2023. Olamkicept

RCT/Olamkicept/UC/ Induction

Effect of Induction Therapy With Olamkicept vs Placebo on Clinical Response in Patients With Active Ulcerative Colitis A Randomized Clinical Trial

Randomized, double-blind, placebo-controlled phase 2 trial. Patients with active UC and inadequate response to conventional therapy were randomized to olamkicept 600mg IV, olamkicept 300mg IV or placebo.

Primary endpoints: Clinical response at week 12 (≥3 and ≥30% decrease from baseline total Mayo score). There were 25 secondary efficacy outcomes

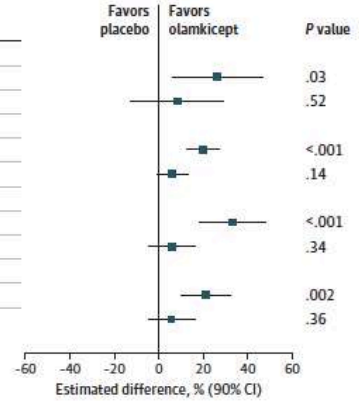
Results: N=91

- Clinical response at week 12: OLAM600 58.6% vs OLAM300 43.3% vs 34.5% placebo, p=0.03 and p=0.52 vs placebo respectively.
- Among OLAM600, 16 of the 25 secondary outcomes were significant over placebo; among OLAM300 6 of 25.
- Adverse events: OLAM600 53.3%m 58.1% OLAM300 and 50% placebo. The most frequent ones in the OLAM groups were bilirrubin in urine, hyperuricemia and AST increase

Conclusion:
Among UC, biweekly infusion of olamkicept 600mg, but not 300mg, resulted in a greater likelihood of clinical response at 12 weeks vs placebo.

Figure 2. Primary End Point and Selected Secondary End Points in the Trial of Olamkicept for Active Ulcerative Colitis

	No./total No. (%)		Estimated difference, % (90% CI)	P value
	Olamkicept	Placebo		
Clinical response at wk 12				
600 mg vs placebo	17/29 (58.6)	10/29 (34.5)	26.6 (6.2 to 47.1)	.03
300 mg vs placebo	13/30 (43.3)	10/29 (34.5)	8.3 (-12.6 to 29.1)	.52
Clinical remission at wk 12				
600 mg vs placebo	6/29 (20.7)	0/29	19.9 (12.5 to 27.3)	<.001
300 mg vs placebo	2/30 (6.7)	0/29	6.1 (-0.8 to 12.9)	.14
Mucosal healing at wk 12				
600 mg vs placebo	10/29 (34.5)	1/29 (3.4)	33.1 (18.3 to 47.9)	<.001
300 mg vs placebo	3/30 (10.0)	1/29 (3.4)	6.0 (-4.4 to 16.3)	.34
Remission per modified Mayo score at wk 12				
600 mg vs placebo	7/29 (24.1)	1/29 (3.4)	21.2 (10.2 to 32.2)	.002
300 mg vs placebo	3/30 (10.0)	1/29 (3.4)	5.7 (-4.6 to 16.1)	.36



Clinical response at week 12 was defined as a decrease of 3 or greater and of 30% or greater from baseline in total Mayo score, including a decrease of 1 or greater from baseline in rectal bleeding subscore or of 1 or less1 in rectal bleeding subscore. Clinical remission at week 12 was defined as a total Mayo score of 2 or less, no individual subscore greater than 1, and a rectal bleeding subscore of 0. Mucosal healing at week 12 was defined as a Mayo endoscopic subscore of 0 or 1. Remission per modified Mayo score (ie, total Mayo score excluding Physician's Global Assessment subscore) at week 12 was defined as a stool frequency subscore of 1 or less, a rectal bleeding subscore of 0, and an endoscopy subscore of 0 or 1. The 90% CI and *P* value for treatment difference were derived from a logistic regression model adjusted for treatment group, randomization stratification factors, and total Mayo score at baseline as covariates. The numbers of patients were based on the full analysis set, consisting of all randomized patients with at least 1 postbaseline 9-point partial Mayo score value, and patients with missing outcomes were imputed as nonresponders (4 patients in the olamkicept 600-mg group, 3 in the 300-mg group, and 8 patients in the placebo group).

Olamkicept is a soluble gp130-Fc-fusion-protein that selectively inhibits IL-6 by binding the soluble IL-6 receptor

Zhang S et al. JAMA. 2023; 329(9):725–734.