

Multicenter, randomized, double-blind placebo controlled phase 3 trial.

Patients with active CD (CDAI 220-450) were randomized to receive placebo, vercirnon 500mg once daily or 500mg twice daily.

Primary endpoint: Clinical response defined as a 100-point decrease in CDAI at w12

Results: N=608

- Clinical response 25.1% vs 27.6% and 27.2% placebo, once daily and twice daily respectively, with no differences between treatments $p=0.546$ and $p=0.648$
- Adverse events were reported in 69.8%, 73.3% and 78.1% and serious adverse events in 8.9%, 5.9% and 6%

Conclusion:

We did not demonstrate efficacy of vercirnon as an induction therapy in patients with moderately-to-severely active Crohn's disease; its effect in maintenance therapy was not addressed.

*Vercirnon an oral inhibitor of CC chemokine receptor-9

Randomised clinical trial: vercirnon, an oral CCR9 antagonist, vs. placebo as induction therapy in active Crohn's disease

Randomised clinical trial: vercirnon vs. placebo for active Crohn's disease

