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Summary

ETRASIMOD FOR MODERATELY TO SEVERELY ACTIVE CROHN'S DISEASE: RESULTS FROM THE EXTENSION PERIOD OF A PHASE 2 STUDY

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In a 52-week extension of a phase 2 trial, etrasimod 3 mg once daily achieved endoscopic response in 19.5% of moderately to severely active Crohn's disease patients in the treat-through analysis, with no new safety signals.

KEY POINTS

- In the treat-through analysis, 19.5% (8/41) of patients receiving etrasimod 3 mg and 14.3% (6/42) receiving 2 mg achieved endoscopic response (endoscopic remission or ≥50% decrease in SES-CD) at Week 52.
- CDAI remission (<150) at Week 52 was achieved by 34.1% (14/41) of patients on etrasimod 3 mg and 28.6% (12/42) on 2 mg in the treat-through analysis.
- Most treatment-emergent adverse events were mild or moderate, with the most common being worsening Crohn's disease (25.0% in 2 mg, 21.6% in 3 mg), headache (10.7% in 2 mg, 16.2% in 3 mg), and COVID-19 (10.7% in 2 mg, 24.3% in 3 mg).
- No deaths, macular oedema, or malignancies were reported; severe infections occurred in 3.6% (2 mg) and 5.4% (3 mg) of patients.
- Cardiovascular events included first-degree AV block in 2 patients (3 mg group) and bradycardia in 1 patient (2 mg group, non-serious, Grade 1, no intervention required).
- This was a non-placebo-controlled extension study; the authors note that placebo-controlled studies are ongoing.

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