Efficacy and Durability of Ozanimod by Baseline Endoscopic Disease Activity in Advanced Therapy–Naive Patients With Ulcerative Colitis

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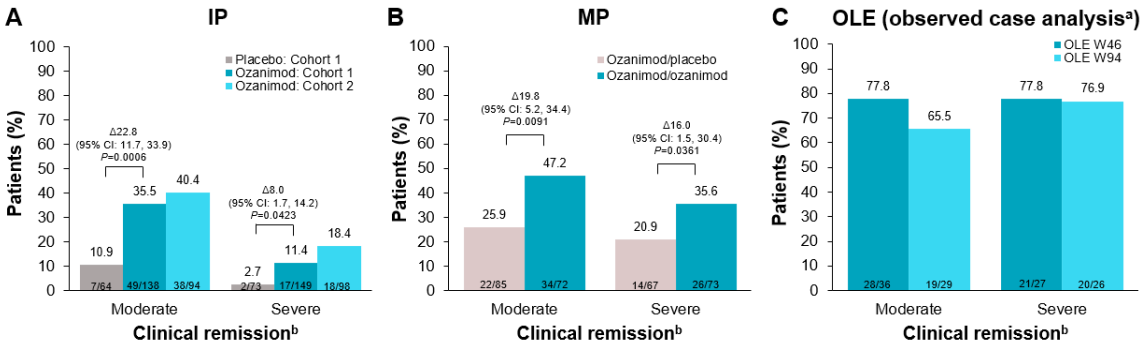
Background: Many patients with ulcerative colitis (UC) initiate conventional therapies (CTs) but are hesitant to progress to biologic advanced therapies (ATs). Ozanimod, an oral small molecule AT, is approved for the treatment of moderately to severely active UC.

Methods: This analysis of the phase 3 True North study and subsequent open-label extension (OLE) explored ozanimod efficacy and durability in AT-naive UC patients inadequately controlled on CTs. Patients were grouped by baseline endoscopic disease activity as moderate (Mayo endoscopy subscore [MES]=2) or severe (MES=3). Patients received ozanimod or placebo through Week (W) 10 in the induction period (IP), and W10 ozanimod clinical responders were rerandomized to ozanimod (ozanimod/ozanimod) or placebo (ozanimod/placebo) in the maintenance period (MP) through W52; W52 ozanimod/ozanimod clinical responders continued in the OLE. Efficacy was evaluated at IP W10, MP W52, and OLE W46 and W94.

Results: In all, 296 moderate and 320 severe patients were included in this analysis. Baseline patient characteristics were generally similar between groups. Ozanimod was more effective than placebo in achieving clinical remission at W10, with greater treatment differences in moderate vs severe patients (**Figure 1A**). More ozanimod/ozanimod vs ozanimod/placebo patients achieved clinical remission at W52, with slightly greater treatment differences in moderate vs severe patients (**Figure 1B**). In the W52 ozanimod/ozanimod responders who entered the OLE, clinical remission rates at OLE W46 were similar in moderate (n=45) and severe (n=37) patients and were maintained through OLE W94 (**Figure 1C**). Results followed generally similar patterns for clinical response, endoscopic improvement, mucosal healing, corticosteroid-free remission, and histologic remission.

Conclusions: Ozanimod was efficacious and durable in AT-naive UC patients whose disease was inadequately controlled on CTs. Patients with moderate disease benefitted more during the first year of therapy, especially during induction, but long-term durability up to 3 years was similar in moderate and severe ozanimod clinical responders. Ozanimod may be an appropriate oral AT option for achieving and sustaining long-term benefit in AT-naive UC patients.

Figure 1. Efficacy during the (A) IP, (B) MP, and (C) OLE by baseline endoscopic disease activity.



[a]Denominators based on the numbers of patients who completed OLE W46 or OLE W94 and had data available. [b]Rectal bleeding subscore=0, stool frequency subscore ≤1 (and a decrease of ≥1-point from baseline), and MES ≤1.