

8-week, randomized controlled trial.

Moderate-severe UC patients randomized to 3 arms: ADA induction 160 mg-80mg-40 mg eow, ADA 80mg at w0 and 40mg at w2,w4 and w6 or placebo.

Concomitant therapies permitted (AZA, Steroids, 5ASA)

ULTRA I Primary end point: Clinical remission w8

Results:

- Clinical remission w8 ITT: 18.5% ADA (160/80); $p=0.031$ vs placebo; 10% ADA (80/40); $p=0.833$ vs placebo, and 9.2% placebo
- Clinical response w8: 54.6% ADA (160/80) vs 51.5% ADA (80/40) vs 44.6% pbo, $p=ns$

Conclusions:

ADA160/80 was safe and effective for induction of clinical remission in patients with moderately to severely active UC failing treatment with corticosteroids and/or immunosuppressants.

Adalimumab for induction of clinical remission in moderately to severely active UC: results of a randomised controlled trial

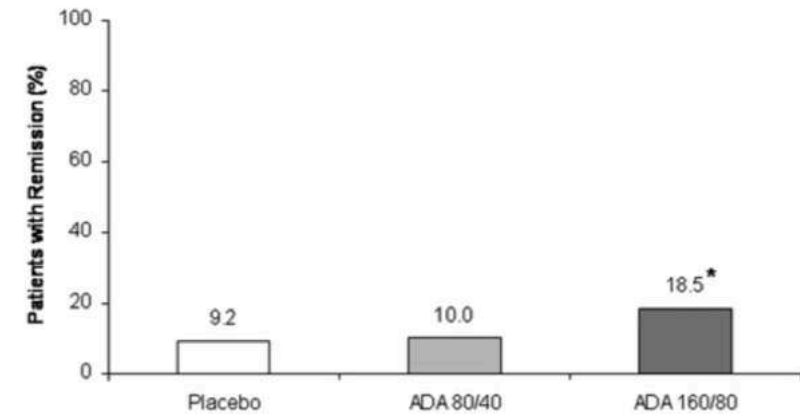


Figure 3 Clinical remission at week 8 in the ITT-A3 population (non-responder imputation). $N=130$ for each group. * $p=0.031$ versus placebo.

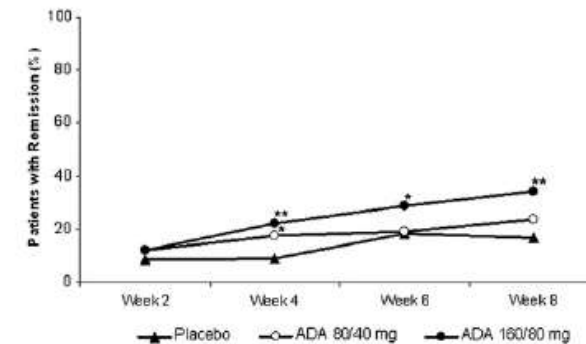


Figure 4 Clinical remission per partial Mayo score (≤ 2 with no subscore >1) over time in the ITT-A3 population (non-responder imputation). $N=130$ for each group. * $p<0.05$; ** $p<0.01$ versus placebo.

