2017.
Risankizumab

RCT/Risankizumab/ CD / Induction

Induction therapy with the selective IL-23 inhibitor risankizumab in patients with moderate-to-severe CD: a randomised, double-blind, placebo-controlled phase 2 study

Phase 2, randomised, double-blind, placebo-controlled trial.
Patients with mod-severe CD were randomized to 200mg Risankizumab vs 600mg or placebo at w0, w4 and w8

Primary endpoint: Clinical remission (CDAI <150) at w12 (ITT population)

Results: N=121

- At week 12: 24% RISA 200mg, 37%RISA 600mg vs 15% placebo, p=0.0489 combination of both RISA doses vs placebo.
- No differences in the number of adverse events between groups.

Conclusion:
In this short-term study, risankizumab was more effective than placebo for inducing clinical remission in patients with active CD.

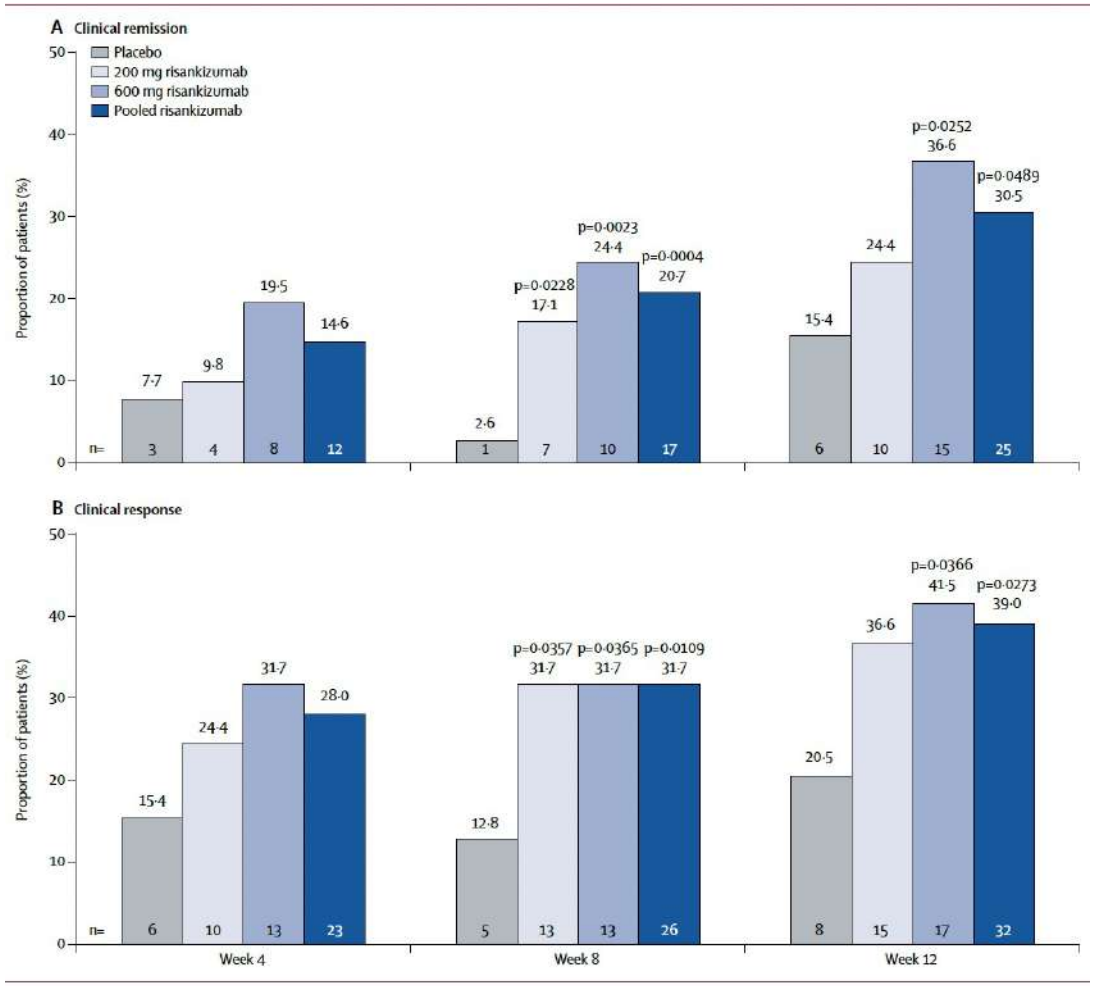

Figure 2: Clinical response and remission over 12 weeks

Feagan BG et al. Lancet. 2017; 389: 1699–709