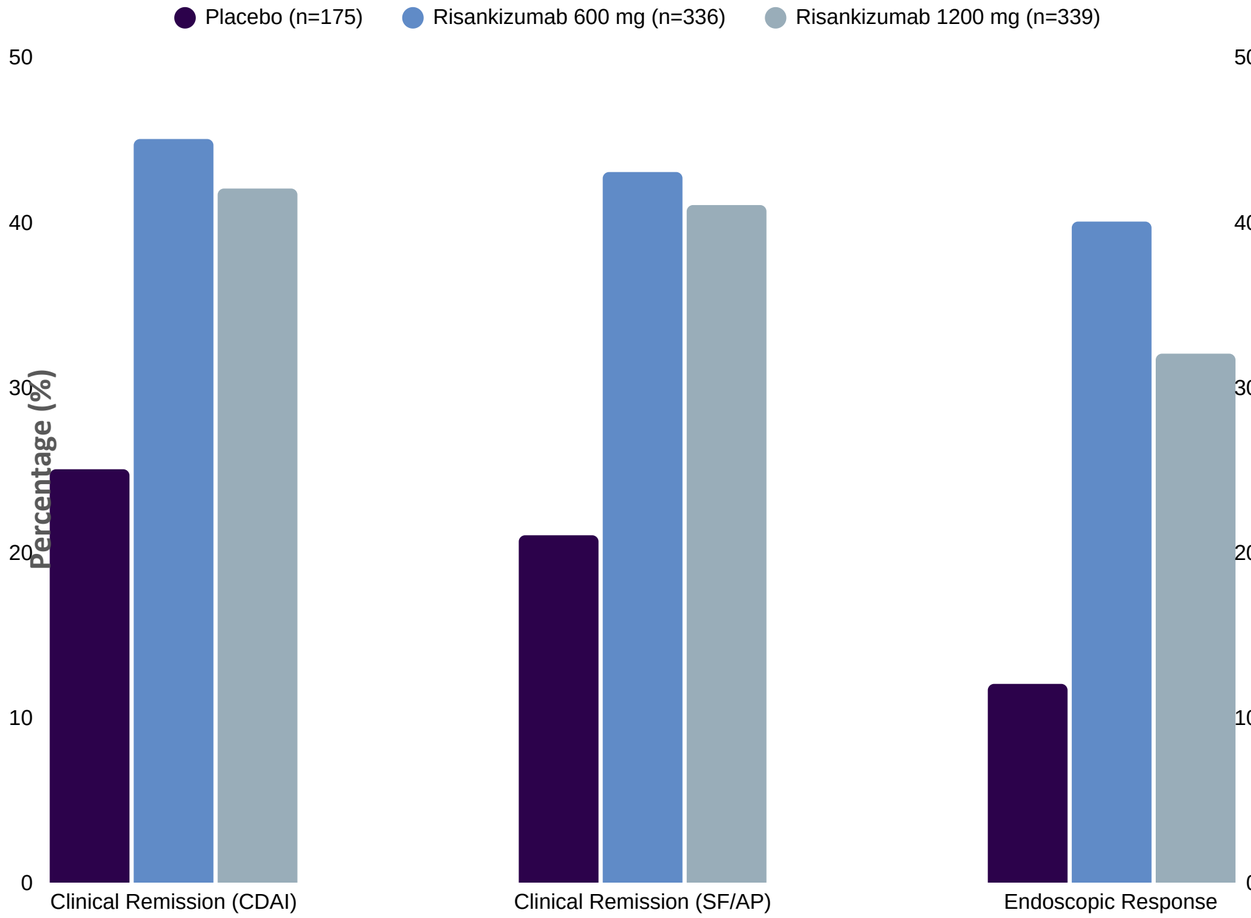
CD = Crohn's disease; APS = abdominal pain score; PBO = placebo; RZB = risankizumab.

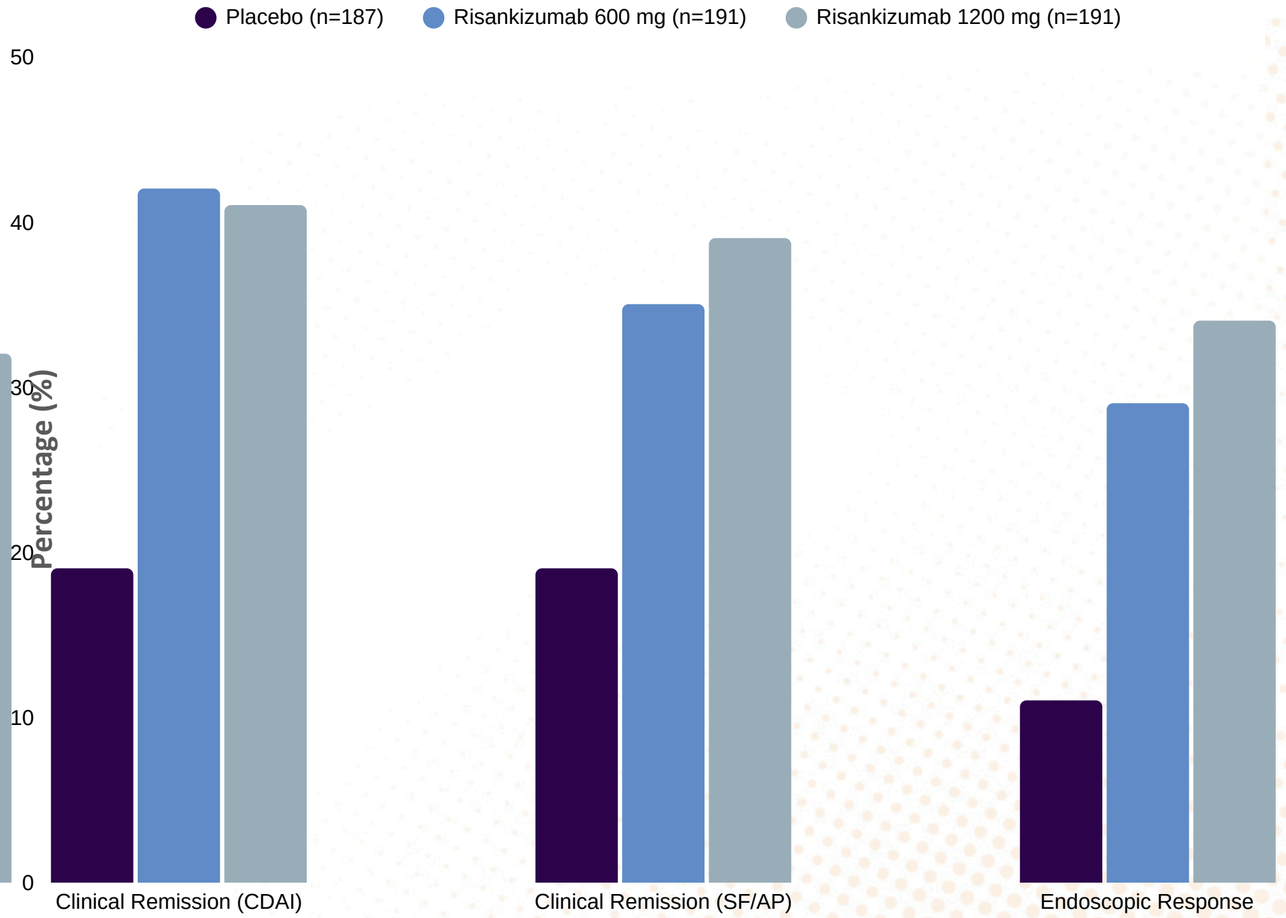
D'Haens G, et al. *Lancet*. 2022;399(10340):2015-2030. Ferrante M, et al. *J Crohn's Colitis*. 2025;19(Suppl 1):i113-i115. Ferrante M, et al. *Lancet*. 2022;399(10340):2031-2046.

AIBD REGIONALS

ADVANCE and MOTIVATE: Risankizumab in Crohn's Disease Phase 3

Week 12 Induction



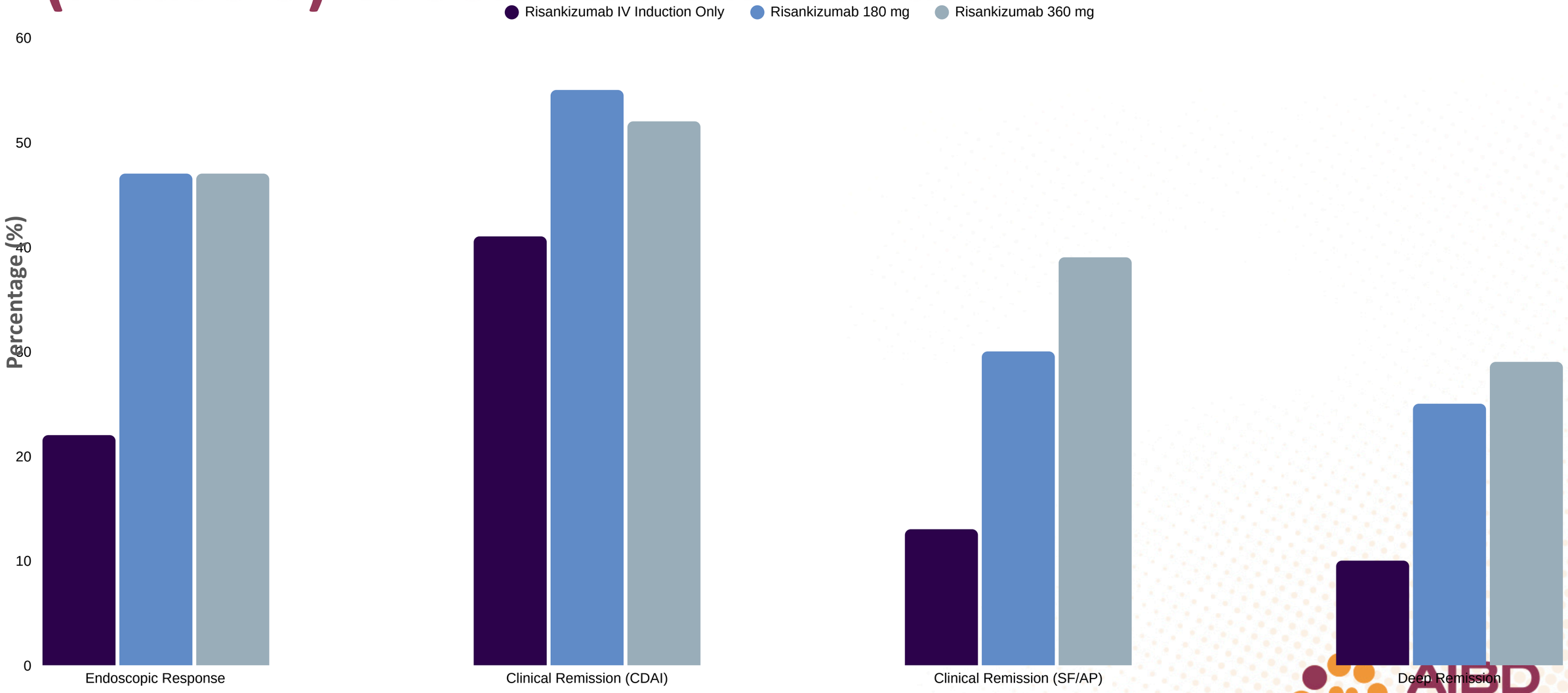


CDAI = CD activity index; SF = stool frequency.

D'Haens G, et al. *Lancet*. 2022;399(10340):2015-2030. Ferrante M, et al. *Lancet*. 2022;399(10340):2031-2046.

AIBD REGIONALS

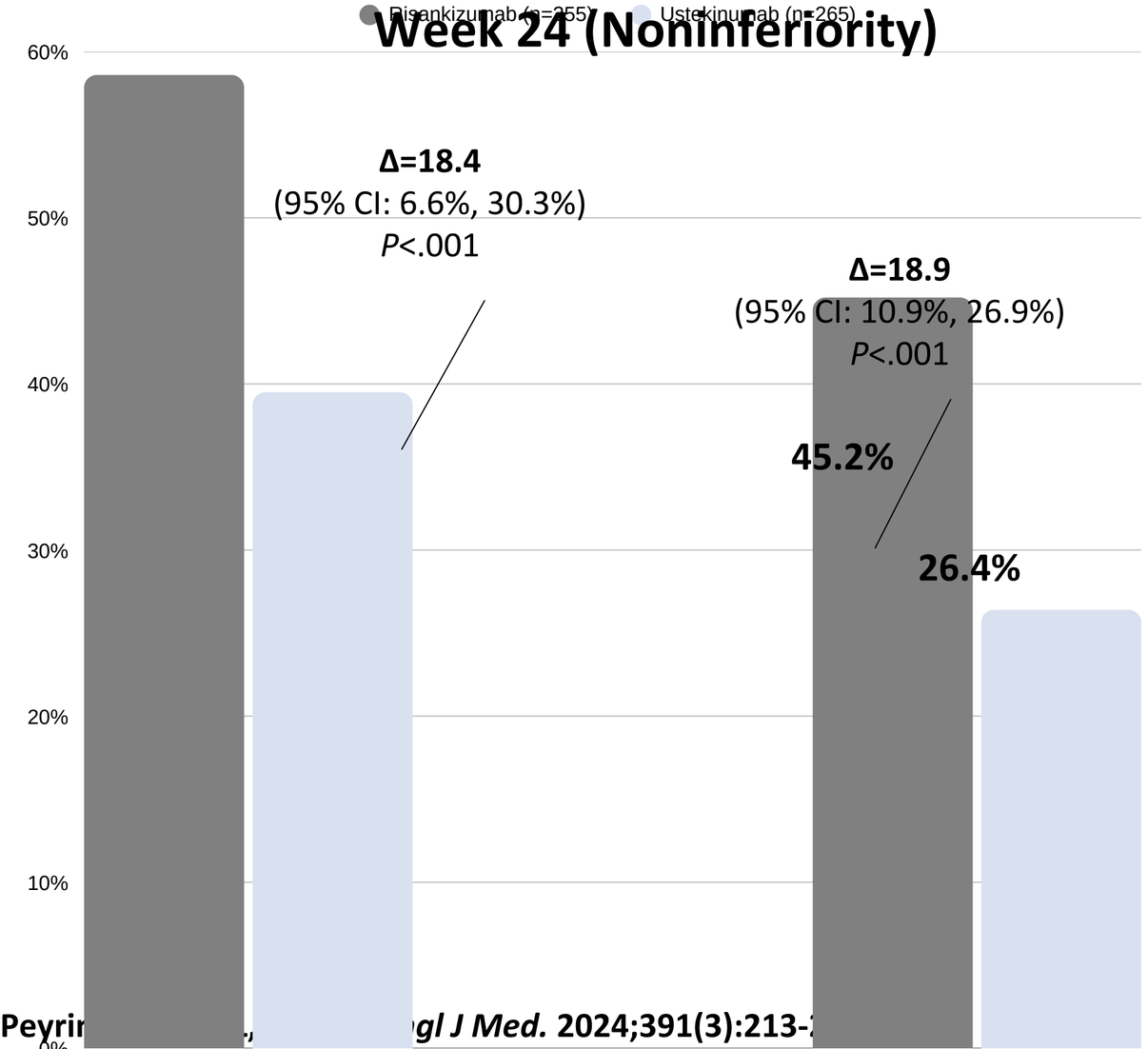
FORTIFY: Risankizumab in Crohn's Disease (Phase 3) Week 52 Maintenance

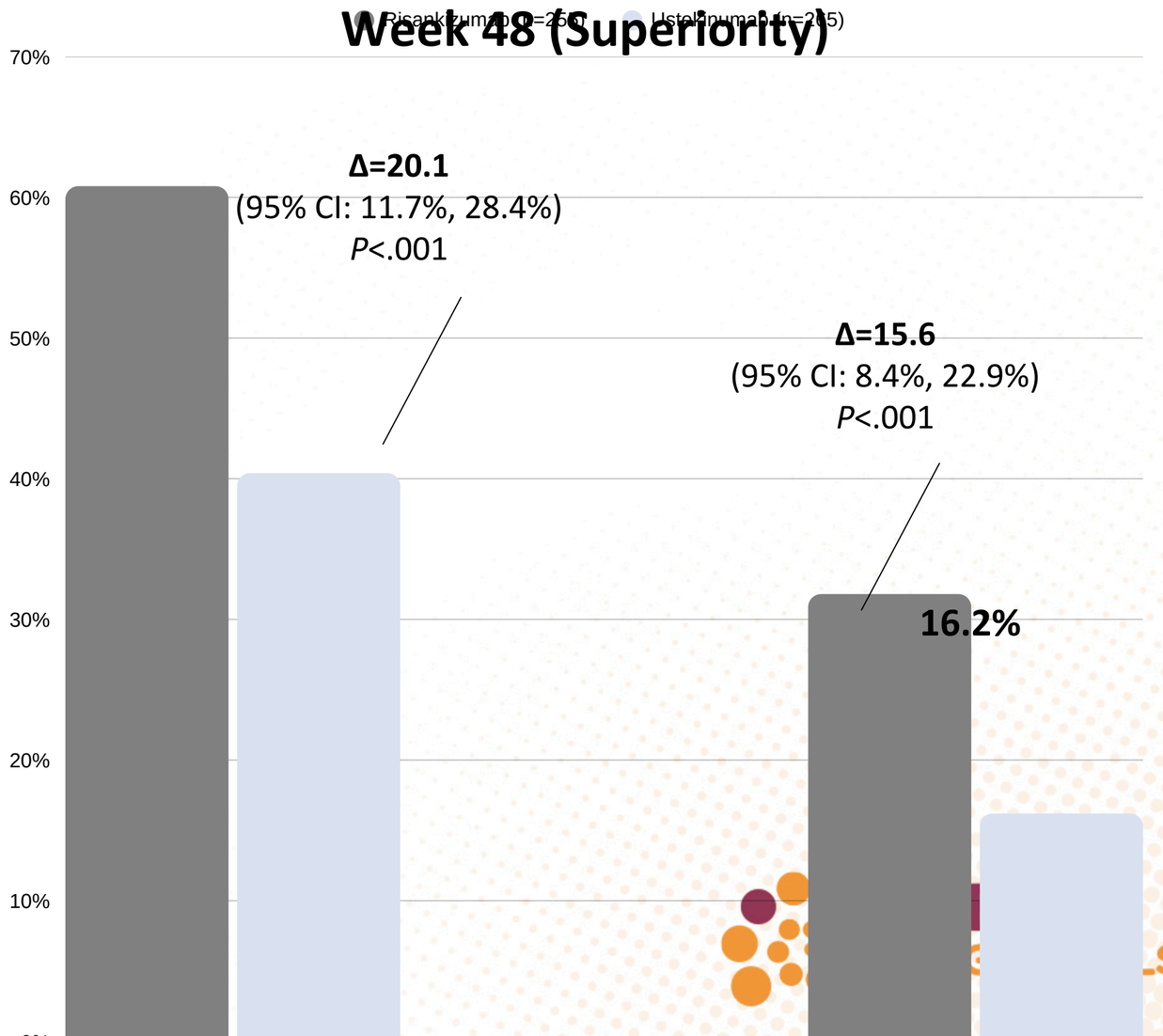


Ferrante M, et al. *Lancet*. 2022;399(10340):2031-2046.

Risankizumab vs Ustekinumab for Patients Previously Exposed to Anti-TNF

SEQUENCE Open-Label Head-to-Head Trial (N=520)



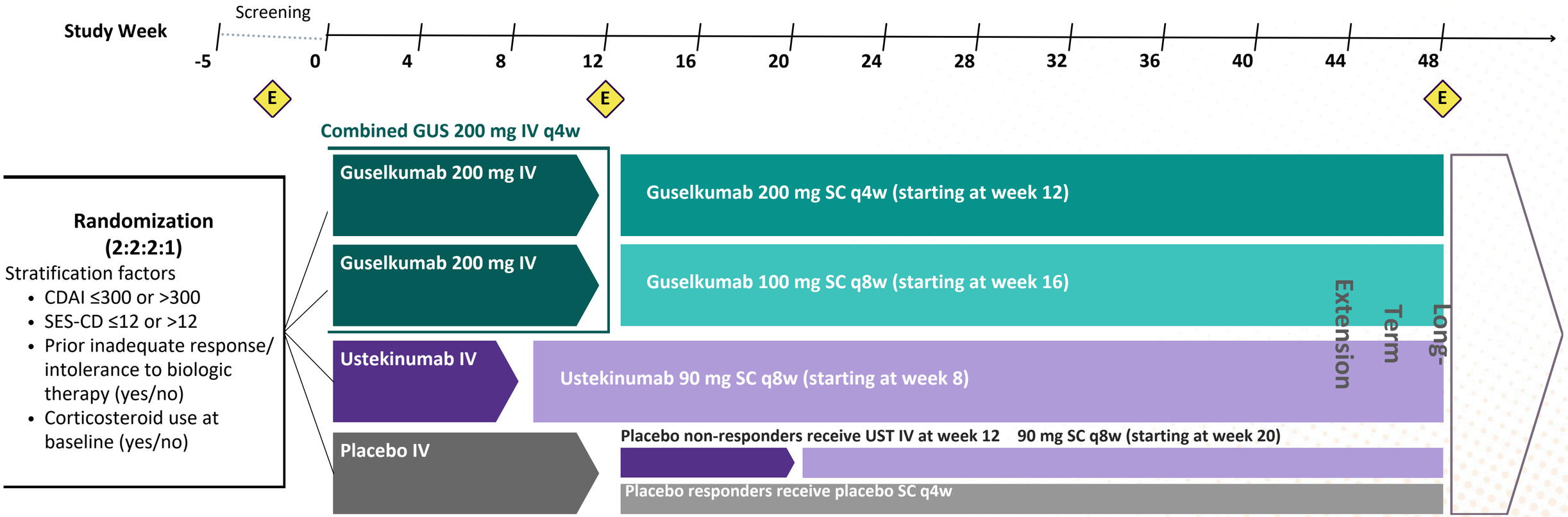


Peyrin [illegible] *gl J Med.* 2024;391(3):213-[illegible]

GALAXI 2 and 3: Guselkumab for Crohn's Disease

Primary analysis set

- **GALAXI 2: 508 participants**
- **GALAXI 3: 513 participants**

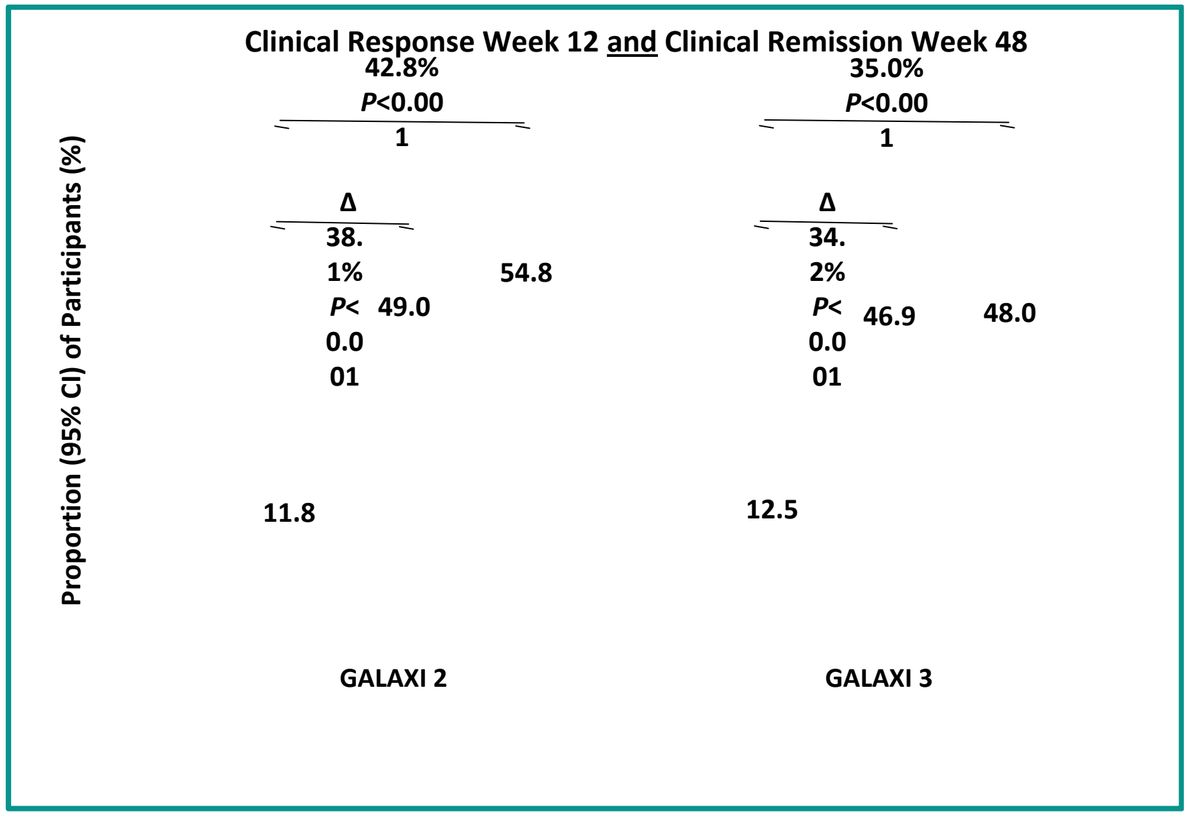


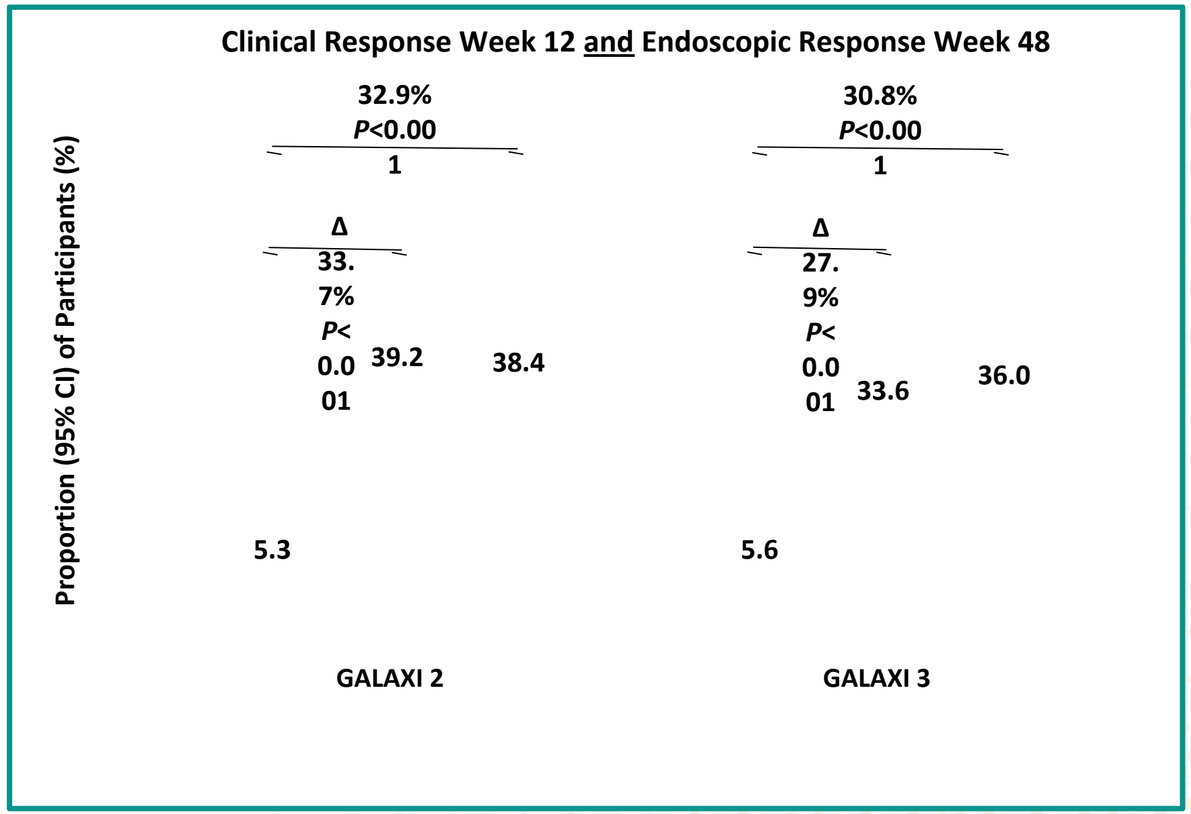
E = endoscopy; SES-CD = Simple Endoscopic Score for Crohn's Disease; GUS = guselkumab.

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

AIBD REGIONALS

GALAXI 2 and 3: Composite Co-Primary Endpoints





Placebo

GUS 200 mg IV q4w → 100 mg SC q8w

GUS 200 mg IV q4w → 200 mg SC q4w

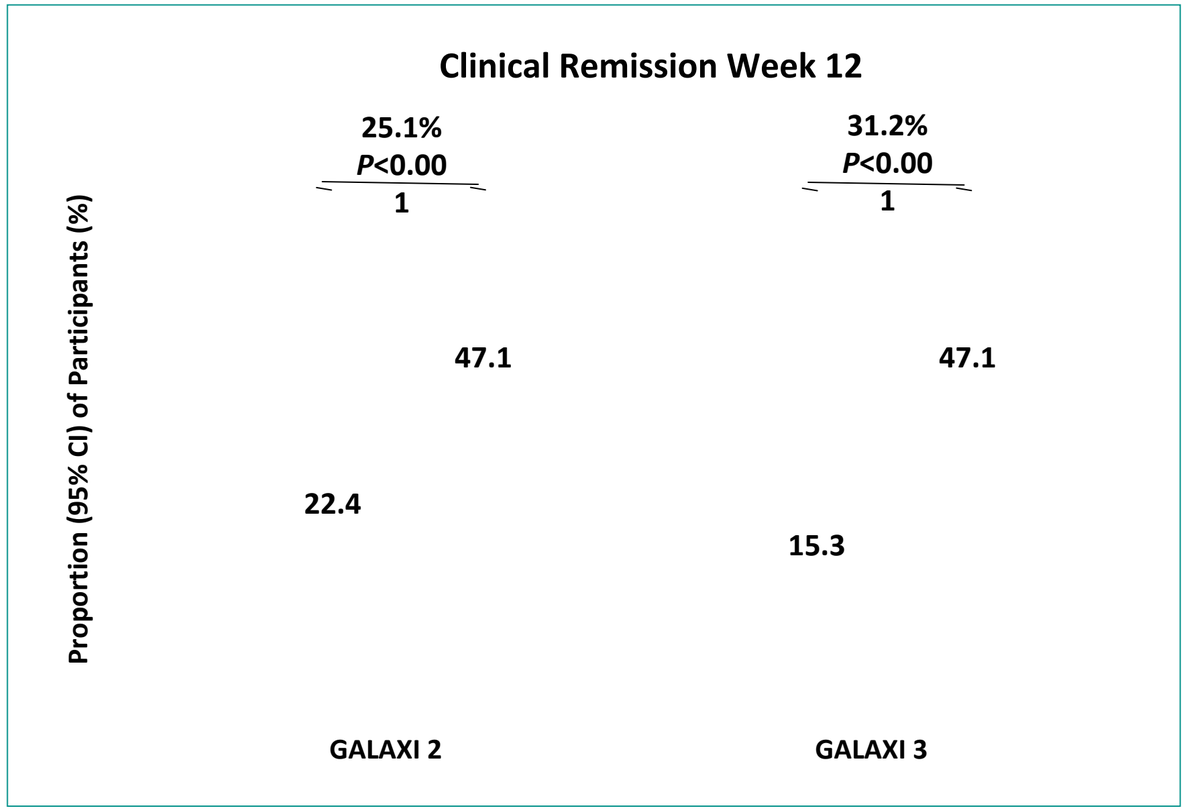
Clinical response: ≥100-point reduction from baseline in CDAI or CDAI <150. Clinical remission: CDAI <150. Endoscopic response: ≥50% improvement from baseline in SES-CD or SES-CD ≤2.

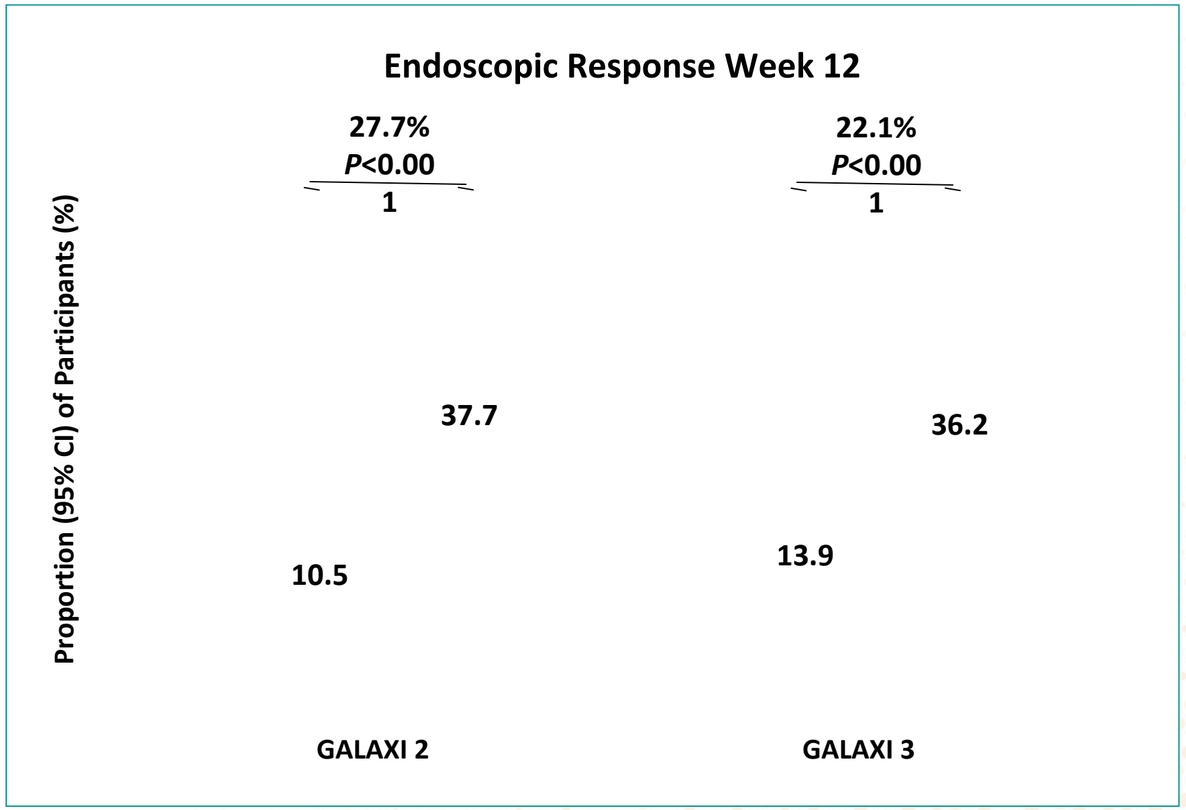
Panaccione R, et al. *Lancet.* 2025;406(10501):358-375.

AIBD REGIONALS

GALAXI 2 and 3: Efficacy of Guselkumab IV Induction

Major Secondary Endpoints





Placebo IV Combined GUS 200 mg IV

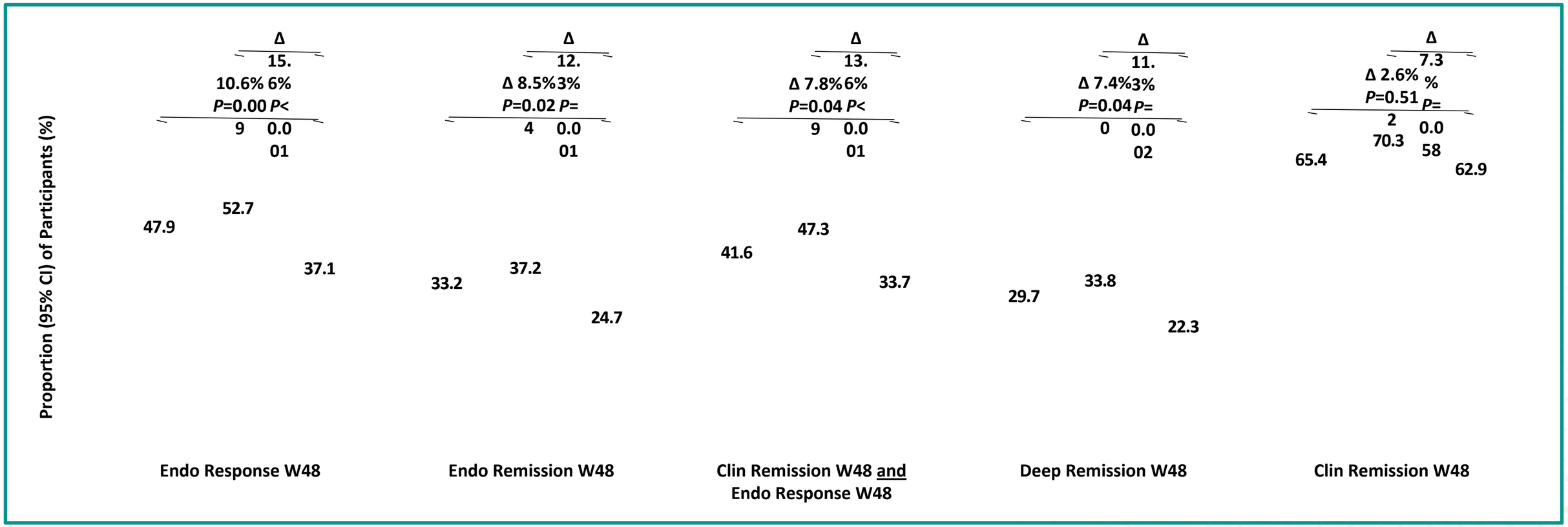
Clinical remission: CDAI <150. Endoscopic response: ≥50% improvement from baseline in SES-CD or SES-CD ≤2.

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

AIBD REGIONALS

GALAXI 2 and 3: Guselkumab vs Ustekinumab: Efficacy at Week 48

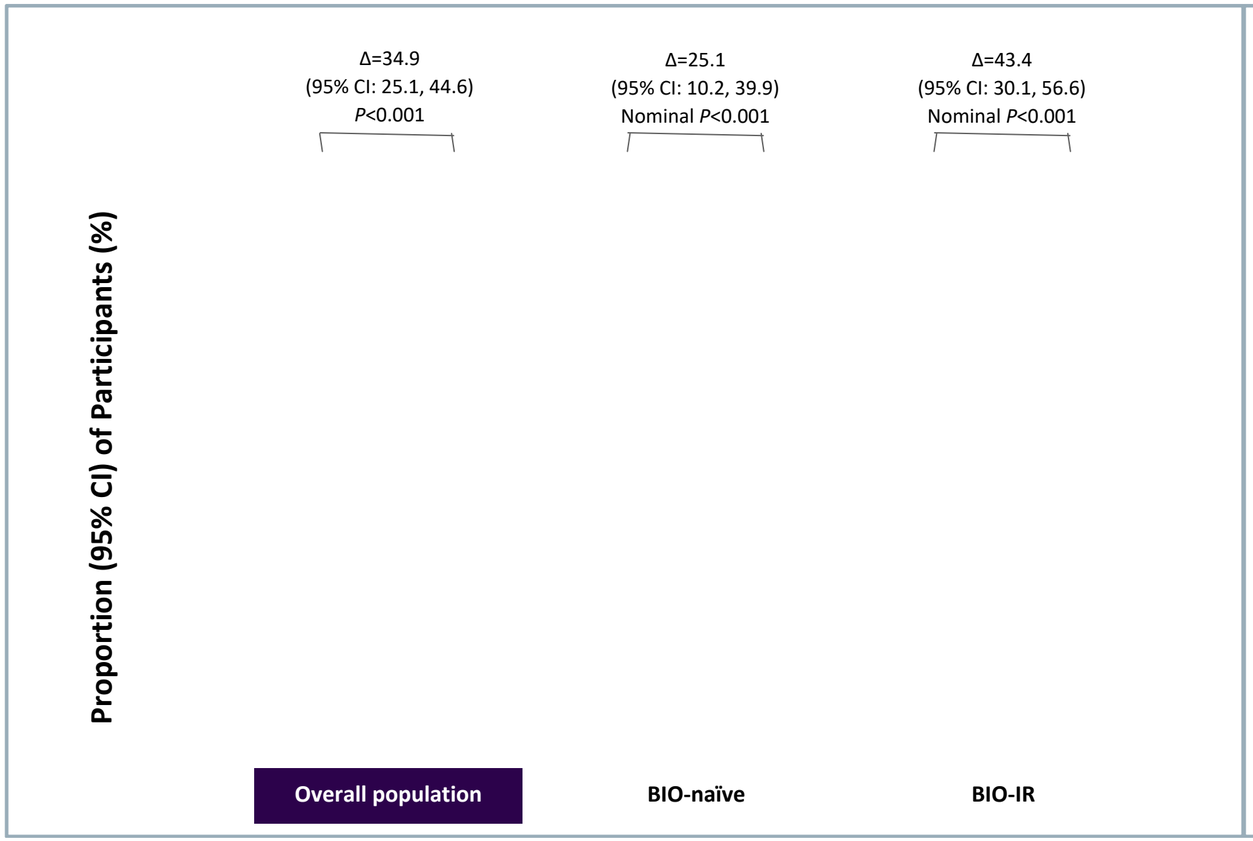
Pooled GALAXI 2 and 3: Major Secondary Endpoints

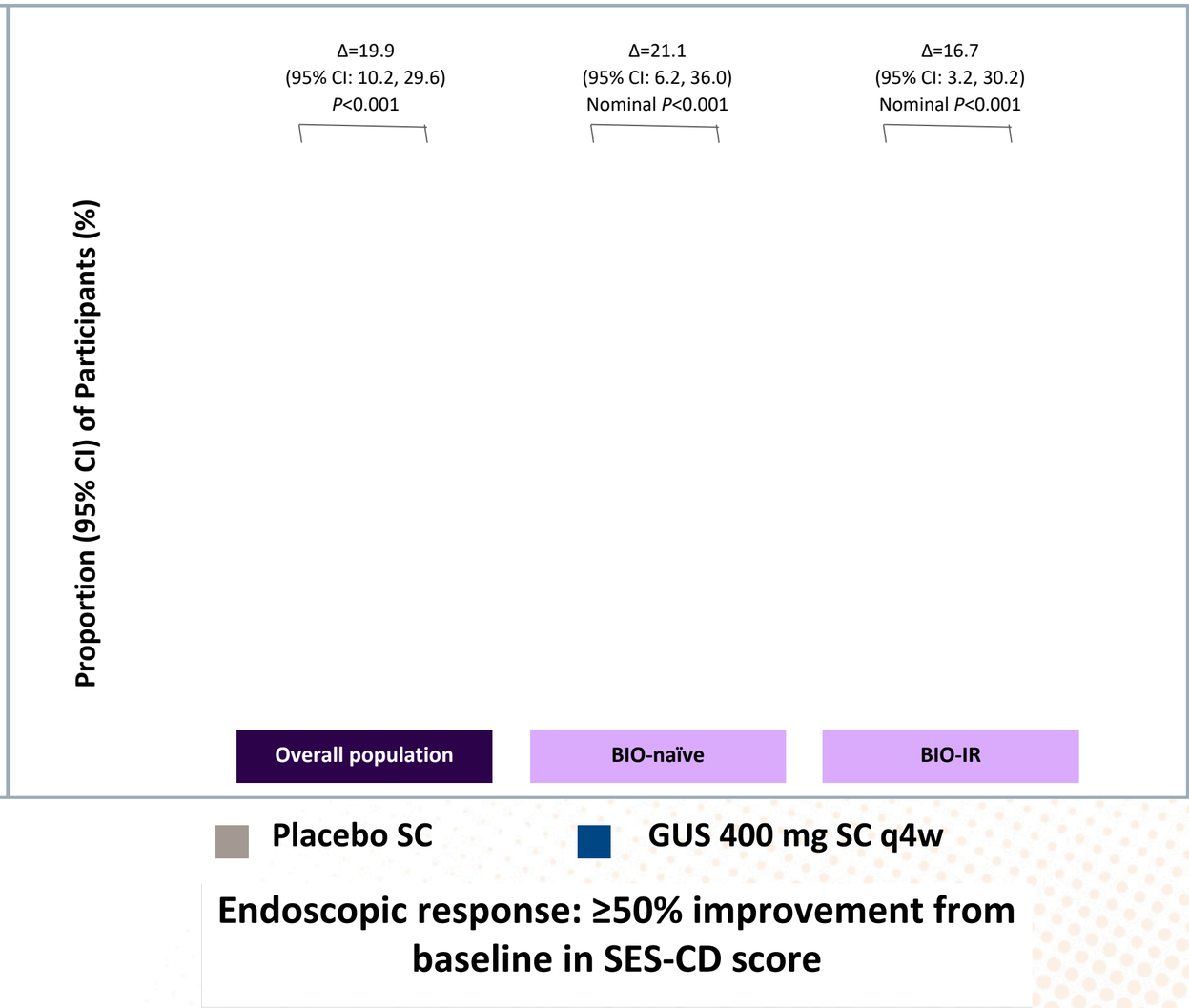


Deep remission: Clinical remission and endoscopic remission.
Clinical remission: CDAI <150. Endoscopic response: ≥50% improvement from baseline in SES-CD or SES-CD ≤2.

GRAVITI: SC Induction for CD

Clinical Remission and Endoscopic Response at Week 12





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

GALAXI 2/3 and GRAVITI Phase 3 Long-Term Extension Data

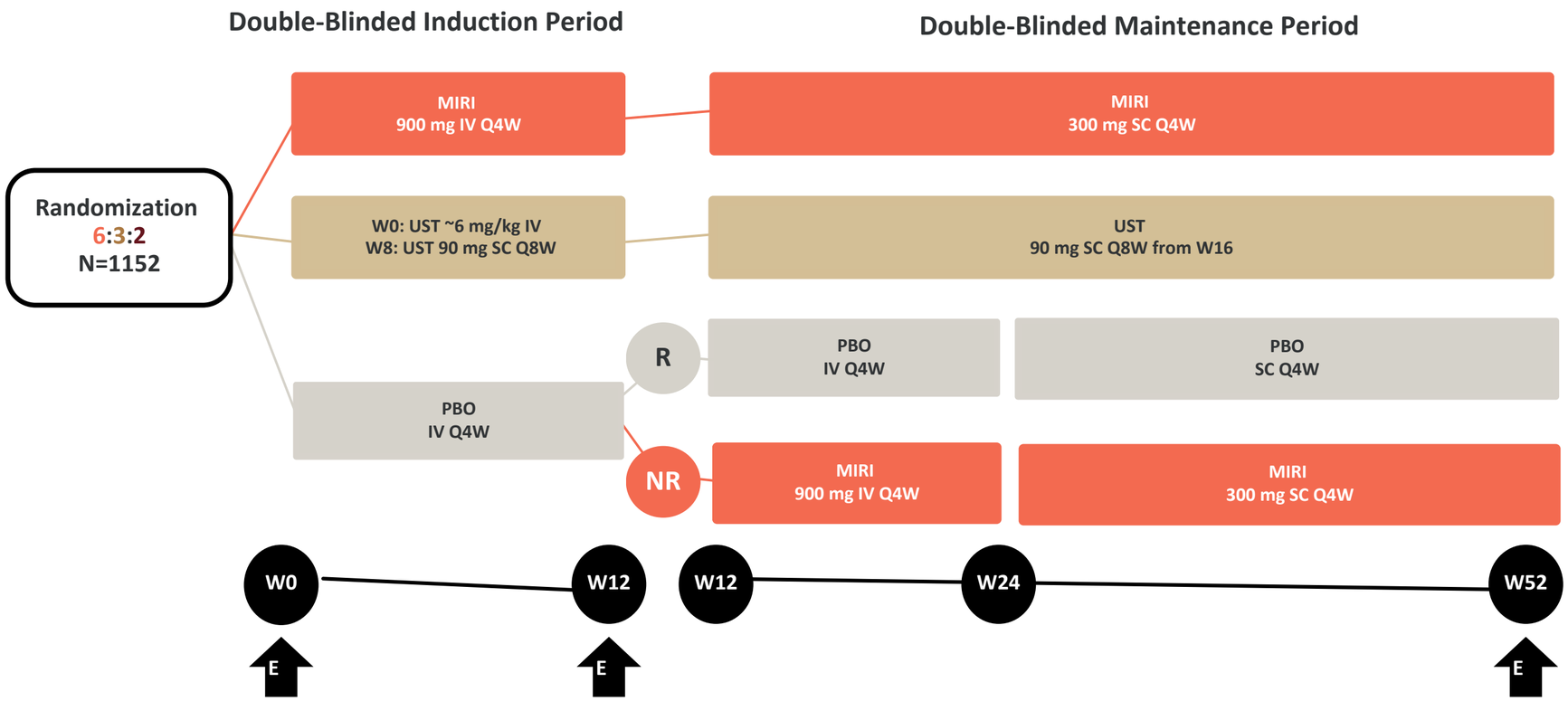
- Across studies, high rates of long-term endoscopic response, endoscopic remission, clinical remission, and deep remission were observed after treatment with both GUS doses
- Respective W96 rates for IV vs SC induction were
  - **Endoscopic response:** 44.1% vs 47.8% (100 mg SC every 8 weeks) and 44.6% vs 59.1% (200 mg SC every 4 weeks)
  - **Endoscopic remission:** 28.3% vs 38.3% (100 mg SC every 8 weeks) and 31.4% vs 47.0% (200 mg SC every 4 weeks)
  - **Clinical remission:** 59.4% vs 62.6% (100 mg SC every 8 weeks) and 63.2% vs 71.3% (200 mg SC every 4 weeks)
  - **Deep remission:** 26.2% vs 34.8% (100 mg SC every 8 weeks) and 29.4% vs 39.1% (200 mg SC every 4 weeks)
- Long-term efficacy outcomes show the durability of GUS treatment in CD through 2 years across multiple studies with no new safety concerns

AIBD REGIONALS

D'Haens G, et al. *Am J Gastroenterol*. 2025;120(1052):S324.

VIVID-1 Trial Design: Assessments of Mirikizumab and Ustekinumab on Histologic Inflammation in Five Segments in Crohn's Disease

VIVID-1



Key Eligibility Criteria

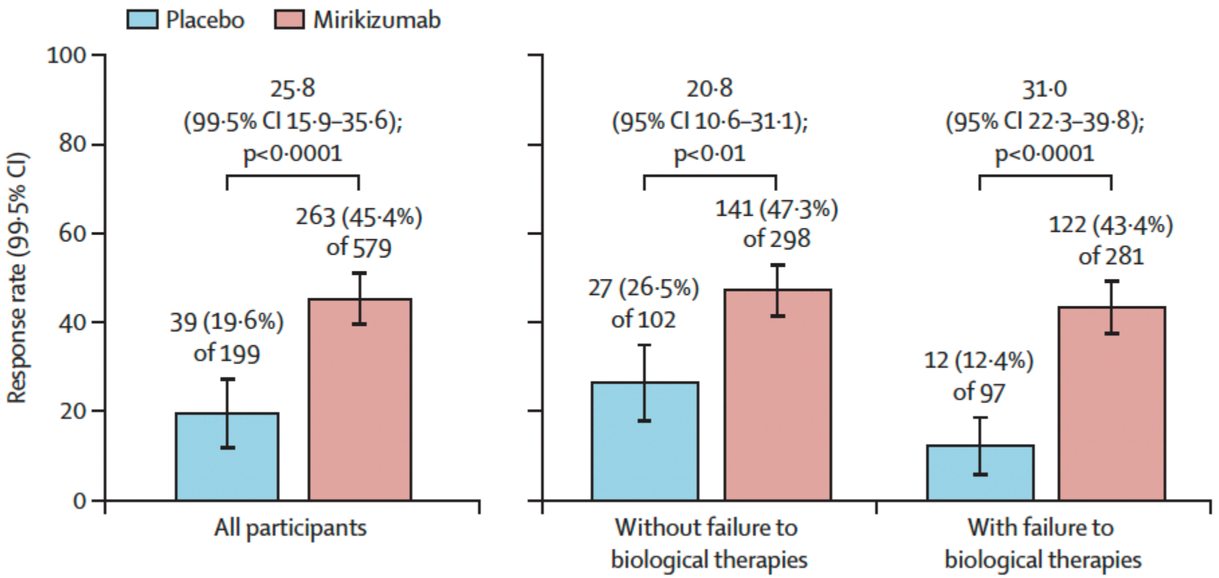
- Age ≥18 to ≤80 years
- Moderately to severely active CD, defined as unweighted daily average stool frequency (SF) ≥4 and/or unweighted daily average abdominal pain (AP) ≥2 at baseline
- SES-CD ≥7 (or ≥4 for isolated ileal disease) within 21 days before randomization
- Inadequate response, loss of response, or intolerance to ≥1 drugs, including corticosteroid, immunomodulator, or approved biologic therapy for CD

AIBD REGIONALS

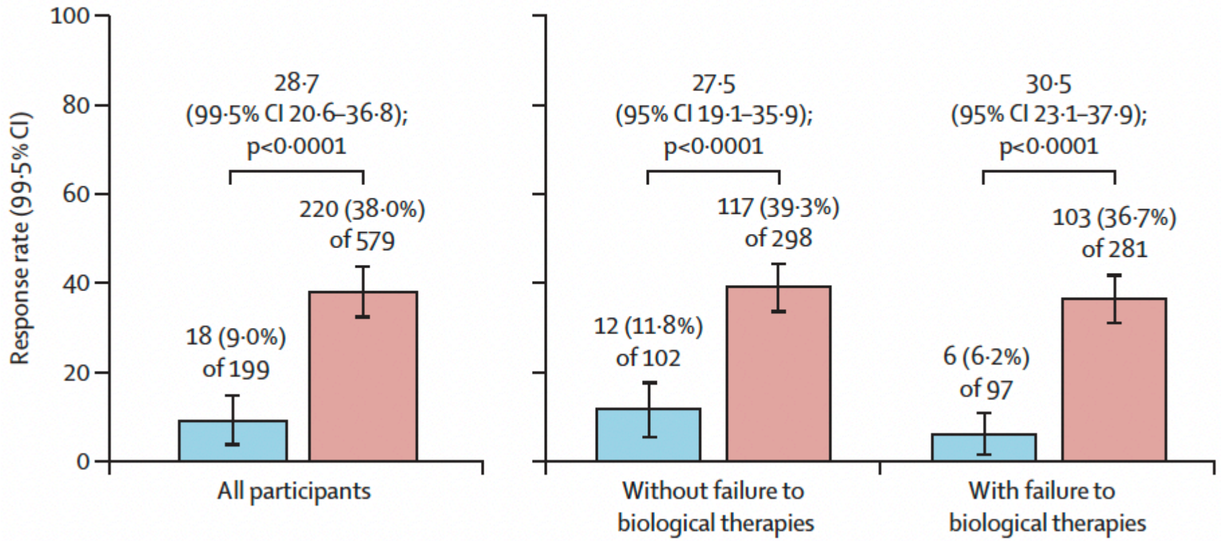
Ferrante M, et al. *Lancet*. 2024;404(10470):2423-2436.

VIVID: Mirikizumab vs Placebo in CD

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)

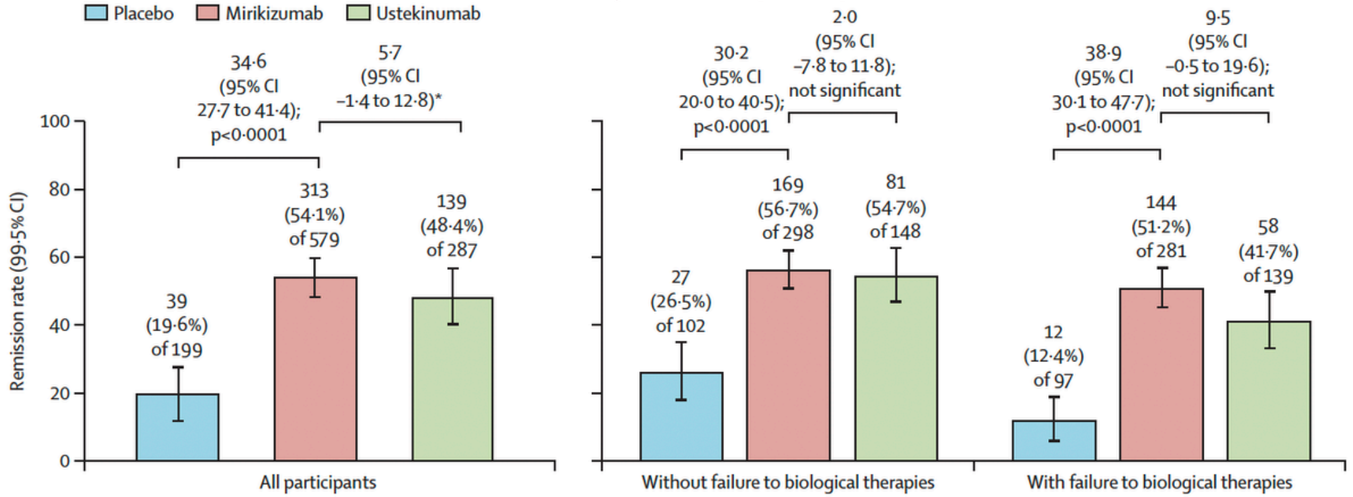


PRO = patient-reported outcome; NRI = non-responder imputation.

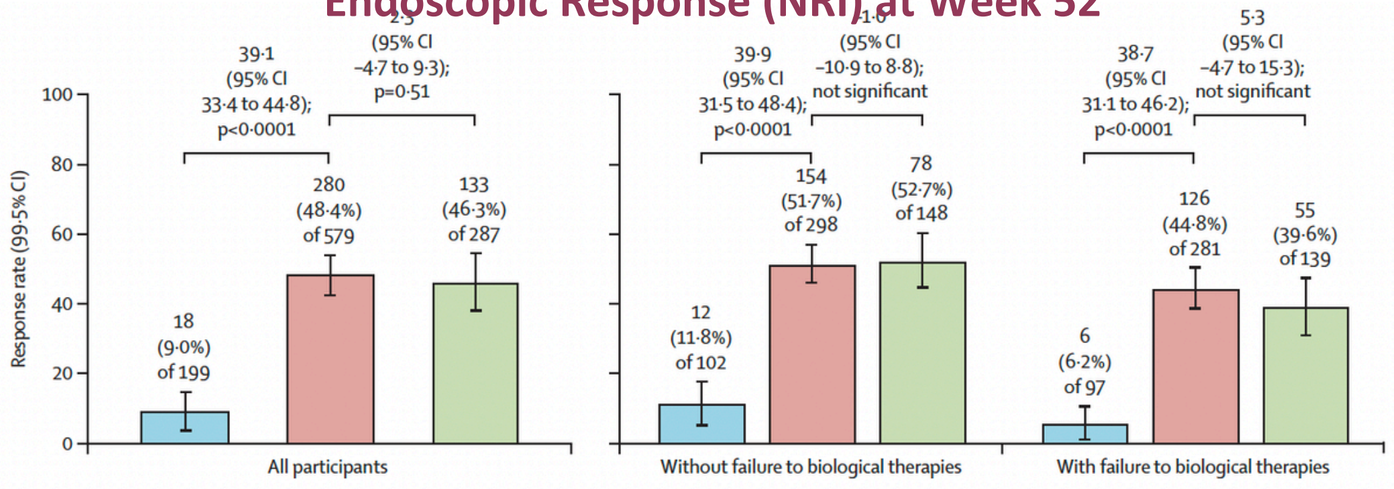
Ferrante M, et al. *Lancet*. 2024;404(10470):2423-2436.

VIVID: Mirikizumab vs Ustekinumab in CD

Clinical Remission by CDAI (NRI) at Week 52



Endoscopic Response (NRI) at Week 52



***Non-inferiority met after accounting for multiplicity.**

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

AIBD REGIONALS

Key Learning Points



- Risankizumab, guselkumab, and mirikizumab are all highly effective treatments for moderate to severe Crohn's disease
  - All 3 agents demonstrate efficacy in AT-naïve and -exposed patients
- Risankizumab and guselkumab are superior to ustekinumab
- Guselkumab currently only FDA-approved IL-23 inhibitor for subcutaneous induction

AIBD REGIONALS

FDA = US Food and Drug Administration.

AGA 2024 Guideline on Pharmacologic Management of Adults with Moderate-to-Severe UC

- **SUGGEST** early use of ATs and/or IMM therapy over gradual step-up after 5-ASA failure *(conditional recommendation, very low certainty of evidence)*
- **RECOMMEND** any of the following over no treatment: IFX, GOL, VEDO, TOF, UPA, UST, RISA, GUS, OZ, ETR *(strong recommendation, moderate certainty of evidence)*
- **SUGGEST** any of the following over no treatment: ADA, MIRI, FIL *(conditional recommendation, moderate certainty of evidence)*

Consider:

- Biosimilars of IFX, ADA, UST as equivalent in efficacy to originator
- Subcutaneous IFX and VEDO as alternatives to respective IV maintenance doses for most patients
- Extended induction or dose escalation of ATs for some patients with severe disease

AT-Naive (first-line therapy)

- **SUGGEST** HIGHER or INTERMEDIATE over LOWER efficacy medication *(conditional recommendation, low certainty of evidence)*

Efficacy:

- **HIGHER—IFX, VEDO, OZ, ETR, UPA, RIS, GUS**
- **INTERMEDIATE—GOL, UST, TOF, FIL, MIRI**
- **LOWER—ADA**

Prior Exposure to ≥1 AT (particularly anti-TNF)

- **SUGGEST** HIGHER or INTERMEDIATE over LOWER efficacy medication *(conditional recommendation, low certainty of evidence)*

Efficacy:

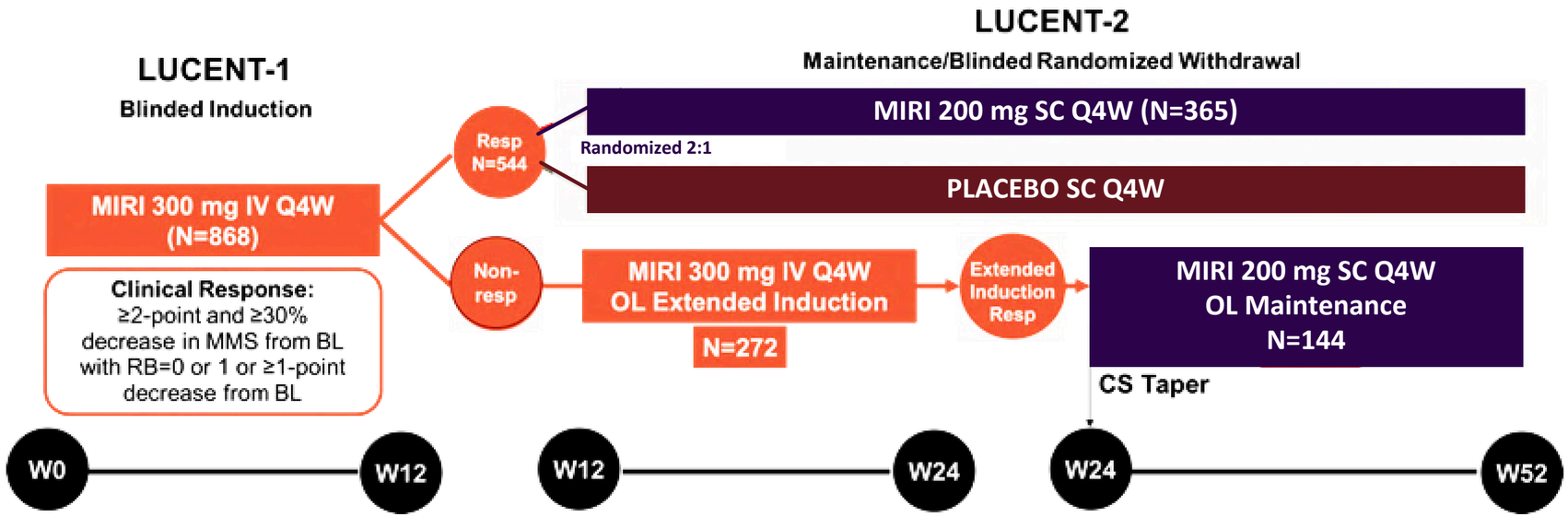
- **HIGHER—TOF, UPA, UST**
- **INTERMEDIATE—MIRI, RISA, GUS**
- **LOWER—ADA, VEDO, OZ, ETR**

UC = ulcerative colitis; AT = advanced therapy; IMM = immunomodulator; ETR = etrasimod; FIL = filgotinib; GOL = golimumab.

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

AIBD REGIONALS

LUCENT Trial Design (Mirikizumab in UC)



MIRI responders in LUCENT-1= 551/868 (63.5%); 544 entered LUCENT-2

MIRI extended induction responders who achieved clinical response at W24 in LUCENT-2=146; 144 continued with SC maintenance

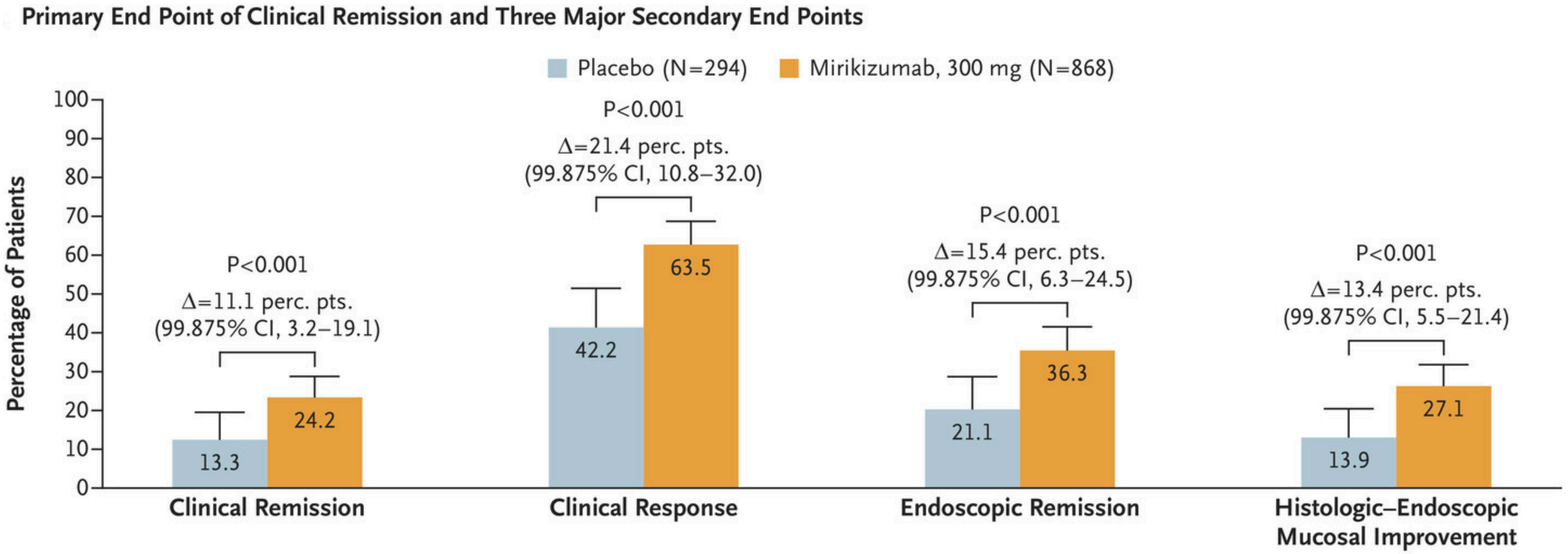
- To assess response over time during extended induction among clinical non-responders who received extended induction with mirikizumab for an additional 12 weeks
- In LUCENT-1, patients (N=1281) were randomly assigned 3:1 to receive mirikizumab 300 mg or placebo IV at W0, W4, and W8
- Patients not achieving clinical response with mirikizumab 300 mg IV at W12 of LUCENT-1 (n=272) received extended induction treatment with open-label mirikizumab 300 mg IV at W12, W16, and W20 (LUCENT-2)

BL = baseline; OL = open-label; CS = corticosteroid; MMS = modified Mayo Score; RB = rectal bleeding; W = week.

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

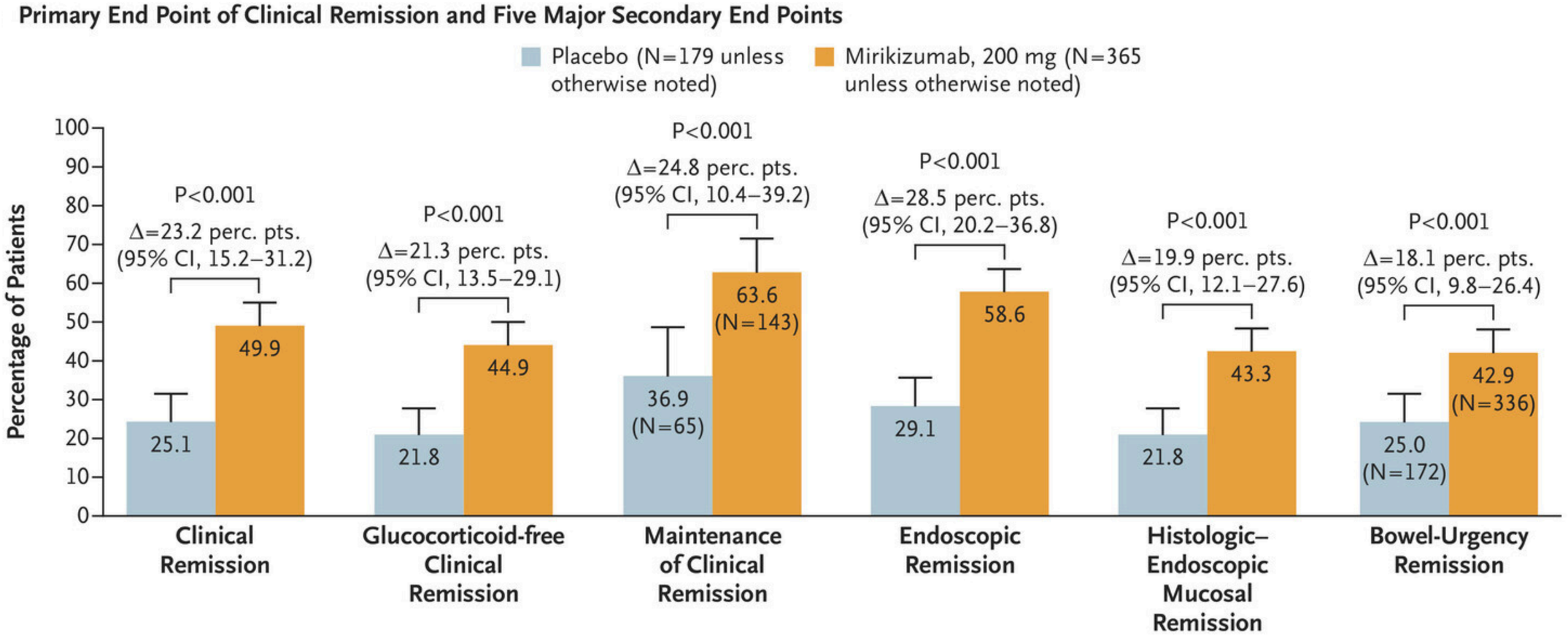
AIBD REGIONALS

Mirikizumab in UC Induction: LUCENT-1



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

Mirikizumab in UC Maintenance: LUCENT-2 Week 40 Endpoints



(excluding friability)), endoscopic remission: ES = 0 or 1 (excluding friability)), clinical remission at week 40, remission of symptoms at week 28, and no glucocorticoid use for ≥12 weeks before week 40.

Mirikizumab is indicated for the treatment of moderately to severely active ulcerative colitis in adult patients.

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

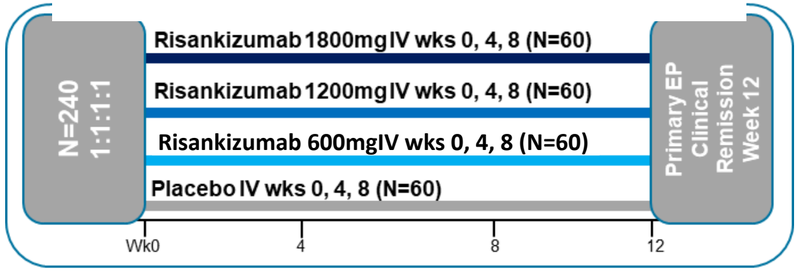
AIBD REGIONALS

Risankizumab UC Phase 3 Registrational Program
Single Induction and Re-Randomized Responder Maintenance

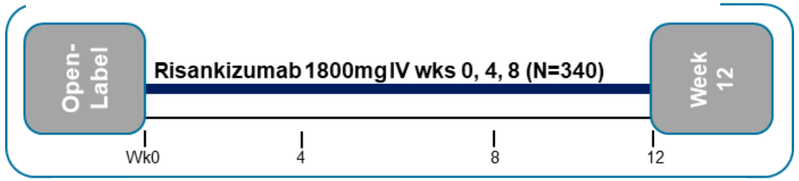
Operationally Seamless Ph 2b/3 Induction Study Enrolled Sequentially



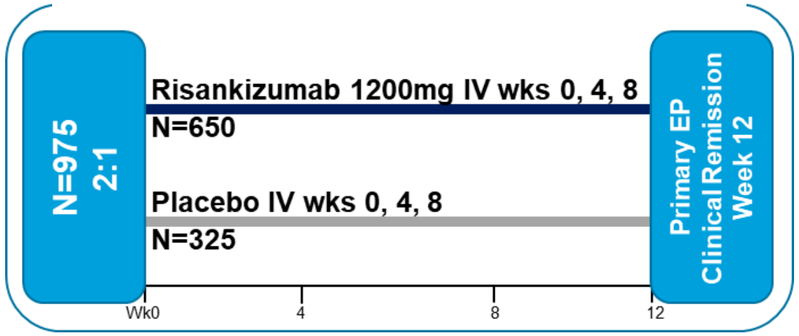
INSPIRE Ph2b Dose Ranging



INSPIRE Ph2b OL Induction

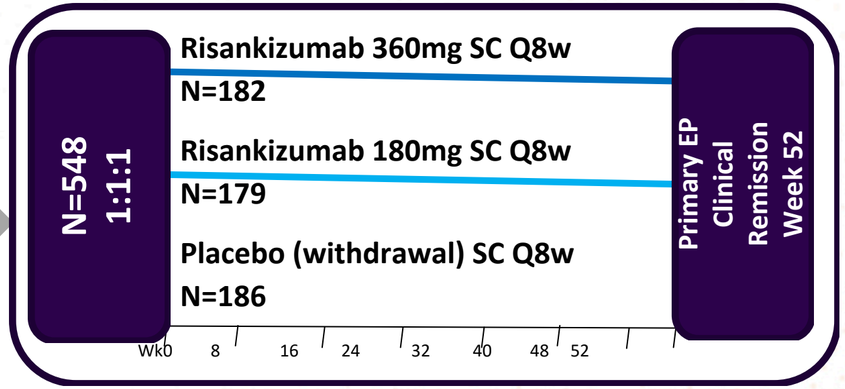


INSPIRE Ph3 Induction



Clinical response to 12 weeks risankizumab IV

COMMAND Ph3 Maintenance

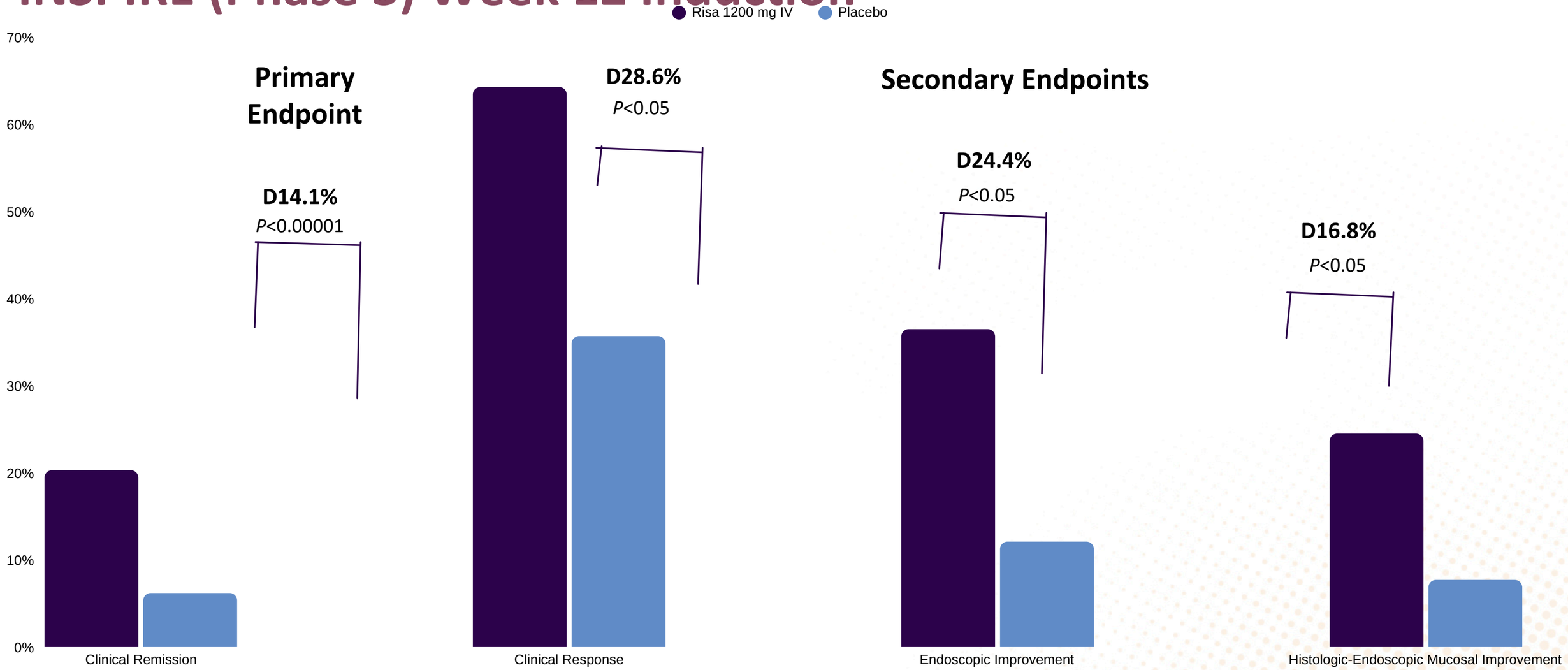


EP = endpoint.

Louis E, et al. *JAMA*. 2024;332(11):881-897.

AIBD REGIONALS

Risankizumab for Ulcerative Colitis: INSPIRE (Phase 3) Week 12 Induction

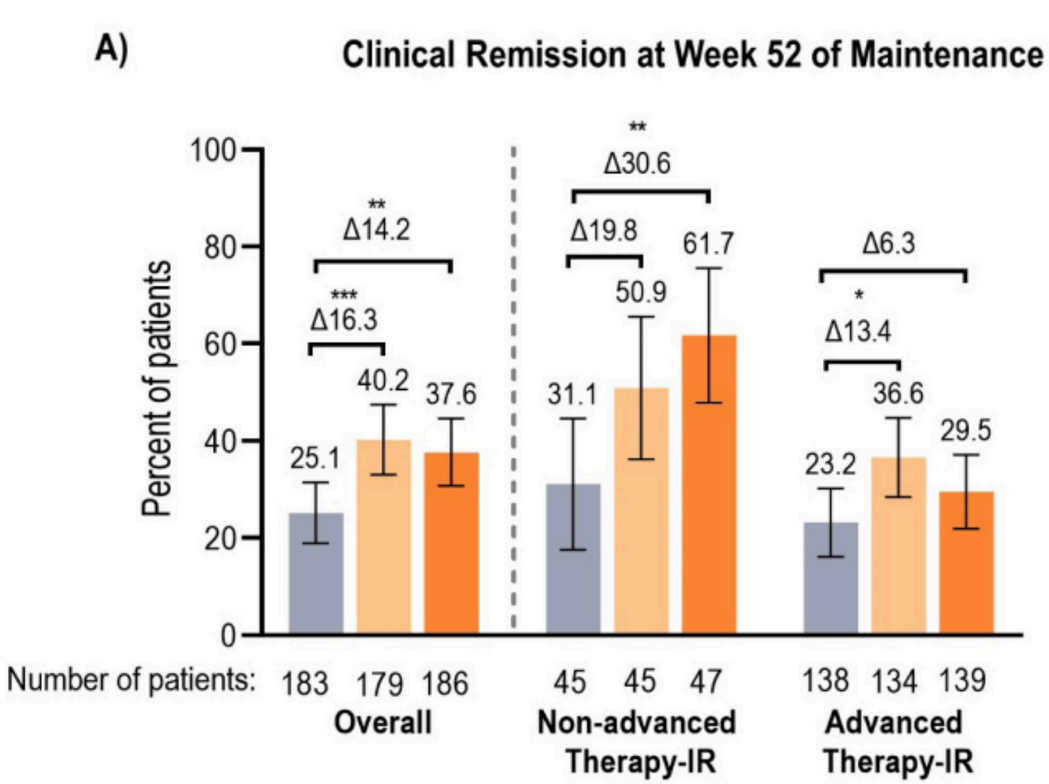


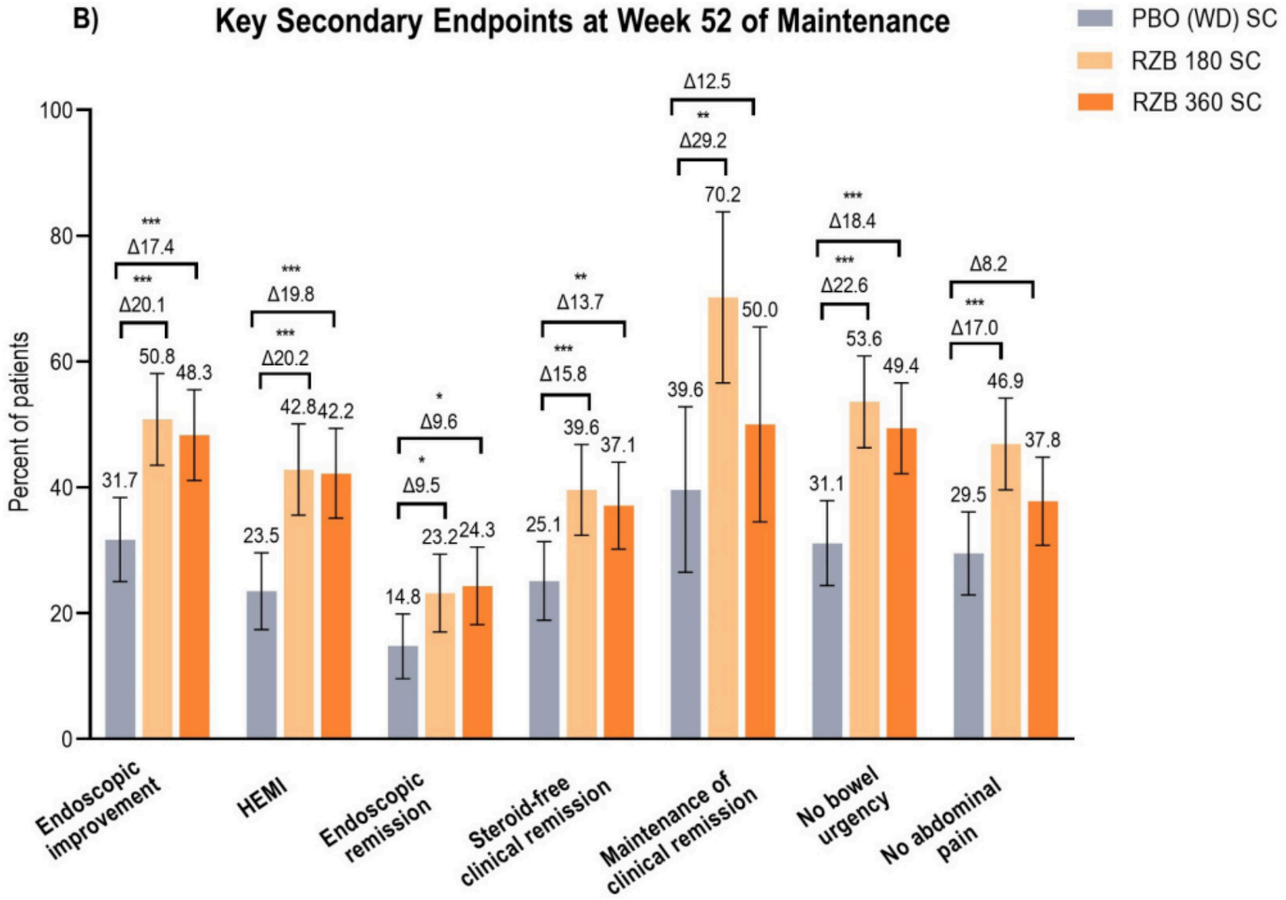
Mayo score ≥2 points and ≥30% from baseline, plus a decrease in RBS ≥1 or an absolute RBS ≤1; [c]Endoscopic improvement is defined as endoscopic subscore ≤1 without friability; [d]Histologic-endoscopic mucosal improvement is defined as Geboes score ≤3.1 and endoscopic subscore ≤1 without friability.

Louis E, et al. *JAMA*. 2024;332(11):881-897.

AIBD REGIONALS

Risankizumab Maintenance in UC—COMMAND

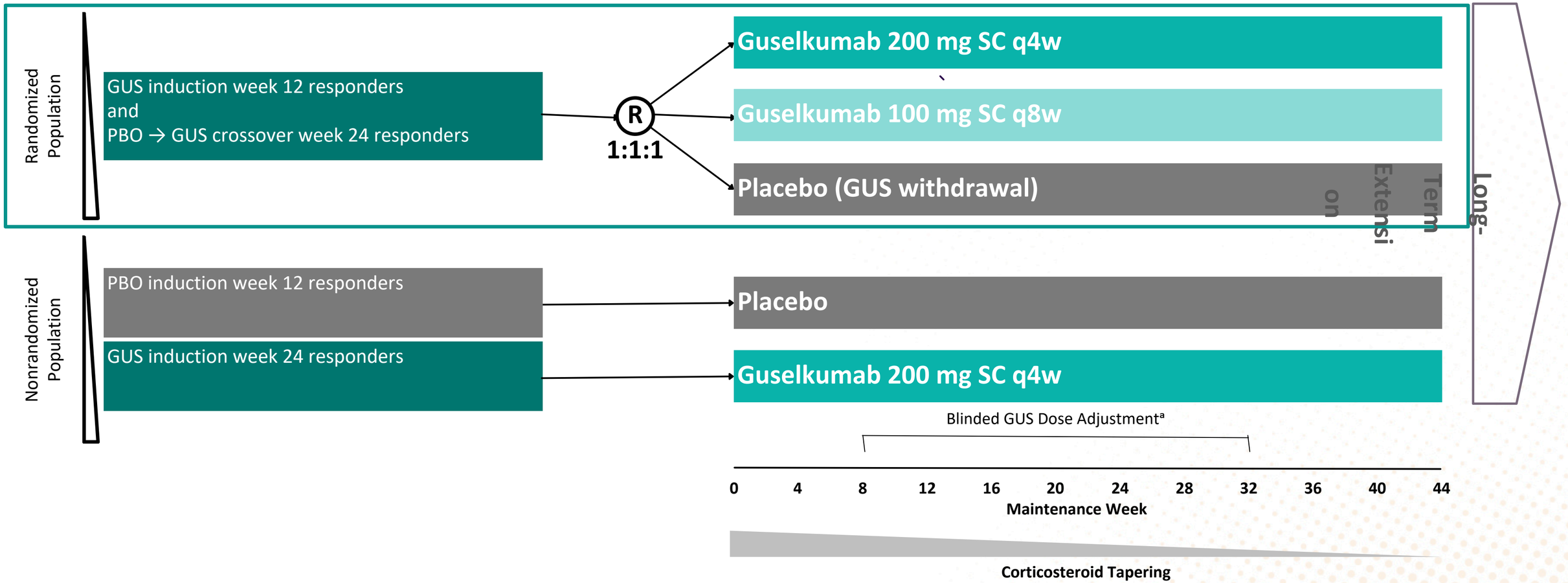




Risankizumab is indicated for the treatment of moderately to severely active UC and CD in adult patients.
WD = withdrawal; HEMI = histologic-endoscopic mucosal improvement.
Louis E, et al. *J Crohns Colitis*. 2024;18(Suppl 1):i10-i12.

AIBD REGIONALS

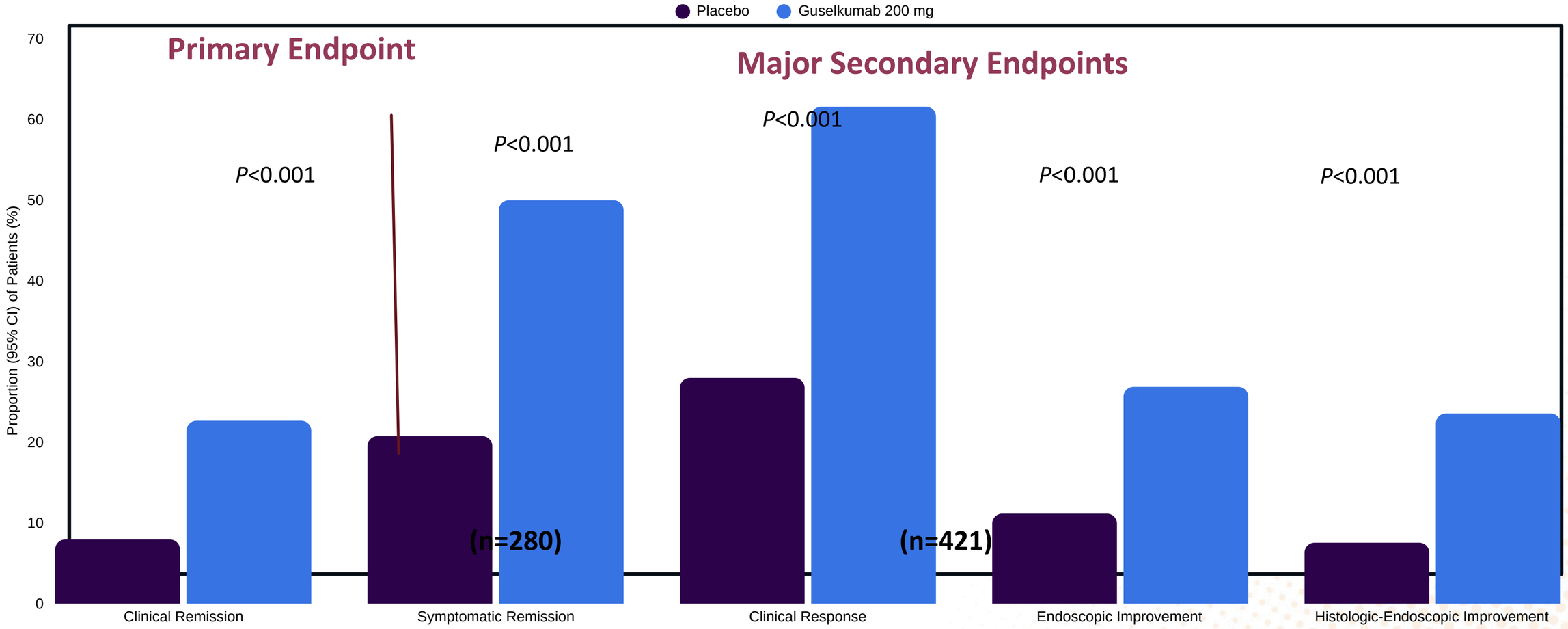
QUASAR (Guselkumab in UC) Maintenance Study Design



100 mg SC q8w → GUS 200 mg SC q4w; GUS 200 mg SC q4w → GUS 200 mg SC q4w (sham adjustment).
R = randomization.
Rubin DT, et al. *Lancet*. 2025;405(10472):33-49.

Guselkumab Induction in UC:

QUASAR Phase III Week 12 Endpoints



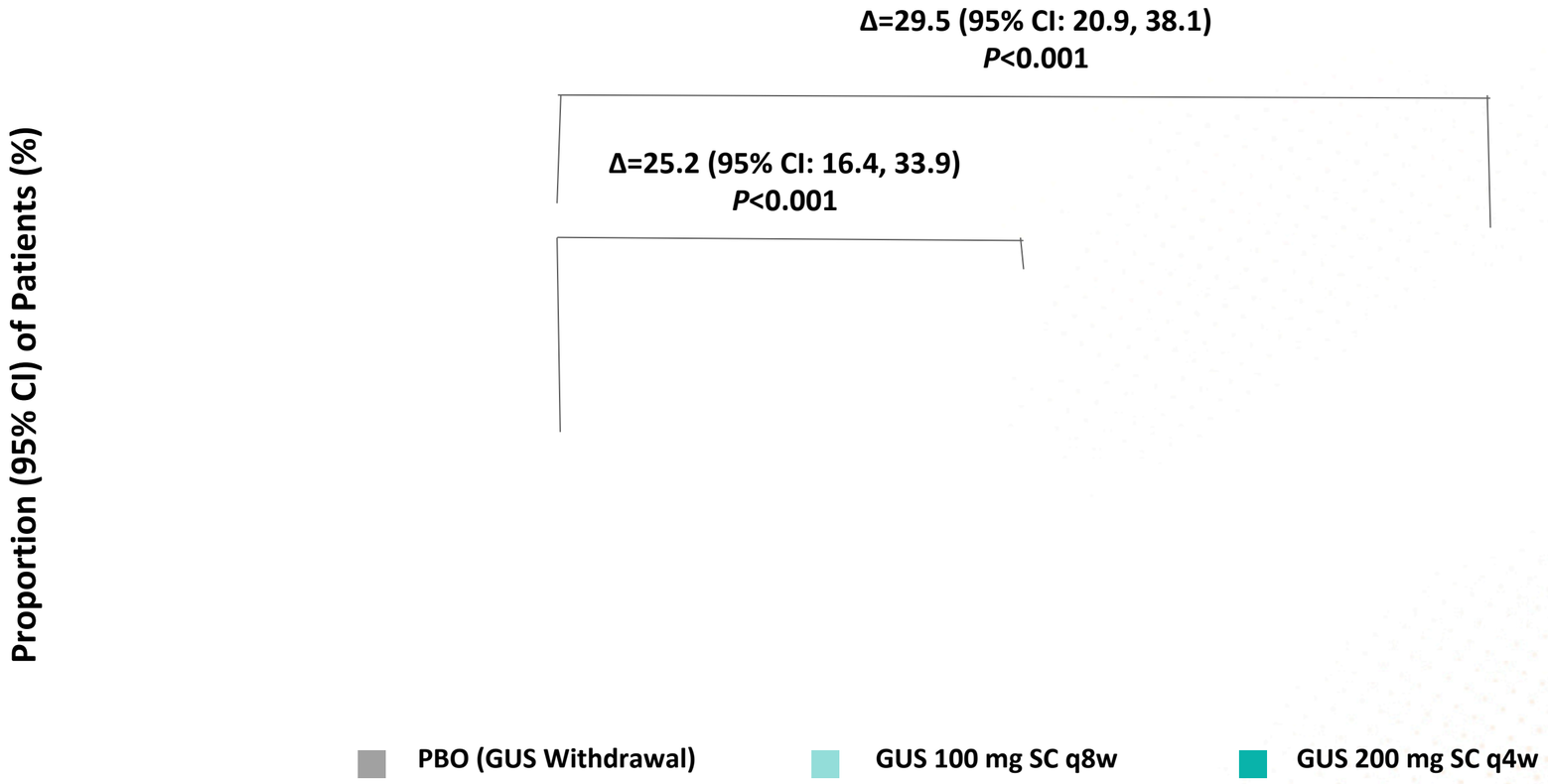
Clinical remission defined as a Mayo SFS of 0 or 1 with no increase from baseline, an RBS of 0, and a Mayo ES of 0 or 1 with no friability.

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

AIBD REGIONALS

QUASAR: Guselkumab for UC—Phase 3, Maintenance

Primary Endpoint: Clinical Remission at Week 44



69% of GUS-treated patients in clinical remission were also in endoscopic remission (MES=0)

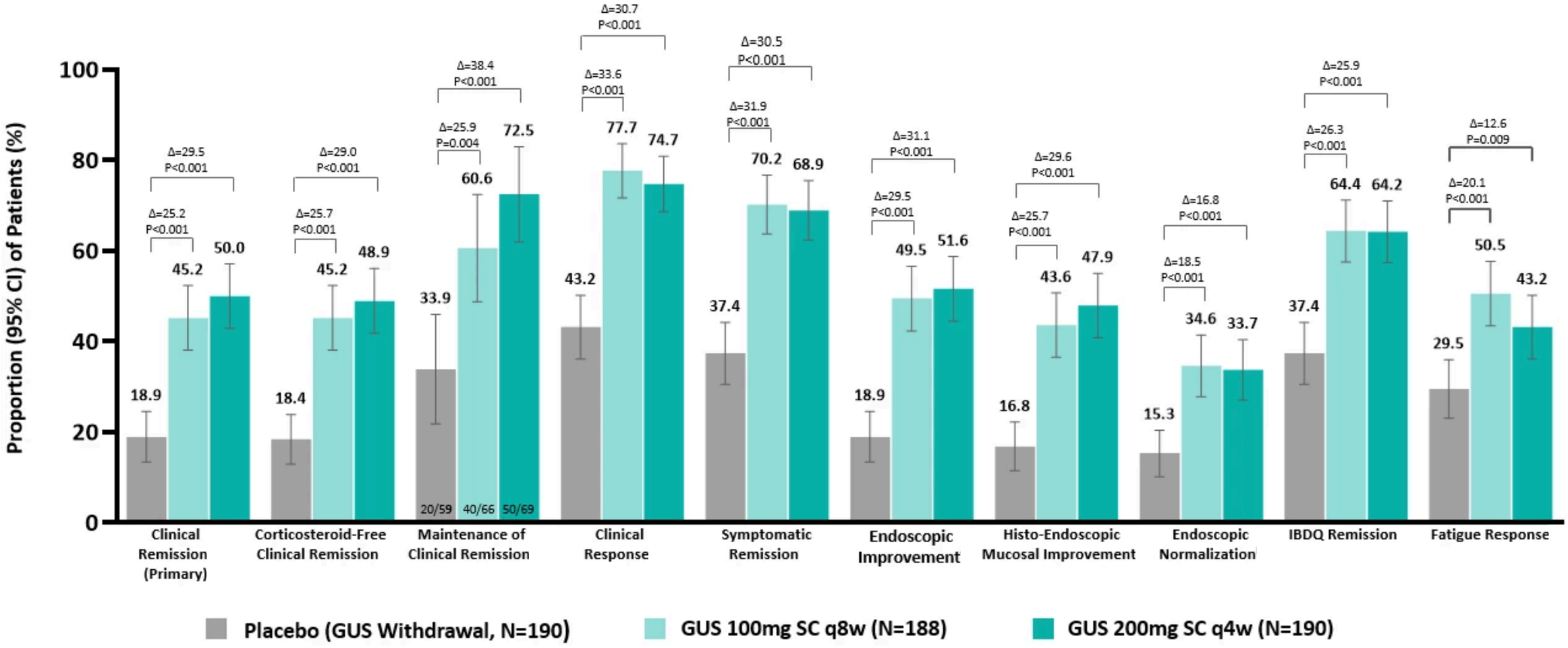
Clinical remission: A Mayo stool frequency subscore of 0 or 1 and not increased from baseline, a Mayo rectal bleeding subscore of 0, and Mayo endoscopic subscore (MES) of 0 or 1 with no friability present.

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

AIBD REGIONALS

Guselkumab in UC Maintenance:

QUASAR Week 44 Endpoints



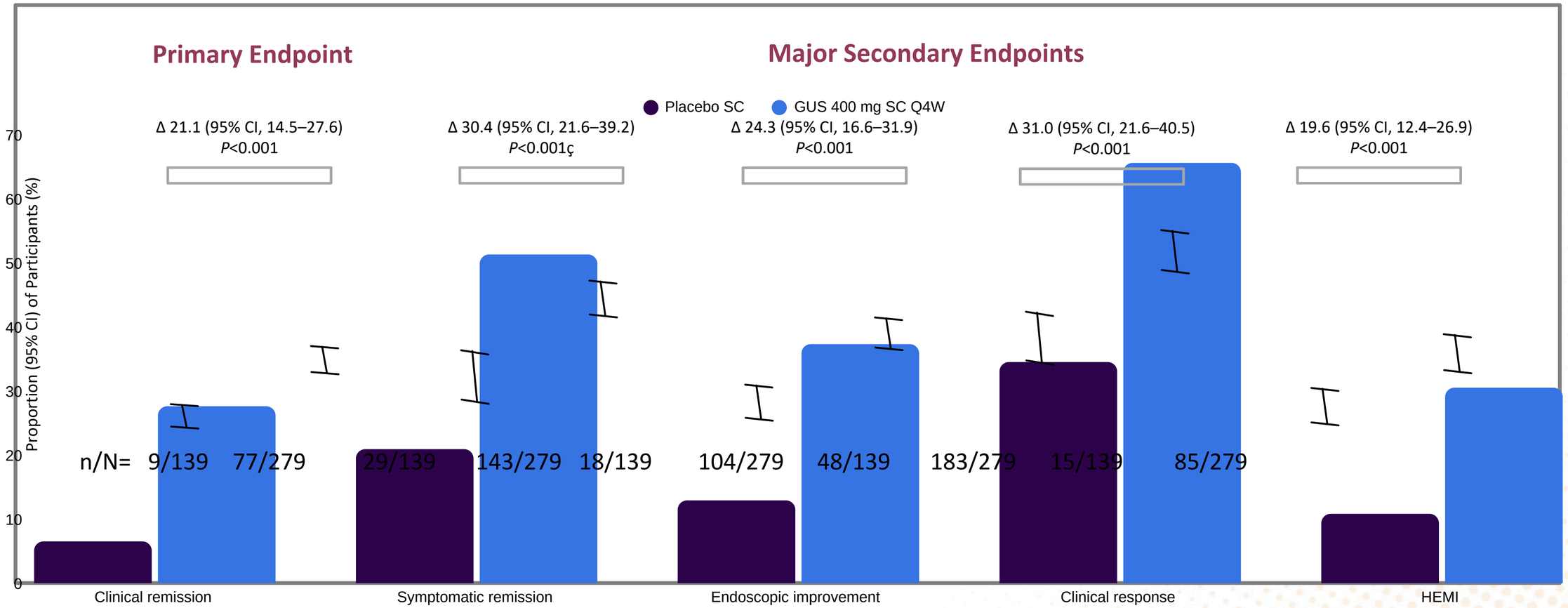
Primary Analysis Population: Randomized patients with a modified Mayo score of 5-9 at induction baseline who received at least 1 maintenance study treatment dose.

AIBD REGIONALS

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

Subcutaneous Guselkumab Induction in UC

ASTRO Phase III Week 12 Endpoints



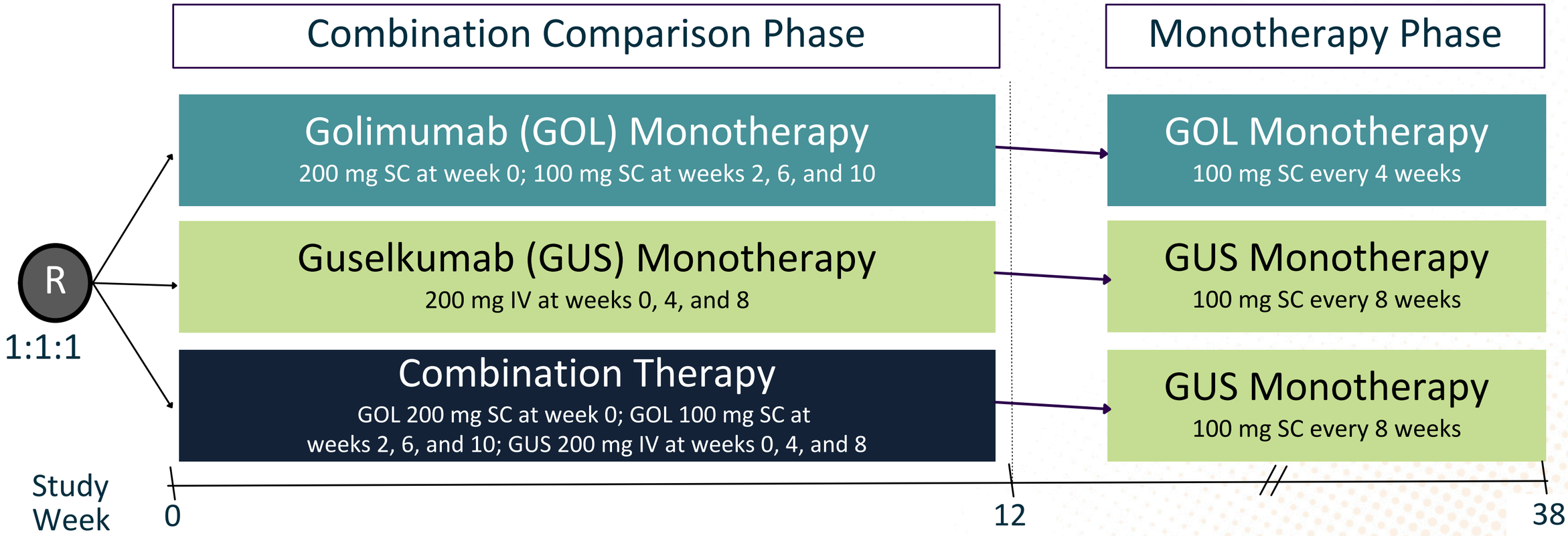
no friability; clinical response ≥30% and ≥2-point decrease from BL in modified Mayo score with ≥1-point decrease from BL in RBS or RBS 0/1.

Long M, et al. *Lancet Gastroenterol*. 2026;11(4):284-298.

AIBD REGIONALS

VEGA: Golimumab, Guselkumab, or Combination Therapy in UC

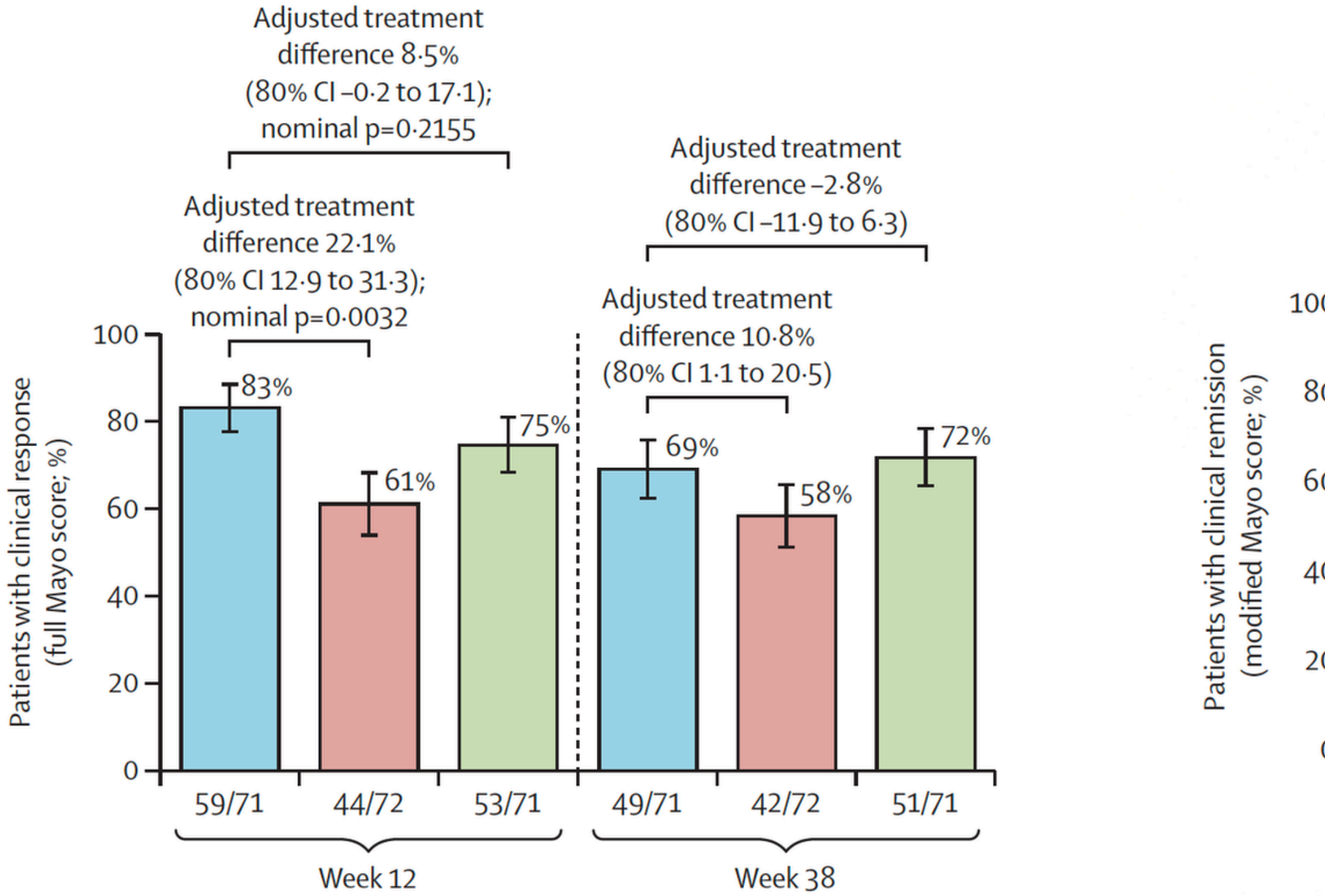
Included TNF-naïve patients refractory to conventional therapy
(eg, immunomodulators, corticosteroids)



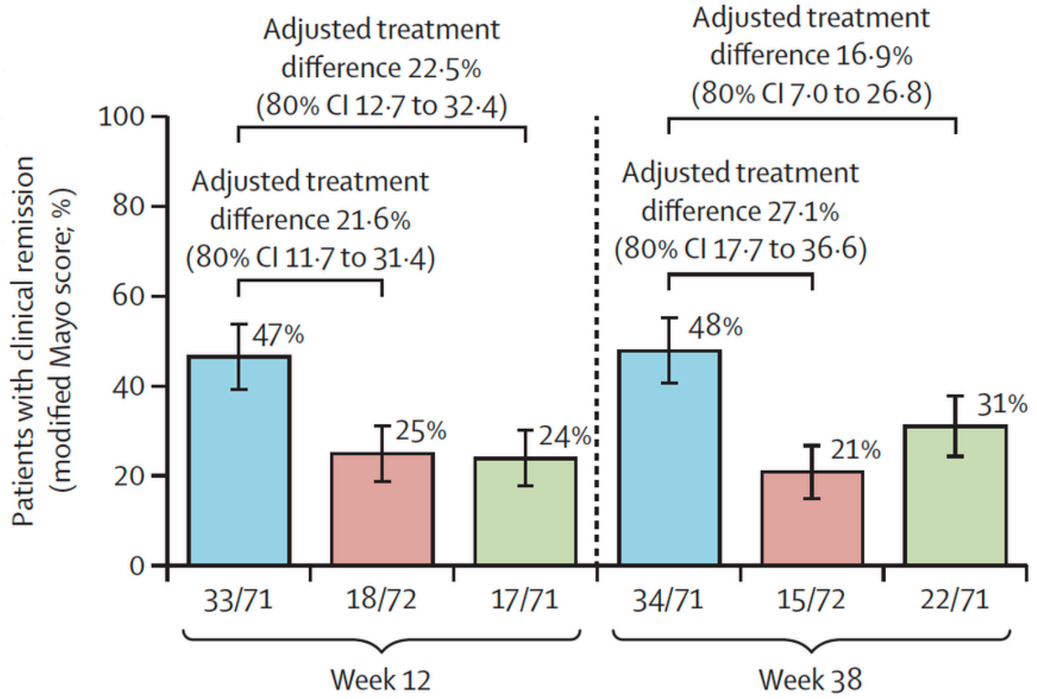
Feagan BG, et al. *Lancet Gastroenterol Hepatol*. 2023;8(4):307-320.

Guselkumab plus Golimumab vs Guselkumab or Golimumab Monotherapy in Moderate to Severe UC

Primary Endpoint
Clinical Response



Major Secondary Endpoints
Clinical Remission (Modified Mayo Score)



AIBD REGIONALS

Feagan BG, et al. *Lancet Gastroenterol Hepatol*. 2023;8(4):307-320.

Key Learning Points

- Risankizumab, guselkumab, and mirikizumab are all highly effective treatments for moderate to severe ulcerative colitis
  - All 3 agents demonstrate efficacy in AT-naïve and -exposed patients
  - All 3 agents demonstrate decreased efficacy in AT-exposed patients
- Combination of golimumab and guselkumab preliminarily superior to either agent alone
- Guselkumab currently only FDA-approved IL-23 inhibitor for subcutaneous induction

AIBD REGIONALS

Safety of IL-23p19 Inhibitors in CD

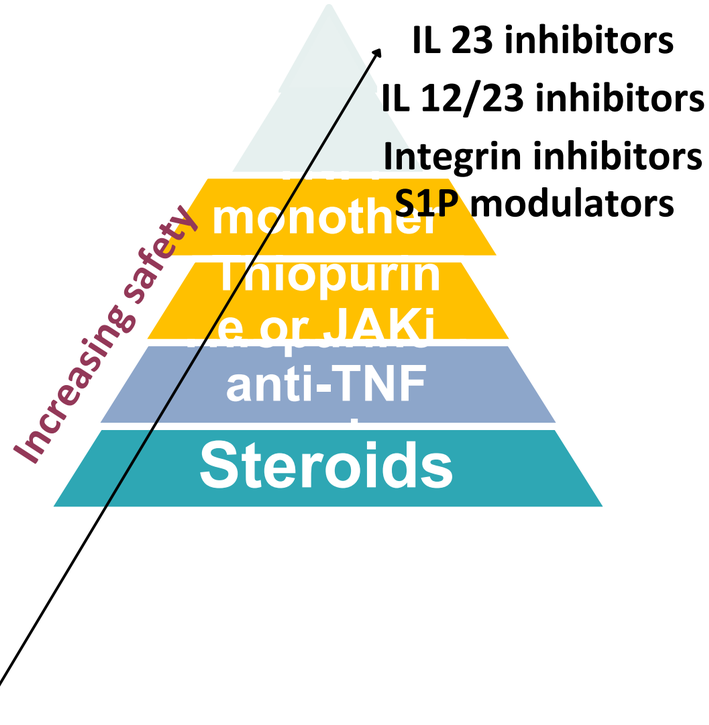
Adverse Event	Risankizumab N=373	Mirikizumab N=630	Guselkumab N=595
AEs	210 (56%)	495 (78.6%)	458 (77.0%)
Serious AEs	27 (7%)	65 (11.5%)	53 (8.9%)
Discontinuation due to AE	9 (2%)	32 (5.1)	40 (6.7%)
Serious infections	0	14 (2.2%)	4 (0.6%)

D'Haens G, et al. *Lancet*. 2022;399(10340):2015-2030. Ferrante M, et al. *Lancet*. 2024;404(10470):2423-2436. Panaccione R, et al. Presented at: Digestive Disease Week (DDW); May 18-21, 2024. Abstract 1057b. Panaccione R, et al. Presented at: American College of Rheumatology (ACR) Convergence; 2024. Abstract 1136.

AIBD REGIONALS

Safety Considerations of Advanced IBD Therapies

Relative Safety of IBD Therapies*



	Labeled Warnings and Precautions										
	Immune System	Blood and Cardiovascular					GI and Liver		Malignancy	Fetal Risk/Toxicity	Other
Therapy Class	Infections	Cytopenias	Lipid Elevation	MACE/ Thrombosis	Conduction abnormaliti	Heart Failure	GI Perforations	Hepatotoxicity			
TNFi	X	X				X		X	X		X
Integrin inhibitors	X							X			
IL 12/23 inhibitors	X								X		X
IL-23 inhibitors	X										
S1P receptor agonists	X	X			X			X		X	X
JAK inhibitors	X	X	X	X			X		X	X	

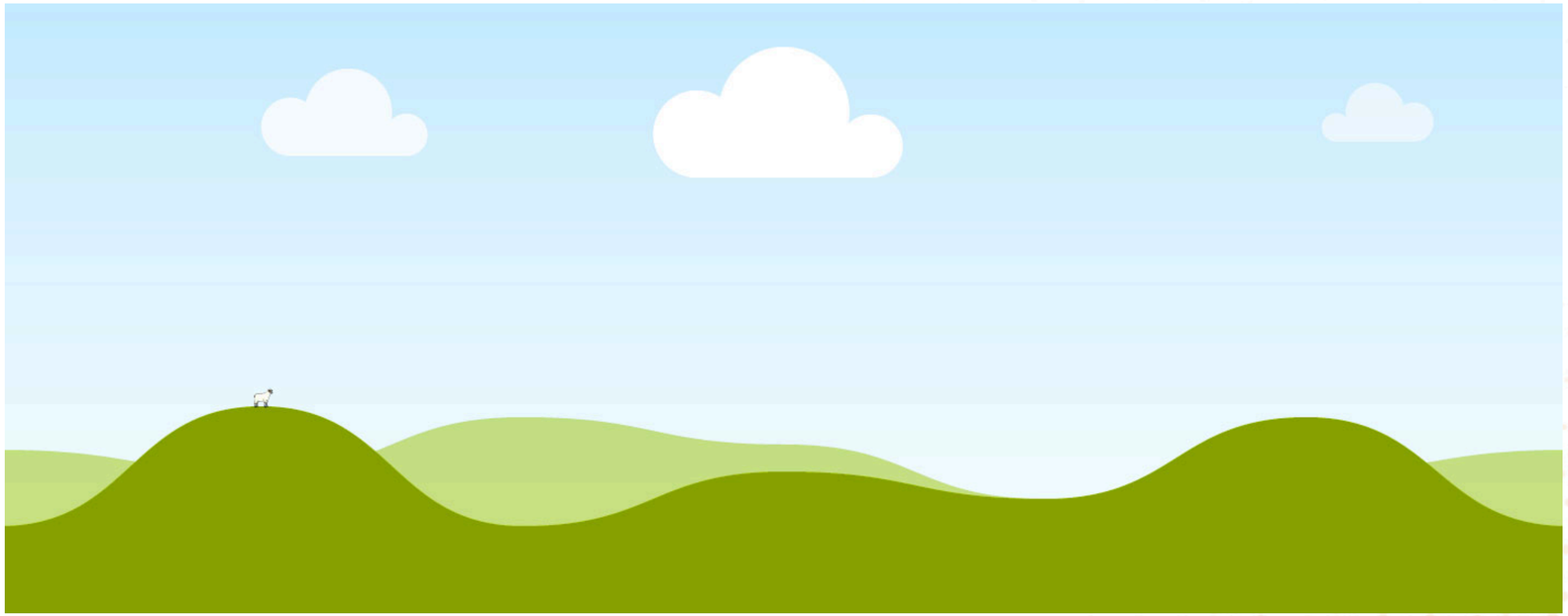
TNFi = TNF inhibitor; JAKi = JAK inhibitor; MACE = major adverse cardiovascular event; GI = gastrointestinal.
*Figure modified from Click B, Regueiro M. *Inflamm Bowel Dis*. 2019;25(5):831-842.

AIBD REGIONALS

Comorbidity > Age Influences Treatment Outcomes

TABLE 3 Safety analysis—any infection

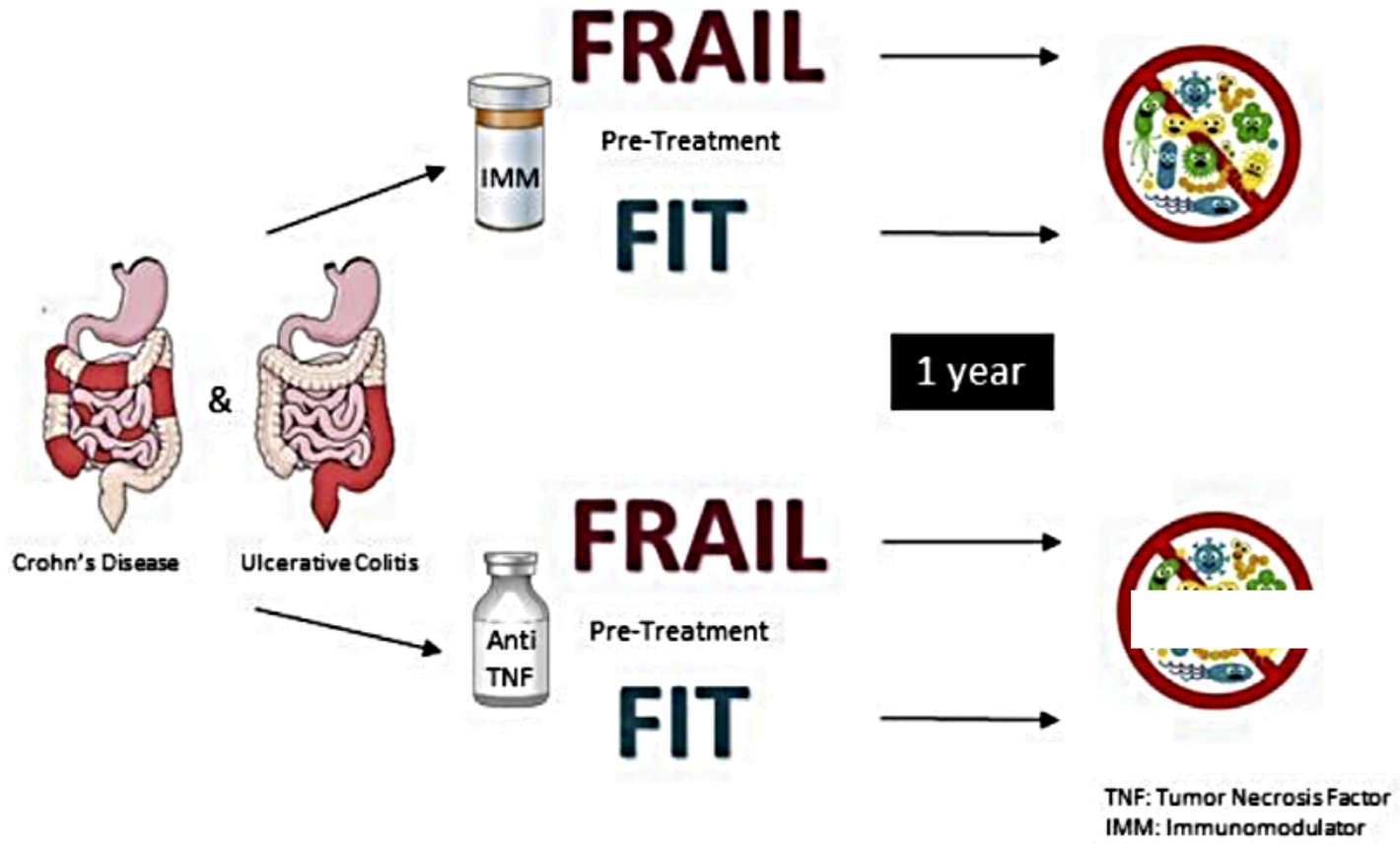
All patients	OR	95% CI	*P*-value
CCI	1.277	0.998-1.634	0.052
Age at baseline (y)	0.984	0.966-1.003	0.109
Gender (female)	0.930	0.586-1.476	0.757

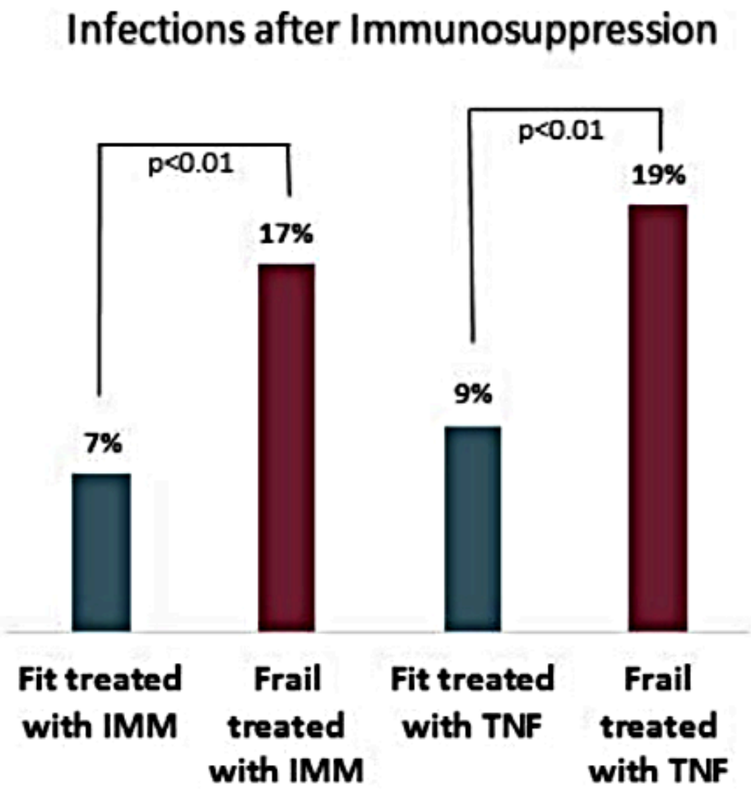


Asscher VER, et al. *Aliment Pharmacol Ther*. 2020;52(8):1366-1376. Cheng D, et al. Am J *Gastroenterol*. 2022;117(11):1845-1850.

AIBD REGIONALS

Frailty Prior to Immunosuppression for IBD Confers > Risk for Infections after Immunosuppression





Kochar B, et al. *Gastroenterology*. 2020;158(8):2104-2111.e2.

How Do We Put Together the Puzzle of Therapy Selection?

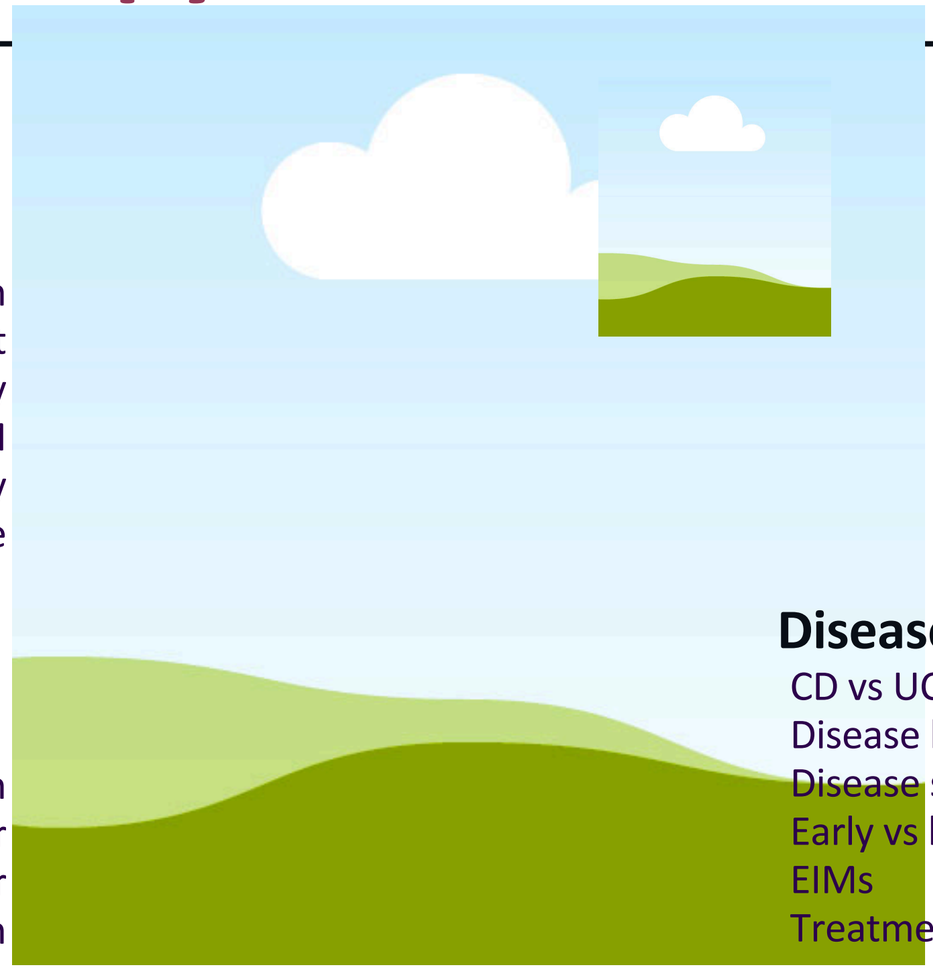
DRUG

Efficacy

Indication
Rapidity of onset
Durability
Pharmacokinetics/TDM
Combination vs monotherapy
Positioning and sequence

Safety

Infection
Cancer
Specific concerns by agent or mechanism



PATIENT

Individual Characteristics

Age
Stages of disease
Comorbidities and other inflammatory conditions
Preferences
Access to treatment

Disease Characteristics

CD vs UC
Disease behavior/complication
Disease severity
Early vs late
EIMs
Treatment history

AIBD REGIONALS

TDM = therapeutic drug monitoring; EIM = extraintestinal manifestation.

Summary and Conclusions

- IL-23 inhibitors are efficacious and safe therapies for moderate to severe UC and Crohn's disease
  - IL-23 inhibitors are best positioned in UC for patients with moderate symptoms and/or inflammatory activity naïve to AT
  - IL-23 inhibitors are best positioned in CD for patients with moderate symptoms and/or inflammatory activity irrespective of prior AT use
- Consider strongly in patients with concurrent psoriasis
- Disease activity, steroids, comorbid conditions, and frailty are the main drivers of adverse effects, not advanced therapies
- Combinations of advanced therapies in the future may help us break through the therapeutic ceiling in IBD care

AIBD REGIONALS

Extra Slides

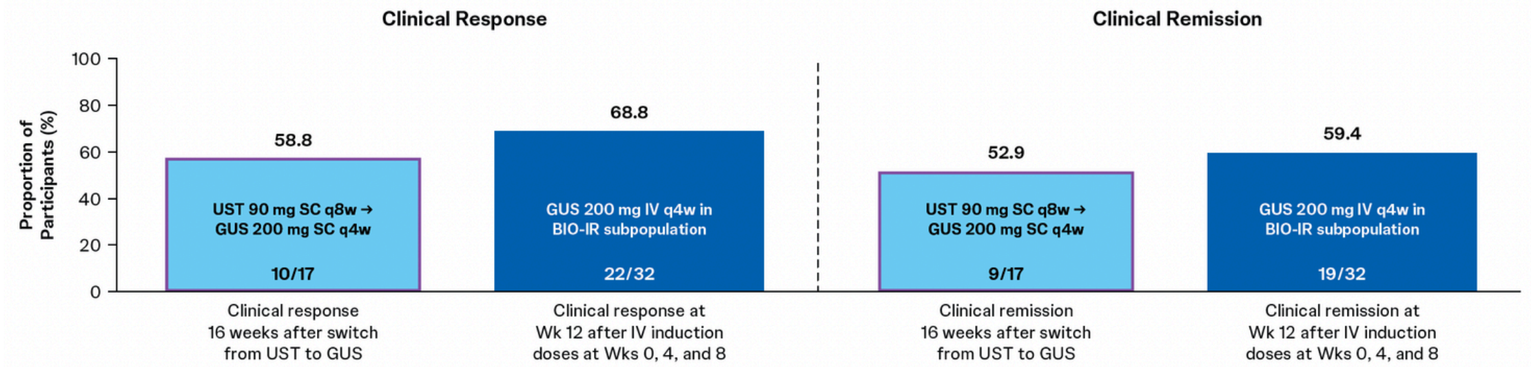
AIBD REGIONALS

Does Guselkumab Work after Loss of Response to Ustekinumab? (GALAXI 1)

inadequate response and

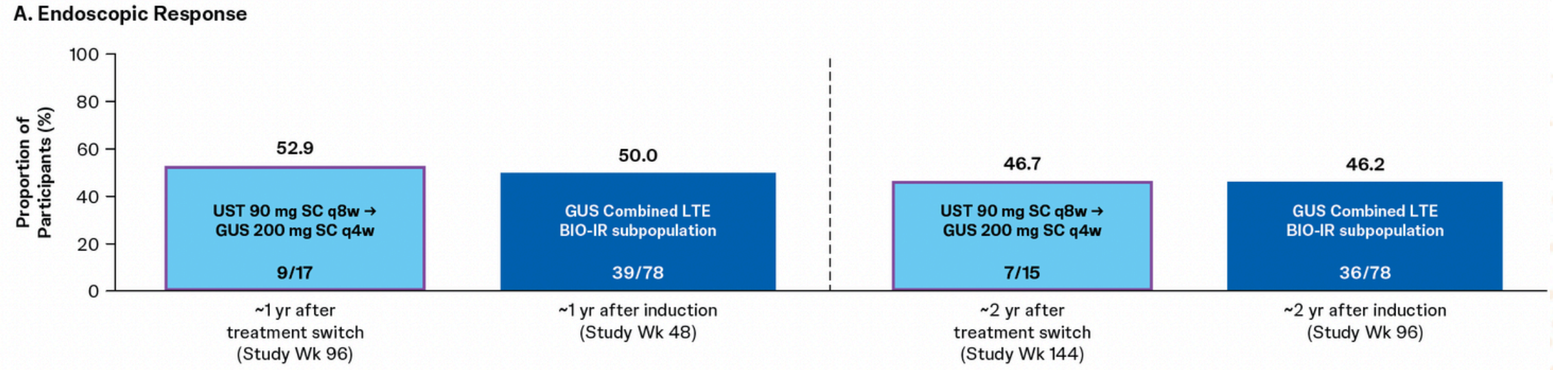
Clinical outcomes 16 weeks after treatment switch in participants who switched from ustekinumab to guselkumab 200 mg SC q4w were consistent with those in the BIO-IR subpopulation 12 weeks after IV induction with guselkumab 200 mg IV q4w

Figure 2. Clinical Outcomes 16 Weeks After Treatment Switch



Note: Week 12 clinical response and clinical remission data for guselkumab 200 mg IV q4w were previously published[3]. BIO-IR=history of inadequate response/intolerance to biologic therapy.

Figure 3. Endoscopic Outcomes by Years Treated With Guselkumab

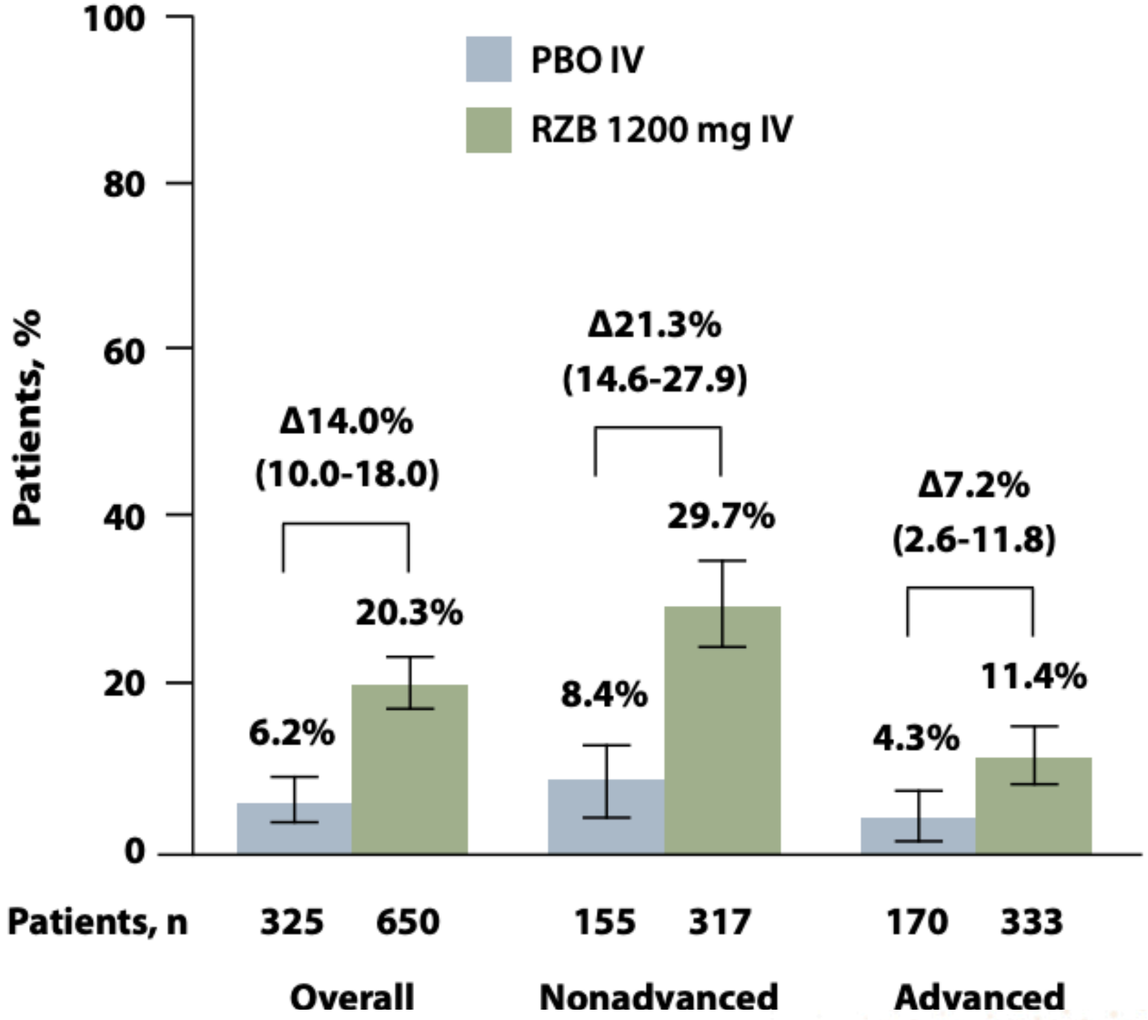


LTE = long-term extension.

Afzali A, et al. Presented at: ACG Annual Scientific Meeting; October 25-30, 2024; Philadelphia, PA.

AIBD REGIONALS

Risankizumab Induction in UC—INSPIRE
Clinical Remission at Week 12: Based on Advanced Therapy Exposure



Clinical remission in UC is defined as stool frequency subscore ≤1 and not greater than baseline, rectal bleeding subscore of 0, and endoscopic subscore ≤1 without friability.

Louis E, et al. *JAMA*. 2024;332(11):881-897. *Gastroenterol Hepatol* (NY). 2023;19(12 Suppl 9):9-10.

AIBD REGIONALS



Go to https://meet.ps/2026AIBDRegionals to participate in this session

You can also scan this QR code:

AIBD REGIONALS