

Future horizons: a glimpse into IL-23's next chapter (Johnson and Johnson) (Complete Session)

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Guselkumab, a selective IL-23 inhibitor with unique CD64-binding properties, demonstrated clinical and endoscopic efficacy in phase 3 trials for both ulcerative colitis and Crohn's disease, including head-to-head superiority over ustekinumab in Crohn's disease.

KEY POINTS

- In the QUASAR ulcerative colitis program, the speaker reported up to 50% of patients achieved clinical remission at one year, with approximately one-third achieving endoscopic normalization and roughly 60% achieving histological remission.
- In the GALAXY Crohn's disease program using a treat-through design, the speaker reported one out of two patients achieved clinical remission by week 12, with both maintenance doses demonstrating superiority over ustekinumab for endoscopic response and endoscopic remission at week 48.
- The speaker stated that guselkumab binds CD64 on inflammatory monocytes, potentially allowing local capture of IL-23 at the cell surface in addition to binding soluble IL-23, a mechanism the speaker distinguished from risankizumab and mirikizumab which do not bind CD64.
- Efficacy was reported across both biologic-naïve and biologic-experienced patients in both diseases, with the speaker noting high treatment effect deltas over placebo particularly in the ulcerative colitis maintenance trial.
- Safety profiles were described by the speaker as consistent with the known favorable profile of guselkumab, with both maintenance doses showing similar safety in Crohn's disease.
- The speakers disclosed a planned development program addressing perianal fistula disease, transmural healing, subcutaneous induction regimens, and other unmet needs, and positioned guselkumab in discussion as potentially superior to ustekinumab for first-line use.

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