2011. Secukinumab

RCT /Secukinumab/ CD

Secukinumab, a human anti-IL-17A monoclonal antibody, for moderate to severe CD: unexpected results of a randomised, double-blind placebo-controlled trial

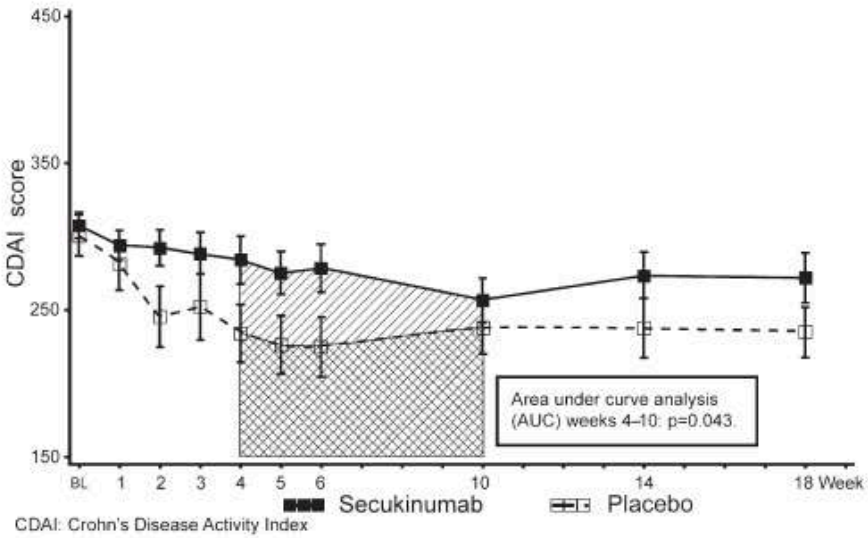
Doube blind RCT patients with moderate-severe CD were randomized to 2x10 mg/kg intravenous secukinumab or placebo.
Proof of concept study.

Primary end point: CDA reduction by >50 points more than placebo at week 6.

Results:
- 31% discontinued prematurely secukinumab and 30% placebo.
- Primary end point analysis at week 6 using Bayesian analysis concluded that the probability of secukinumab being superior to placebo was 4.4%
- 14 serious adverse events: 10 secukinumab, 3 placebo

Conclusions:
Blockade of IL-17A was ineffective and higher rates of adverse events were noted compared to placebo.

Figure 2 Mean (±SE) Crohn's Disease Activity Index score over time.



Hueber W et al. Gut 2012;61:1693–1700.