

Double-blind, placebo controlled, dose ranging trial.
 Patients with moderately-severely active CD with inadequate response to antiTNF were randomised to:
 - Induction: PF-04236921 10, 50 or 200mg SC on day 1 and 28 or placebo.
 - OLE study: PF-04236921 50mg q8w up to week 28

Primary endpoint: Clinical response (≥ 70 -point reduction in CDAI score) w8 or 12.

Results: N=247

- Clinical response w8: PF-04236921 50mg 49.3% vs 30.6% placebo
- Clinical remission w12: PF-04236921 50mg 27.9% vs 10.9% placebo, $p < 0.05$

Conclusion:

PF-04236921 50 mg induced clinical response and remission in refractory patients with moderate-to-severe CD following failure of anti-TNF therapy. GI abscess and perforation were observed, a specific focus of attention during future clinical development.

*PF-04236921: Anti interleukin-6

**200mg was discontinued due to safety findings in NCT01405196 a trial in lupus and was not included in primary analysis. This other trial discontinued the dose based upon an assessment of fatalities due to serious infections and thromboembolic events,.

Randomised trial and open-label extension study of an anti interleukin-6 antibody in Crohn's disease (ANDANTE I and II)

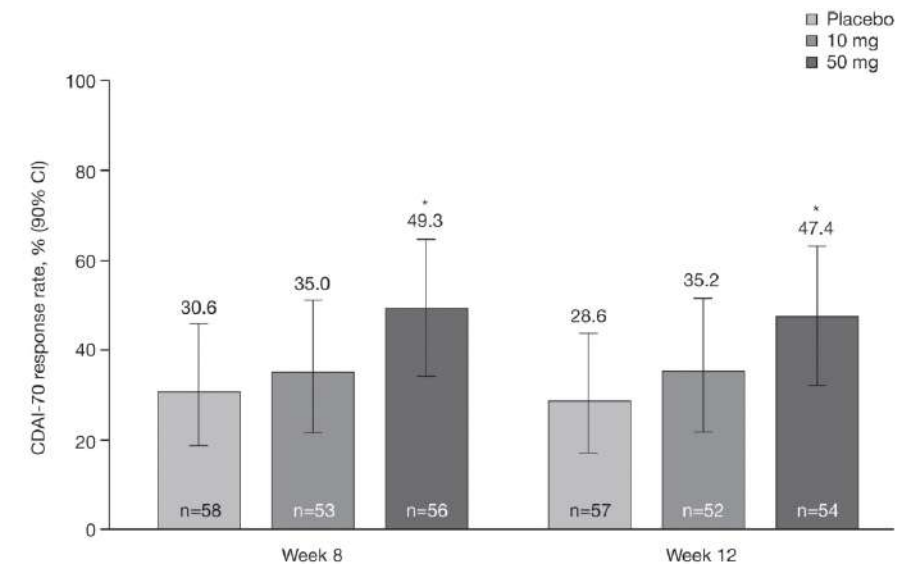


Figure 2 Primary end point: CDAI-70 response rates at weeks 8 and 12 (generalised linear mixed model; modified intention-to-treat population). * $P < 0.05$ versus placebo. CDAI, Crohn's Disease Activity Index; CDAI-70, proportion of patients who achieved a ≥ 70 -point reduction in CDAI score.

