

Two Randomized double-blind, placebo-controlled phase 3 trials. Patients with moderate-severe active Crohn's disease were randomly assigned to:

*ENACT 1: 300mg of natalizumab or placebo at weeks 0,5 and 8.

*ENACT 2: responders within the first trial were randomized to 300mg vs placebo through week 56.

First trial primary endpoint: Clinical response (\downarrow CDAI ≥ 70) at w10.

Second trial primary outcome: Sustained response through w36

Results: First trial N=905; Second trial N=339

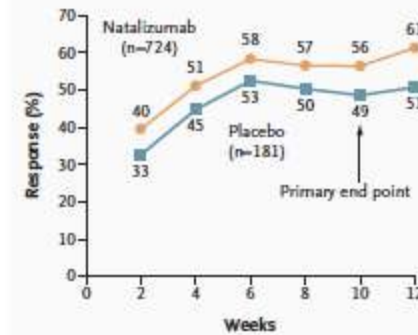
- ENACT 1 clinical response rates: 56% NAT vs 49% placebo, $p=0.05$ and clinical remission: 37% NAT vs 30% placebo, $p=0.12$.
- ENACT 2 sustained response: 61% NAT vs 28% placebo, $p<0.001$ and clinical remission 44% vs 26%, $p=0.003$.
- Serious adverse events occurred similarly in both groups but in an open-label extension study a patient treated with NAT died from PML associated to JC virus.

Conclusion:

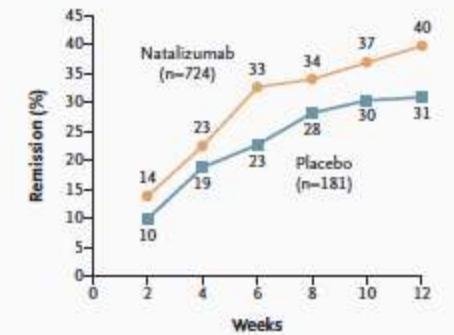
Induction therapy with natalizumab in Crohn's disease did not show better results than with placebo. Responders to induction showed significantly increased rates of sustained response and remission if natalizumab was continued q4w.

Natalizumab in active Crohn's Disease

A ENACT-1 Trial



B ENACT-1 Trial



ENACT-2 trial

