

Randomised, double-blind, placebo controlled trial. Patients with active UC with inadequate response to mesalazine.  
2 phases, a treatment phase and an open-label re-treatment phase.  
2 arms: AJM300 (969mg) orally 3 times per day or placebo for 8w and continued for 24w if endoscopic remission not achieved.

Primary endpoint: clinical response at w8.

#### Results:

- At w8, clinical response 45% AJM300 vs 21% placebo,  $p=0.00028$ .
- Adverse events no differences among groups.
- Most common adverse event nasopharyngitis.

#### Conclusion:

AJM300 was well tolerated and induced a clinical response in patients with moderately active UC who had inadequate response or intolerance to mesalazine. AJM300 could be a novel induction therapy for the treatment of patients with mod-active UC.

**AJM300 (carotegrast methyl), an oral antagonist of  $\alpha 4$ -integrin, As induction therapy for patients with moderately active UC: a multicentre, randomised, double-blind, placebo-controlled, phase 3 trial**

| Endpoint               | PBO, n (%) (n=101) | AJM300, n (%) (n=102) | Percent difference (95% CI) | P value |
|------------------------|--------------------|-----------------------|-----------------------------|---------|
| Clinical response      | 21 (20.8)          | 46 (45.1)             | 24.3 (11.4,36.1)            | 0.0003  |
| Clinical remission     | 14 (13.9)          | 23 (22.5)             | 8.7 (-2.0,19.2)             | 0.1089  |
| Symptomatic remission  | 22 (21.8)          | 42 (41.2)             | 19.4 (6.6,31.3)             | 0.0029  |
| Endoscopic improvement | 27 (26.7)          | 56 (54.9)             | 28.2 (14.7,40.2)            | <0.0001 |
| Endoscopic remission   | 3 (3.0)            | 14 (13.7)             | 10.8 (3.1,19.0)             | 0.0057  |

