RISANKIZUMAB (SKYRIZI®) DEMONSTRATES SIGNIFICANT IMPROVEMENTS IN CLINICAL REMISSION AND ENDOSCOPIC RESPONSE IN TWO PHASE 3 INDUCTION STUDIES IN PATIENTS WITH CROHN'S DISEASE

- ***A significantly greater proportion of patients with Crohn's disease treated with either dose of risankizumab (600 mg or 1200 mg) achieved both primary endpoints, demonstrating statistically significant results for clinical remission and endoscopic response at week 12 compared to placebo[1,2]***
- ***The overall safety results in these studies were generally consistent with the known safety profile of risankizumab, with no new safety risks observed[1-6]***
- ***Risankizumab (SKYRIZI), an interleukin-23 (IL-23) inhibitor, is being evaluated as a treatment for adults with moderate to severe Crohn's disease and several other immune-mediated conditions[1,2,7,8]***
- ***More than 3.5 million people globally live with inflammatory bowel diseases (IBD), including Crohn's disease, and the incidence continues to rise[9]***

NORTH CHICAGO, Ill., January, 2021 /PRNewswire/ – AbbVie (NYSE: ABBV) announced positive results from two Phase 3 induction studies, ADVANCE and MOTIVATE, showing both doses of risankizumab (600 mg and 1200 mg) met both primary endpoints of clinical remission and endoscopic response at week 12 in adult patients with moderate to severe Crohn's disease.[1,2] The ADVANCE study enrolled patients who had an inadequate response or were intolerant to conventional and/or biologic therapy.[1] The MOTIVATE study evaluated patients who had responded inadequately or were intolerant to biologic therapy.[2]

"The progressive nature of Crohn's disease makes it critical that treatment options go beyond symptoms to help patients achieve endoscopic response," said Michael Severino, M.D., vice chairman and president, AbbVie. "Despite the availability of current treatments, many patients still do not achieve disease control. These positive results show how targeting IL-23 can rapidly induce improvements for people living with this condition. We look forward to advancing research showing risankizumab's potential to improve clinical and endoscopic outcomes and minimize the burden of Crohn's disease for patients."

In both studies, clinical remission was measured by CDAI (Crohn's Disease Activity Index) and PRO-2 (two-component patient-reported outcome).[1,2] In the ADVANCE study, a significantly greater proportion of patients treated with risankizumab 600 mg or 1200 mg achieved clinical remission per CDAI at week 12 (45 and 42 percent of patients, respectively, compared to 25 percent of patients receiving placebo; $p<0.001$).[1] Similar results were seen with clinical remission per PRO-2 (43 and 41 percent, respectively, compared to 21 percent of patients receiving placebo; $p<0.001$).[1] A significantly greater proportion of patients treated with either dose of risankizumab achieved endoscopic response at week 12 (40 and 32 percent of patients receiving risankizumab 600 mg or 1200 mg, respectively, versus 12 percent in the placebo group; $p<0.001$).[1]

In the MOTIVATE study, 42 and 41 percent of patients treated with risankizumab 600 mg or 1200 mg achieved clinical remission (per CDAI) at week 12, respectively, versus 19 percent of patients receiving placebo ($p<0.001$).[2] A significantly greater proportion of patients in MOTIVATE also achieved clinical remission (per PRO-2) (35 and 39 percent of risankizumab 600 mg or 1200 mg-treated patients, respectively, compared to 19 percent of patients receiving placebo; $p=0.001$ for 600 mg; $p<0.001$ for 1200 mg).[2] In addition, 29 and 34 percent of patients receiving risankizumab 600 mg or 1200 mg achieved endoscopic response, respectively, versus 11 percent in the placebo group ($p<0.001$).[2]

Additionally, multiplicity-adjusted key secondary endpoints showed significant clinical and endoscopic outcomes, with symptom improvement observed as early as week 4.[1,2] After 4 weeks of treatment in both studies, a greater proportion of patients receiving either dose of risankizumab achieved clinical response (per CDAI) compared to placebo.[1,2] Specifically, in ADVANCE, 41 and 37 percent of patients receiving risankizumab 600 mg or 1200 mg achieved clinical response (per CDAI) compared to 25 percent in the placebo group ($p<0.001$ for 600 mg; $p=0.008$ for 1200 mg).[1] In MOTIVATE, 36 and 33 percent of patients receiving risankizumab 600 mg or 1200 mg achieved clinical response (per CDAI), respectively, compared to 21 percent in the placebo group ($p=0.002$ for 600 mg; $p=0.012$ for 1200 mg).[2]

"Helping patients achieve both clinical remission and endoscopic response early is paramount when treating Crohn's disease," said Remo Panaccione, M.D., professor of medicine and director of the IBD unit, University of Calgary. "It was exciting to see that a significant proportion of patients treated with risankizumab achieved both measures after 12 weeks of treatment, as well as achieving symptom improvement at week 4. These data are encouraging as we continue to evaluate the potential of risankizumab in Crohn's disease."

During the 12-week induction period, the safety profile of risankizumab in both studies was generally consistent with the known safety profile of risankizumab.[1-6] No new safety risks were observed.[1-6]

In ADVANCE, serious adverse events (SAEs) occurred in 7.2 percent of patients in the risankizumab 600 mg group and 3.8 percent of patients in the risankizumab 1200 mg group compared to 15.1 percent of patients in the placebo group.1 The most common adverse events (AEs) observed in the risankizumab treatment groups were headache, nasopharyngitis and fatigue.[1]

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Efficacy Results at Week 12*						
	ADVANCE[1]			MOTIVATE[2]		
	Risankizumab 600 mg (n=336)	Risankizumab 1200 mg (n=339)	Placebo (n=175)	Risankizumab 600 mg (n=336)	Risankizumab 1200 mg (n=339)	Placebo (n=175)
Clinical Remission (per CDAI)[a]	45%	42%	25%	42%	41%	19%
Clinical Remission (per PRO-2)[b]	43%	41%	21%	35%	39%	19%
Endoscopic Response[c]	40%	32%	12%	29%	34%	11%

*In both studies, the primary endpoints were clinical remission (per CDAI for the U.S. protocol and per PRO-2 for the outside of the U.S. [OUS] protocol) and endoscopic response (for both protocols) at week 12. All endpoints shown for both studies achieved p-values of ≤0.001.
[a]Clinical remission (per CDAI) is defined as a CDAI score of <150.
[b]Clinical remission (per PRO-2) is based on average daily stool frequency and average daily abdominal pain score.
[c]Endoscopic response is defined as a decrease in simple endoscopic score for Crohn's disease (SES-CD) of >50 percent from baseline (or ≥50 percent from baseline for subjects with isolated ileal disease and a baseline SES-CD of 4), as scored by central reviewer.

Rates of serious infections were 0.8 and 0.5 percent in those treated with risankizumab 600 mg or 1200 mg, respectively, and 3.8 percent in patients who received placebo.[1] The rates of AEs leading to discontinuation of the study drug were 2.4 and 1.9 percent of patients treated with risankizumab 600 mg or 1200 mg, respectively, compared with 7.5 percent on placebo.[1] In ADVANCE, there were two deaths reported in the placebo group.[1] There were no adjudicated major adverse cardiac events (MACE) or adjudicated anaphylactic reaction events reported.[1]

In MOTIVATE, SAEs occurred in 4.9 percent of patients in the risankizumab 600 mg group and 4.4 percent of patients in the risankizumab 1200 mg group compared to 12.6 percent of patients in the placebo group.[2] The most common AEs observed in the risankizumab treatment groups were headache, arthralgia and nasopharyngitis.[2] Rates of serious infections were 0.5 and 1.0 percent in those treated with risankizumab 600 mg or 1200 mg, respectively, and 2.4 percent in patients who received placebo.[2] The rates of AEs leading to discontinuation of the study drug were 1.0 and 2.4 percent of patients treated with risankizumab 600 mg or 1200 mg, respectively, compared with 8.2 percent on placebo.[2] There was one death in the risankizumab 1200 mg group due to squamous cell carcinoma of the lung diagnosed on study day 8, which was assessed as unrelated to the study drug by the investigator.[2] There were no adjudicated MACE or adjudicated anaphylactic reaction events reported.[2]

Full results from the ADVANCE and MOTIVATE studies will be presented at upcoming medical conferences and published in a peer-reviewed medical journal. Use of risankizumab in Crohn's disease is not approved and its safety and efficacy have not been evaluated by regulatory authorities. The maintenance study for Crohn's disease is ongoing and once completed will be submitted to regulatory authorities with the induction studies.

Risankizumab (SKYRIZI) is part of a collaboration between Boehringer Ingelheim and AbbVie, with AbbVie leading development and commercialization globally.

For additional information, visit:
news.abbvie.com

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