2020. CELEST

Phase 2/UPA/ CD/ Induct/Maintain

Efficacy and Safety of Upadacitinib in a Randomized Trial of Patients With CD

Phase 2, double blind randomized placebo controlled trial. Patients were randomly assigned (1:1:1:1:1:1) to groups given placebo; or 3 mg, 6 mg, 12 mg, or 24 mg UPA twice daily; or 24 mg UPA once daily and were evaluated by ileocolonoscopy at w12 or 16 of the induction period.

Coprimary endpoints: clinical remission at week 16 (hereafter called clinical remission 1.5/1.0 and defined as average daily SF of 1.5 and AP score of 1.0, with neither worse than the baseline value) and endoscopic remission at week 12/16

Results:

- Clinical remission 13% of 3 mg UPA, 27% 6 mg UPA (p<0 .1 vs placebo), 11% of 12 mg UPA, and 22% of 24 mg UPA twice daily, and by 14% of 24 mg UPA once daily, vs 11% placebo.
- Endoscopic remission 10% (P < .1 vs placebo), 8%, 8% (p < .1 vs placebo), 22% (p <0 .01 vs placebo), and 14% (p < .05 vs placebo) of patients receiving UPA, respectively, vs none of the placebo.
- Endoscopic but not clinical remission increased with dose during the induction period. Efficacy was maintained for most endpoints through week 52.

Conclusion: UPA induced endoscopic remission in a significant proportion of patients compared with placebo.

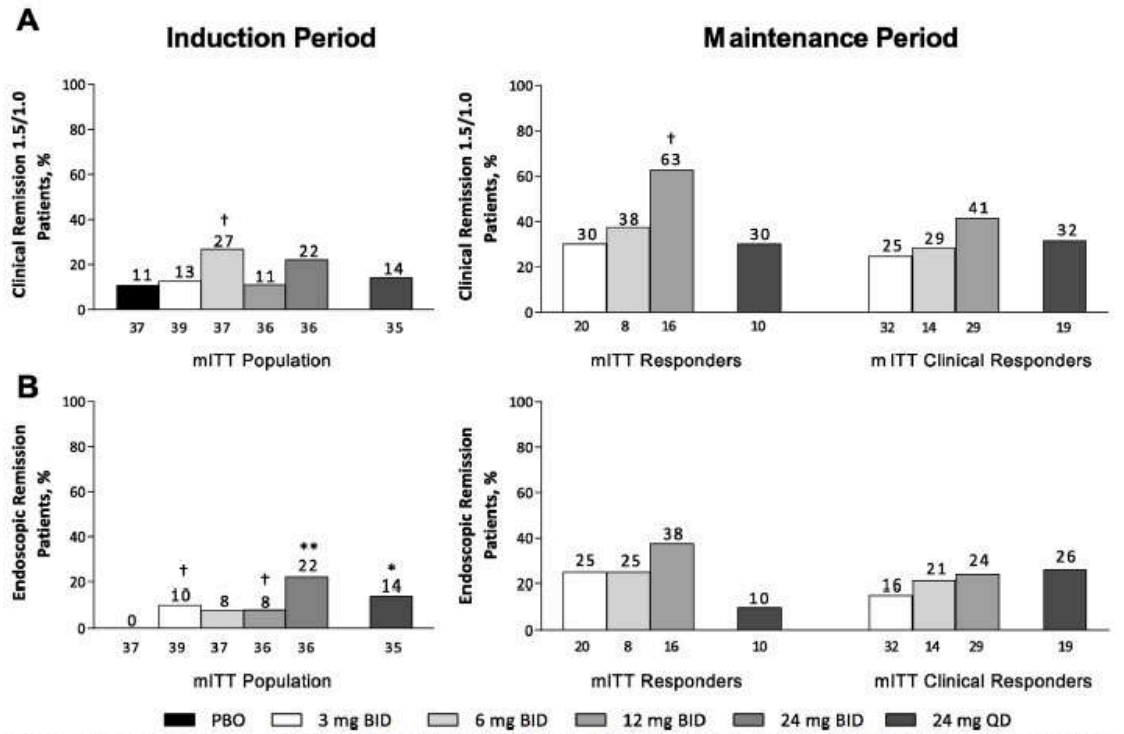

Figure 1. Coprimary endpoints of (*A*) clinical remission 1.5/1.0 and (*B*) endoscopic remission at induction period week 12/16 in all patients and maintenance period week 52 in responders and clinical responders. Nonresponder imputation. Statistical significance: $^{\dagger}P < .1$, $^{*}P < .05$, $^{**}P < .01$ vs placebo during the induction period and vs 3 mg twice daily during the maintenance period. Clinical responders were defined as patients who achieved clinical response at week 16, and responders were defined as patients who achieved both clinical response and endoscopic response 25% at week 16. BID, twice daily; PBO, placebo; QD, once daily.

WJ Sandborn et al. Gastroenterology 2020;158:2123–2138