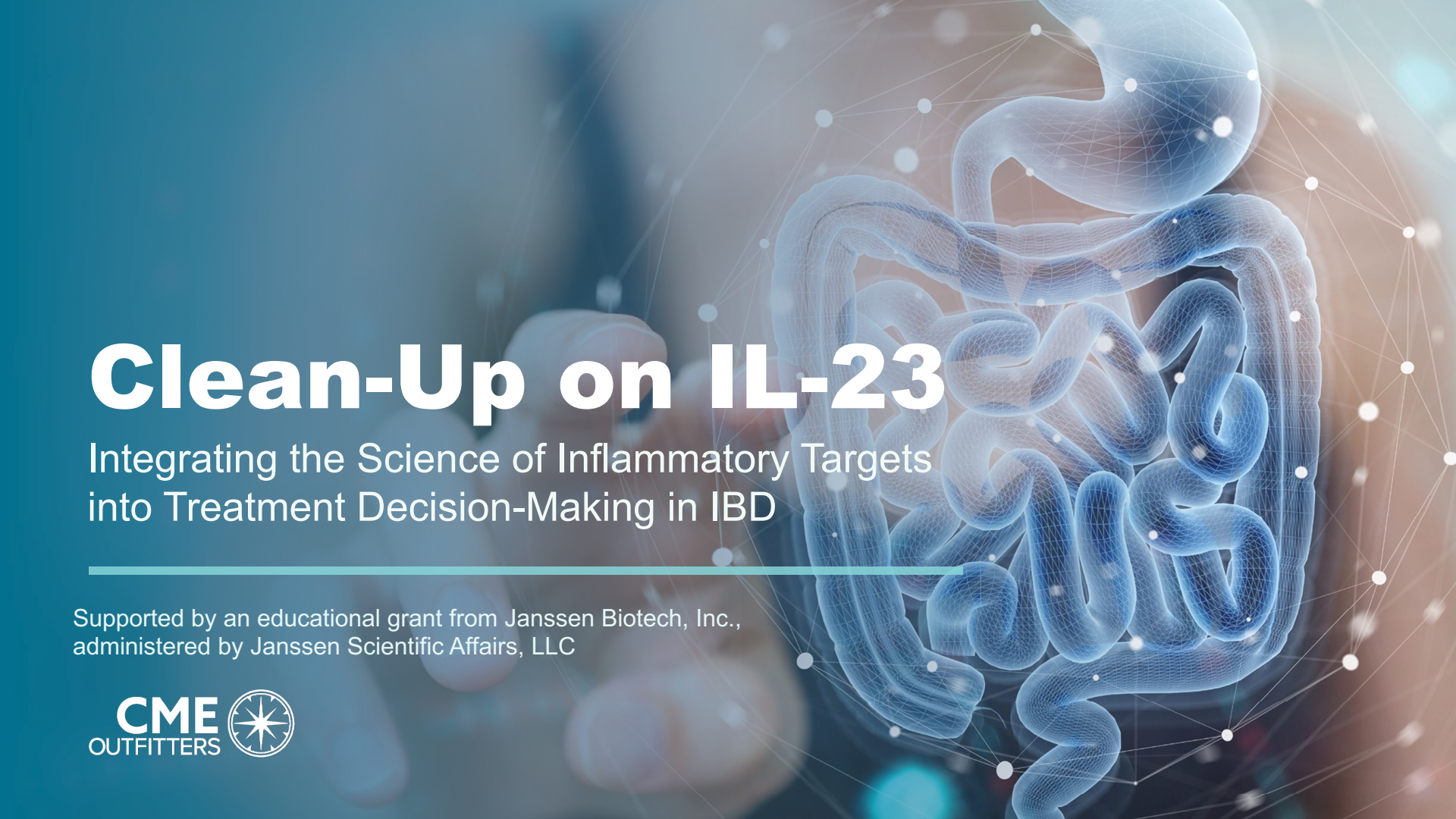

Clean-Up on IL-23

Integrating the Science of Inflammatory Targets into Treatment Decision-Making in IBD

Supported by an educational grant from Janssen Biotech, Inc., administered by Janssen Scientific Affairs, LLC

CME OUTFITTERS

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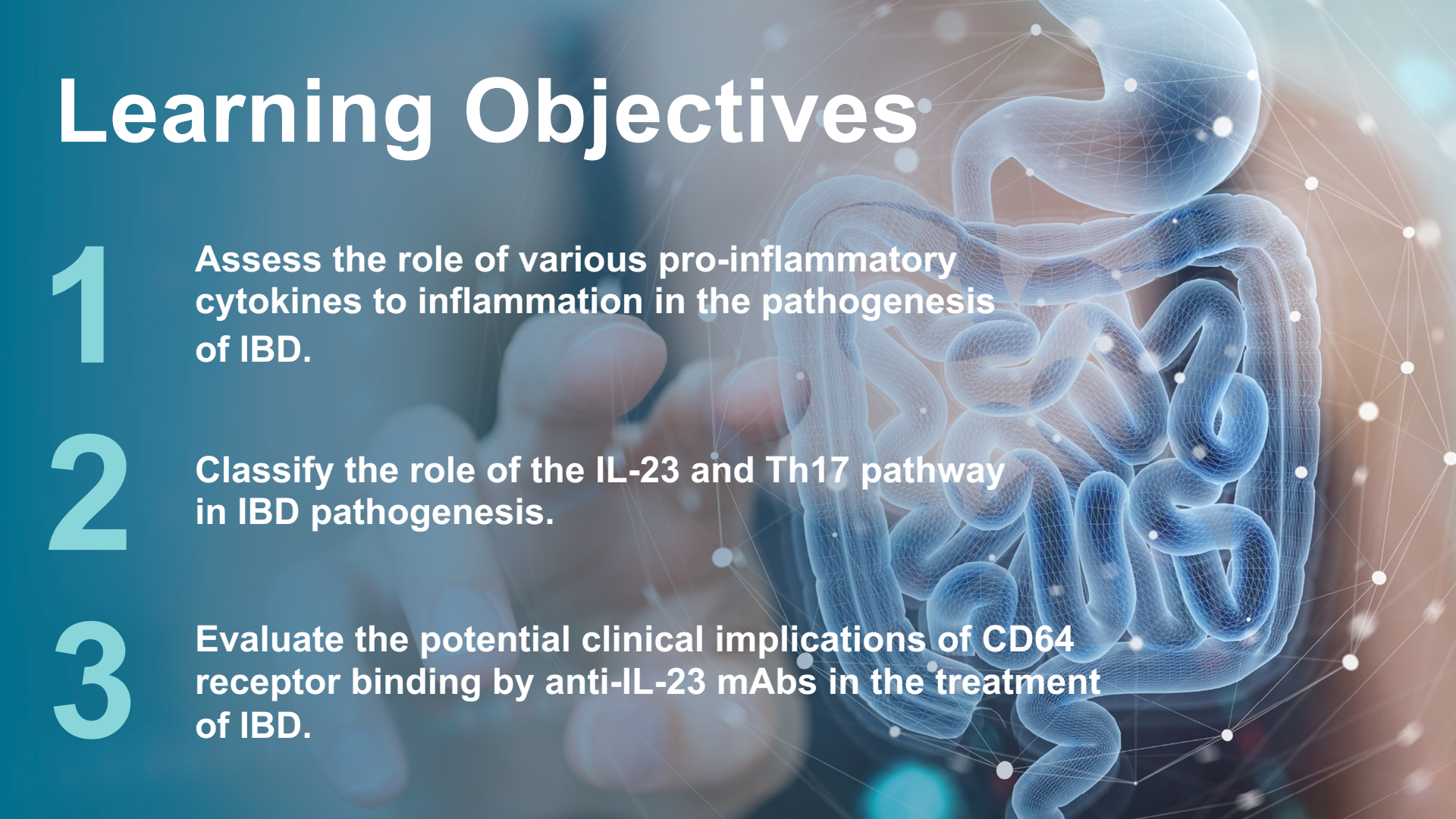
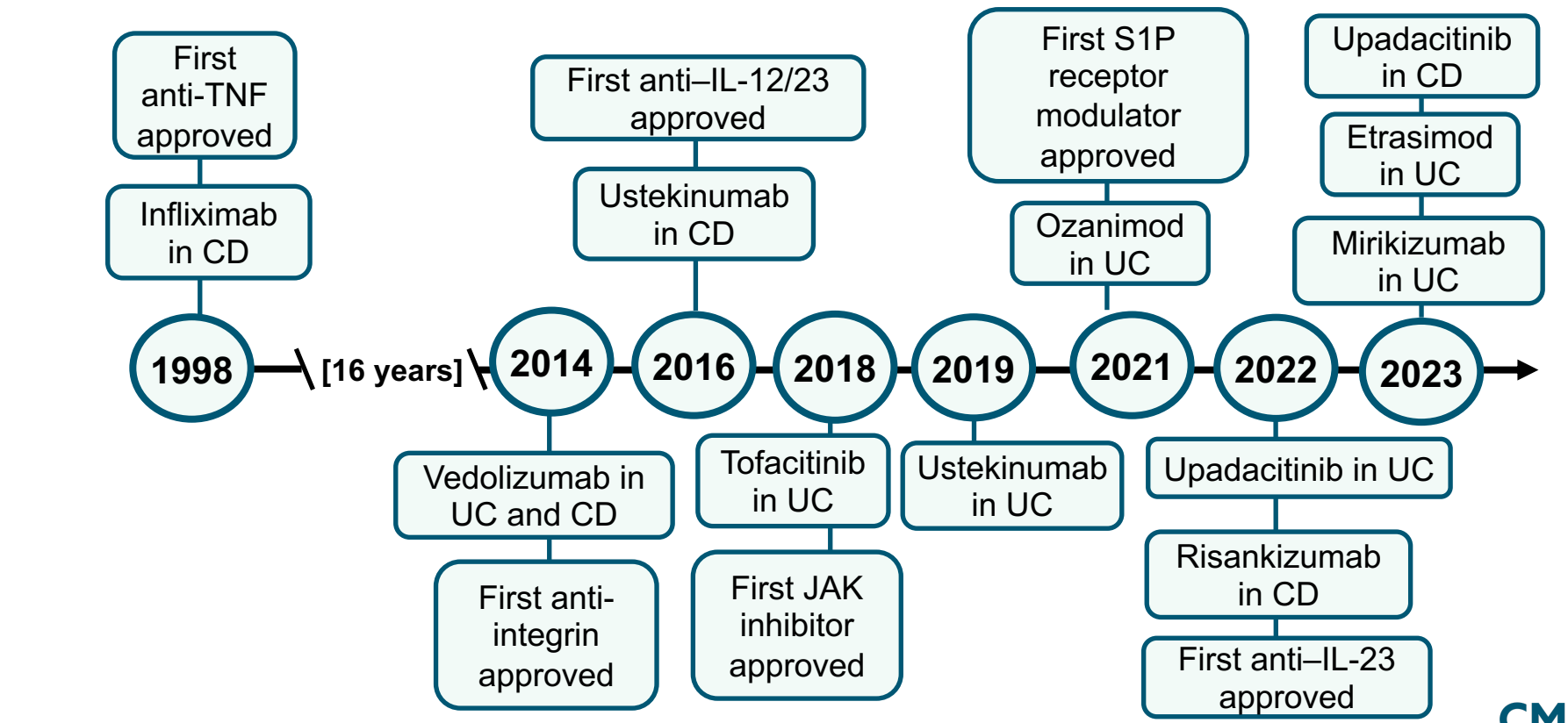
Learning Objectives

1. Assess the role of various pro-inflammatory cytokines to inflammation in the pathogenesis of IBD.
2. Classify the role of the IL-23 and Th17 pathway in IBD pathogenesis.
3. Evaluate the potential clinical implications of CD64 receptor binding by anti-IL-23 mAbs in the treatment of IBD.



Evolution of IBD Treatment Landscape



CD = Crohn's disease; IBD = inflammatory bowel disease; IL = interleukin; JAK = Janus kinase; TNF = tumor necrosis factor; UC = ulcerative colitis.
Modified from Pouillon L, et al. *Nat Rev Gastroenterol Hepatol.* 2021;18(2):143. OMVOH® (mirikizumab-mrkz) [package insert]. Indianapolis, IN: Eli Lilly and Company. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/761279s000lbl.pdf

CME OUTFITTERS

How Do We Put Together the Puzzle of Therapy Selection?

DRUG

Efficacy

Indication
Rapidity of onset
Durability
Pharmacokinetics/TDM
Combination vs. monotherapy
Positioning and sequence

Safety

Infection
Cancer
Specific concerns by agent or mechanism

PATIENT

Individual Characteristics

Age
Stages of disease
Comorbidities and other inflammatory conditions
Preferences
Access to treatment

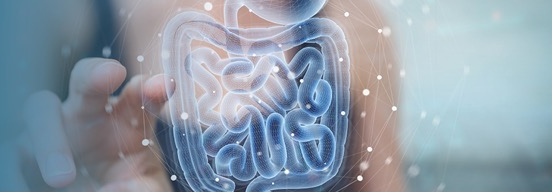
Disease Characteristics

CD vs. UC
Disease behavior/complication
Disease severity
Early vs. late
EIMs
Treatment history

EIM = extraintestinal manifestation; TDM = therapeutic drug monitoring.

CME OUTFITTERS

IBD Pathogenesis

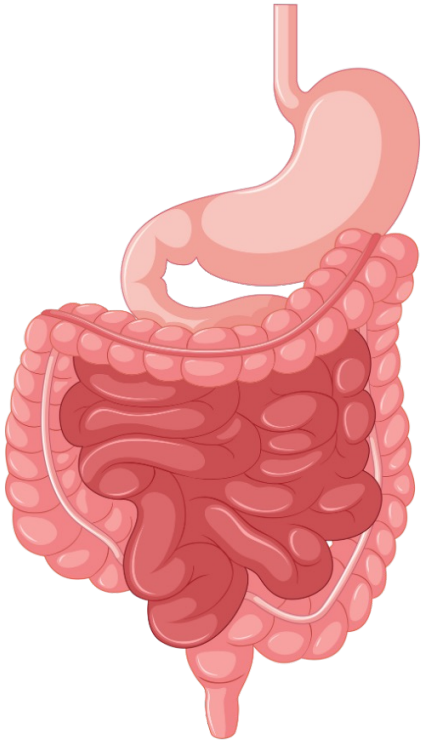


Genetics

- IGRM
- NOD_2
- IL23R
- ATG16L1
- LRRK2
- IBD5
- others

Environment

- Diet
- Lifestyle
- Smoking
- Stress
- Drugs
- Antibiotics
- Infection
- Latitude
- others



Immunology

- Immune dysregulation
- Impaired epithelial barrier function
- Defective autophagy
- Skewed lymphocyte populations
- Altered cytokine production

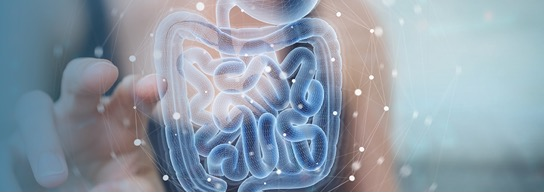
Gut Microbiome

- ↑ Enterobacteriaceae
- ↑ Pasteurellaceae
- ↑ Veillonellaceae
- ↑ Fusobacteriaceae
- ↓ Erysipelotrichales
- ↓ Bacterioidales
- ↓ Clostridiodales

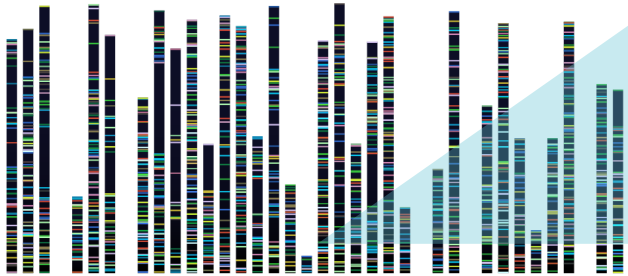
Oliveira SB, Monteiro IM. *BMJ*. 2017;357:j2083.

CME OUTFITTERS

Genetic Link to IL-23 and IBD



Genome-wide association studies



IL-23-R variants protective against CD and UC

G149R

V362I

R381Q

Variant effects:

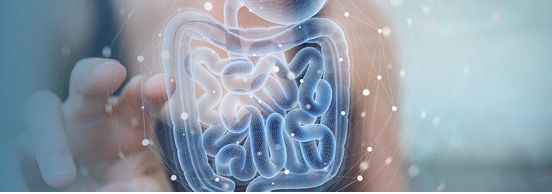
- Lower level surface receptor expression
- Lower activation of IL-23-R pathway
- Impaired IL-23-R maturation and stability

R = receptor.

El Hadad, et al. *Mol Diagn Ther*. 2024;28(1):27-35. Sivanesan D, et al. *J Biol Chem*. 2016;291(16):8673-8685.

CME OUTFITTERS

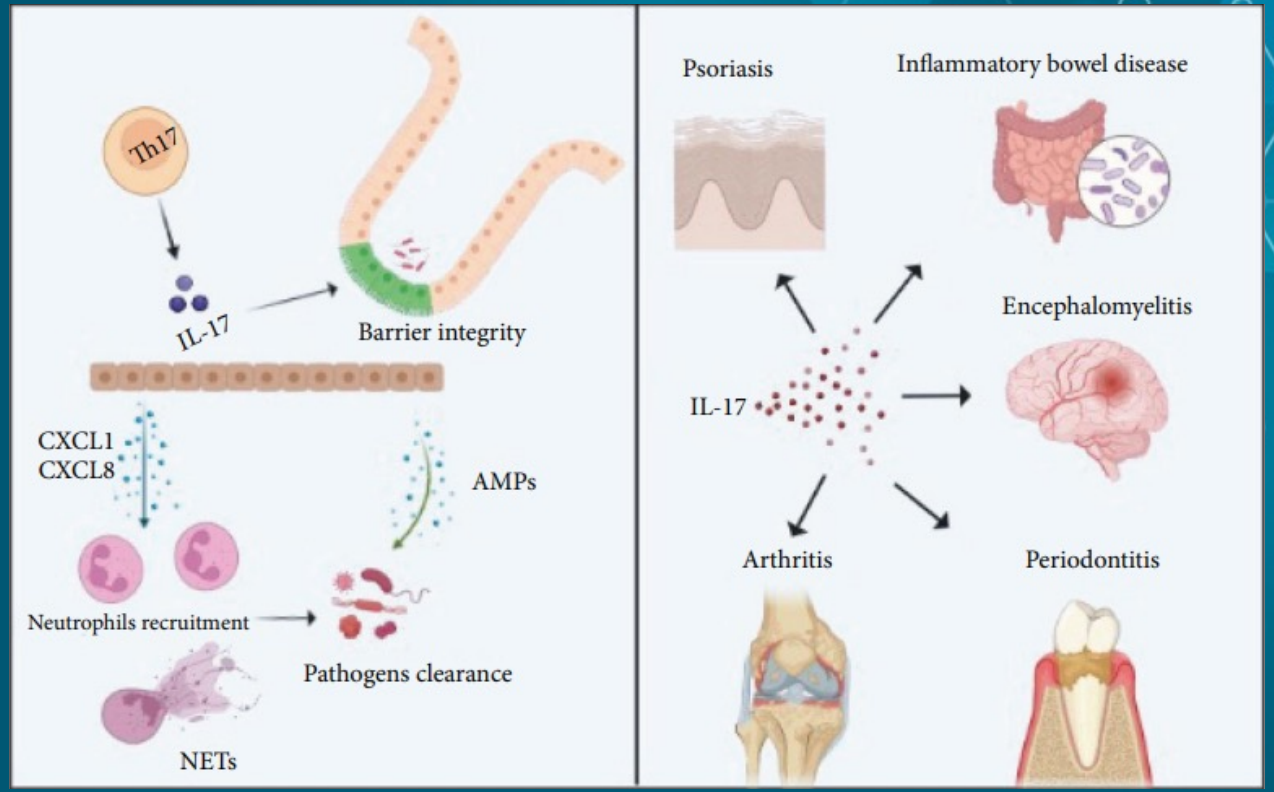
Why Target IL-23 in IBD?



- Inhibition of IL-23 decreases mucosal inflammation and improves epithelial barrier integrity
- Inhibiting IL-23 suppresses gut inflammation in T-cell mediated colitis
- Anti-IL-23 therapy preserves protective IL-17 gut functions
  - Animal models of IL-17 blockade in colitis had mixed results
  - Trials of anti-IL-17A/IL-17A receptor antagonists in IBD resulted in worse outcomes vs placebo

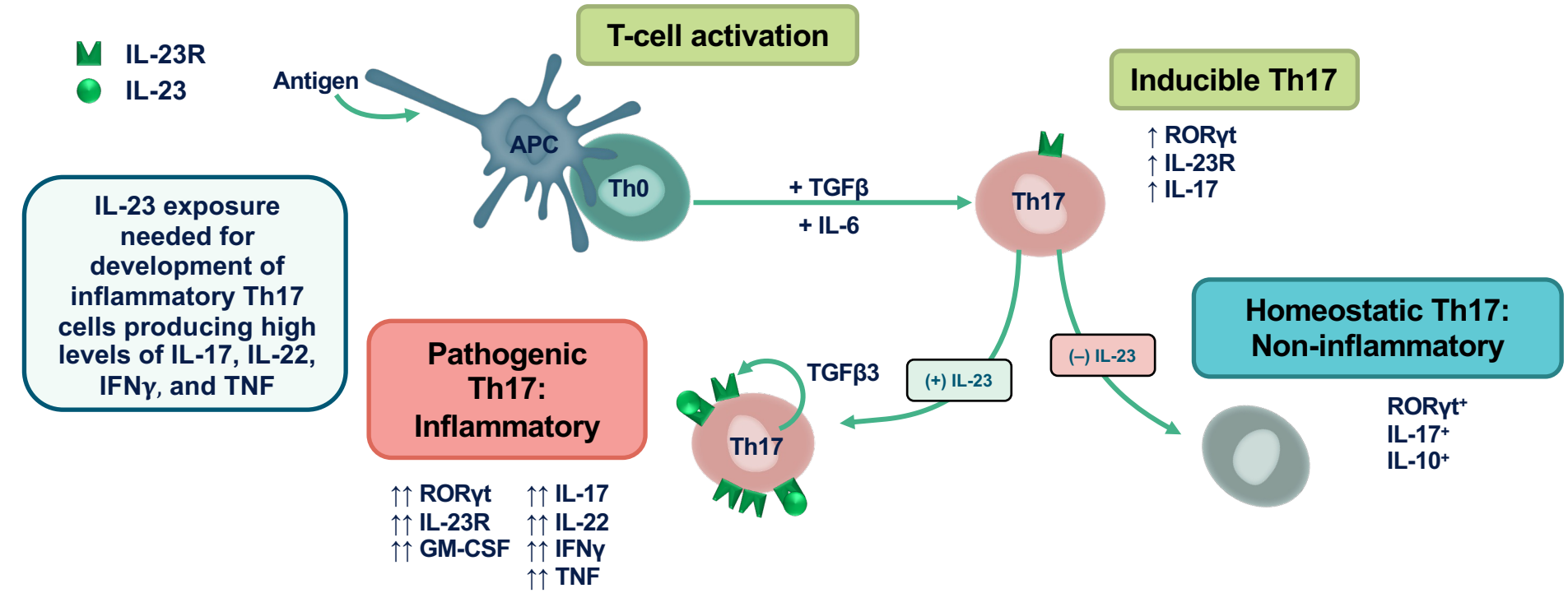
Hohenberger M, et al. *J Dermatolog Treat.* 2018;29(1):13-18. Vuyuru SK, et al. *Drugs*. 2023;83(10)873-891. Wallace KL, et al. *World J. Gastroenterol.* 2014;20(1):6-21.

Role of IL-17 in Pathogenic and Protective Immunity



AMPs = antimicrobial peptides; NETs = neutrophil extracellular traps; Th = T helper cell.
Sun L, et al. *J Immunol Res.* 2023;2023:1-9.

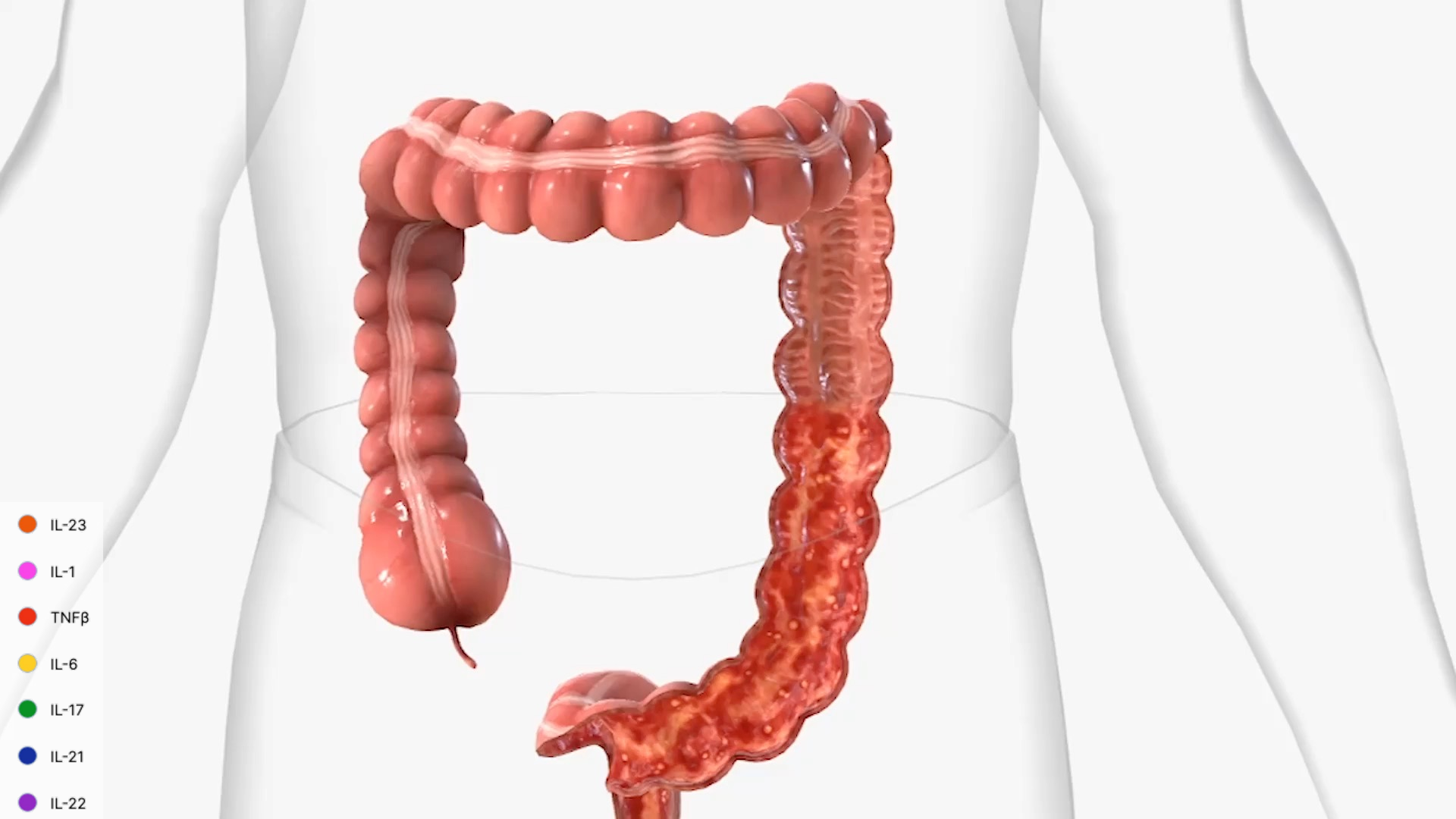
IL-23 Drives Development of Inflammatory Pathogenic Th17 Cells



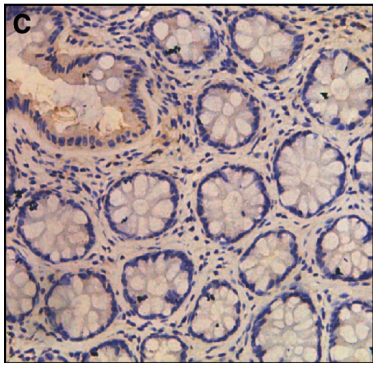
APC = antigen-presenting cell; GM-CSF = granulocyte-macrophage colony-stimulating factor; IFN = interferon; RORγt = retinoic acid receptor-related orphan receptor γt; TGF = transforming growth factor.

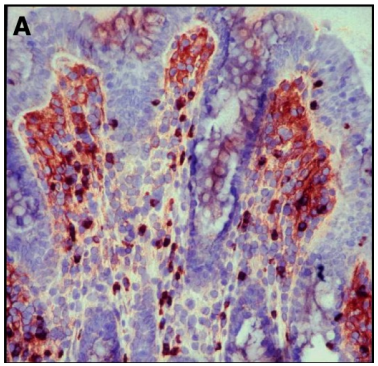
Adapted from Zúñiga LA, et al. *Immunol Rev.* 2013;252(1):78–88. Gaffen SL, et al. *Nat Rev Immunol.* 2014;14(9):585–600. Schmitt H, et al. *Front Immunol.* 2021;12:622934.

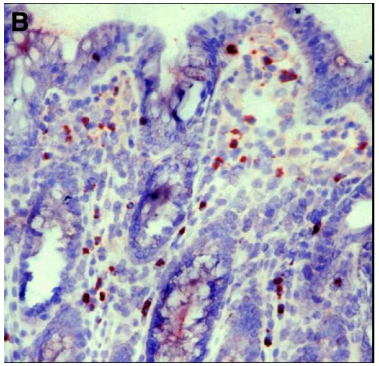
CME OUTFITTERS

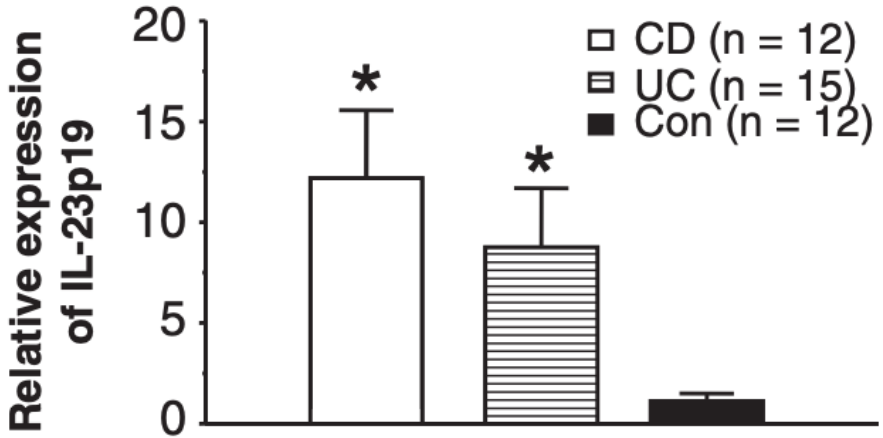

IL-23
IL-1
TNFβ
IL-6
IL-17
IL-21
IL-22

IL-23 Expression in Patients with IBD



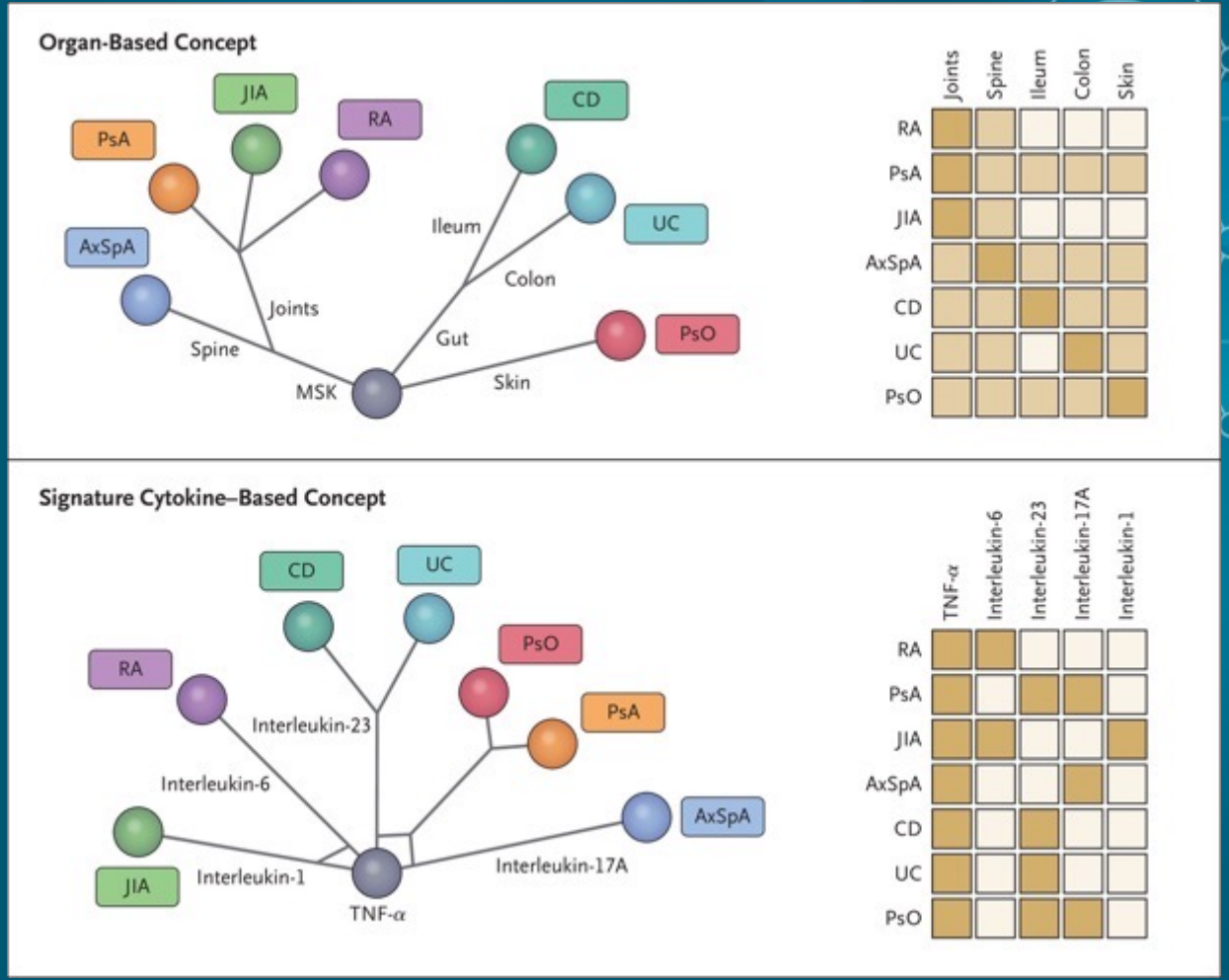






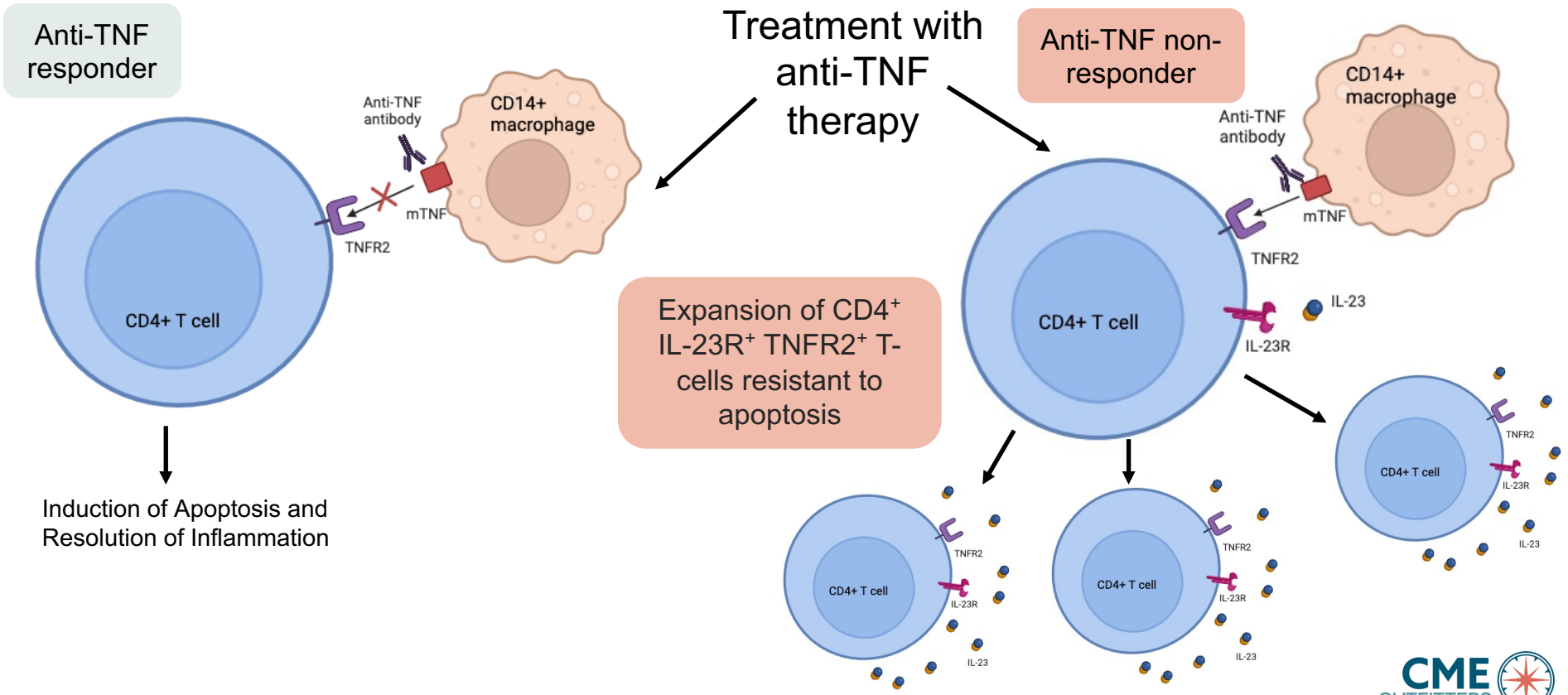
Liu Z, et al. *J Leukoc Biol*. 2011;89(4):597-606.

Cytokine Connections in Immune-Mediated Inflammatory Diseases



G Schett, et al. *N Engl J Med.* 2021;385:628-639.

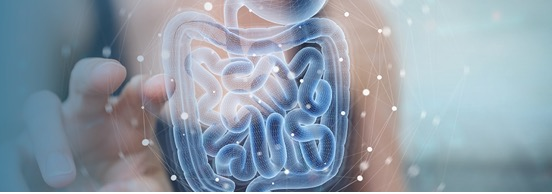
IL-23 Mediated Resistance to Anti-TNF



Adapted from Schmitt H, et al. *Semin Immunopathol*. 2019 Nov;41(6):737-746. Schmitt H, et al. Gut. 2019;68(5):814-828.

CME OUTFITTERS

Audience Response



Which of the following is a potential cause of anti-TNF non-response in patients with IBD?

A. Drug interactions between anti-TNF agents and immunomodulators

B. Heightened production of IL-23 and development of apoptosis resistant T-cells

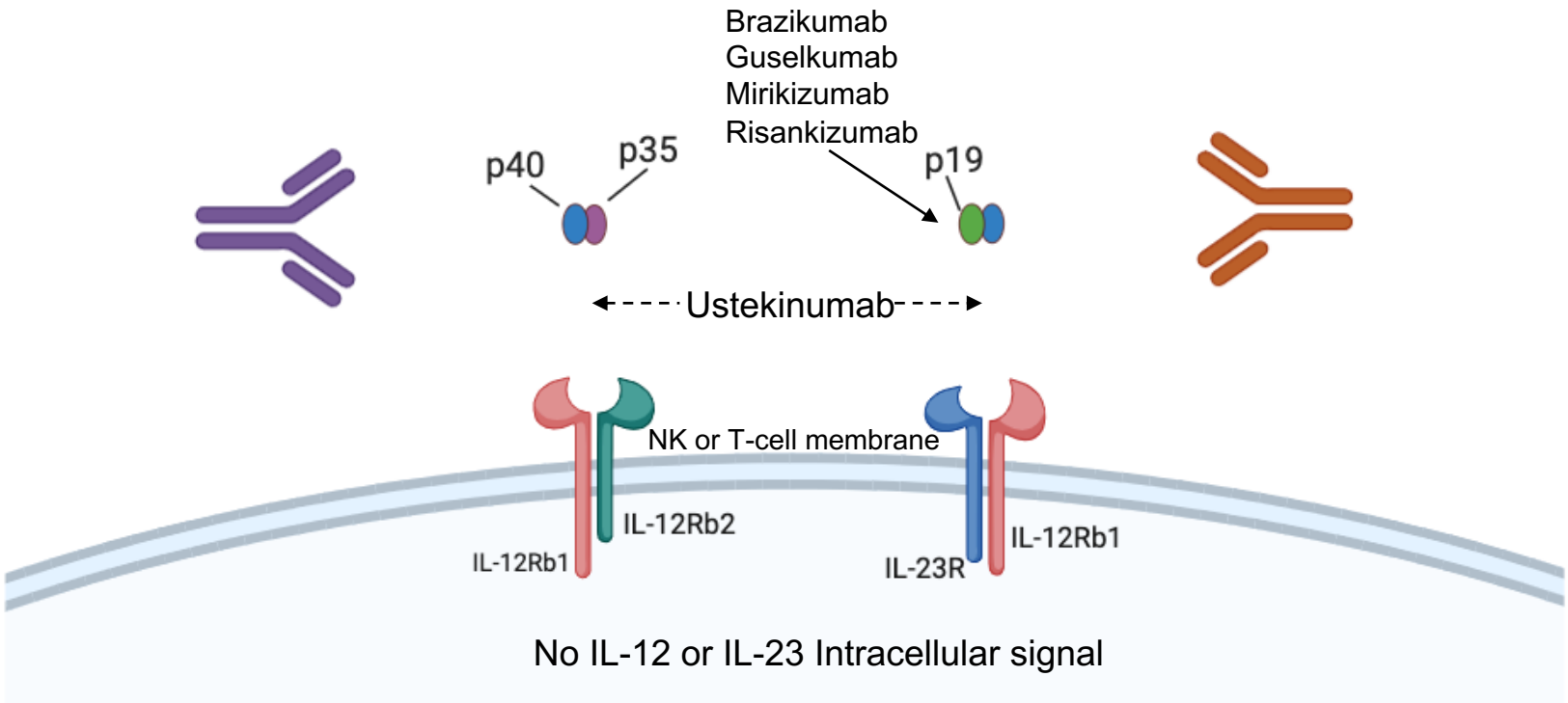
C. Down regulation of TNF-α receptors on monocytes

D. I don’t know

CME OUTFITTERS

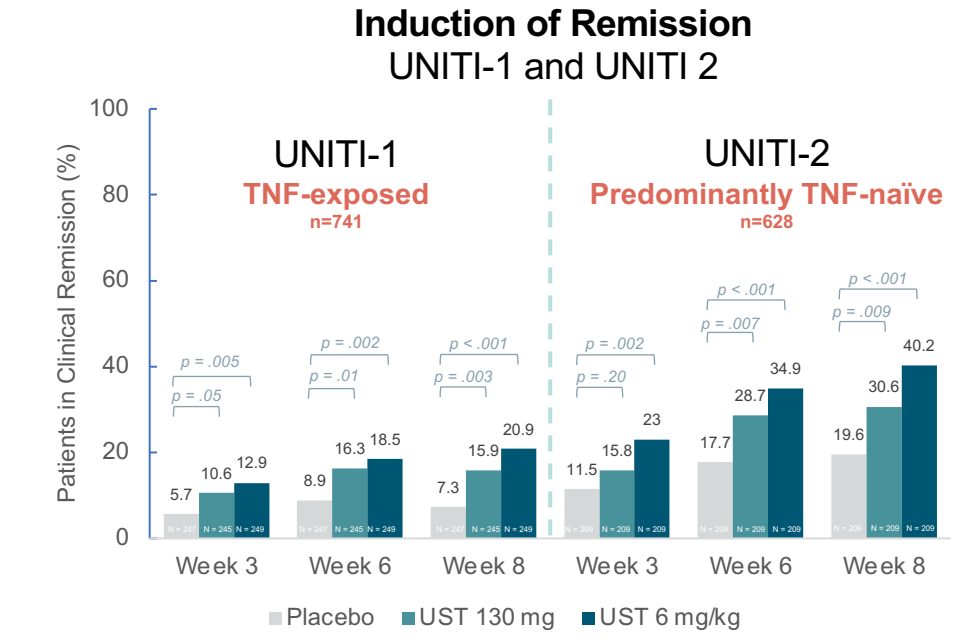
Inhibition of IL-23 in IBD:
What do we know so far?

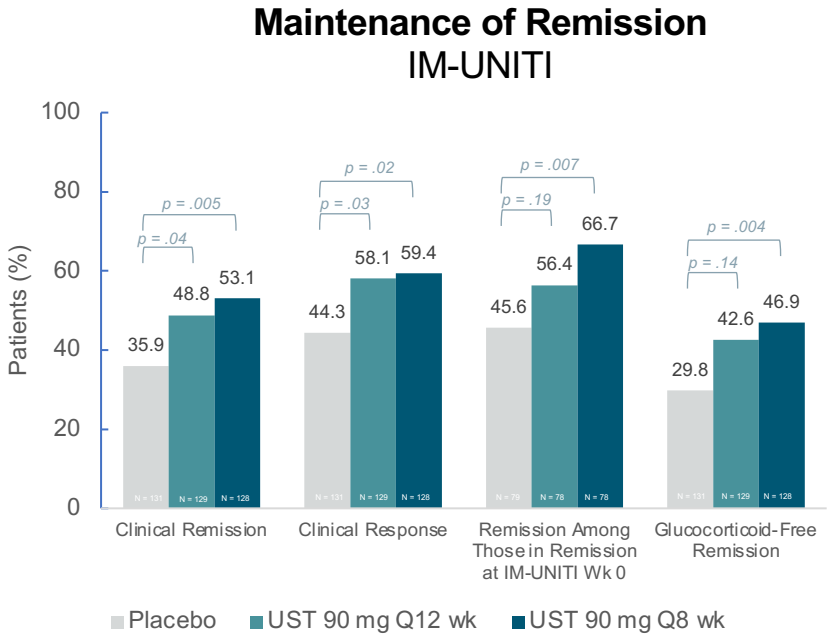
Anti-p40 (IL-12/23) and Anti-p19 (IL-23)



Adapted from Gately MK, et al. *Annu Rev Immunol*. 1998;16:495-521. Wilson NJ, et al. *Nat Immunol*. 2007;8(9):950-957. Nickoloff BJ, et al. *J Clin Invest*. 2004;113(12):1664-1675. Nestle FO, et al. *J Invest Dermatol*. 2004;123(6):xiv-xv. Created with Biorender.

UNITI: Ustekinumab for Induction and Maintenance of Remission in Refractory CD



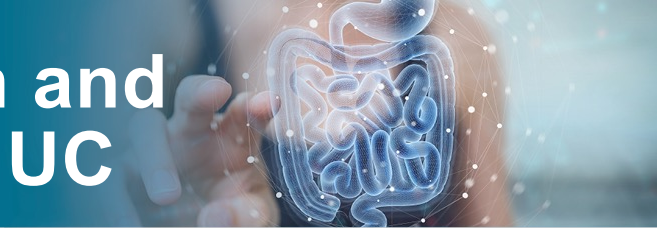


UST = ustekinumab.

Feagan BG, et al. *N Engl J Med*. 2016;375(20):1946-1960. Sandborn W, et al. *Aliment Pharmacol Ther*. 2018;48(1):65-77.

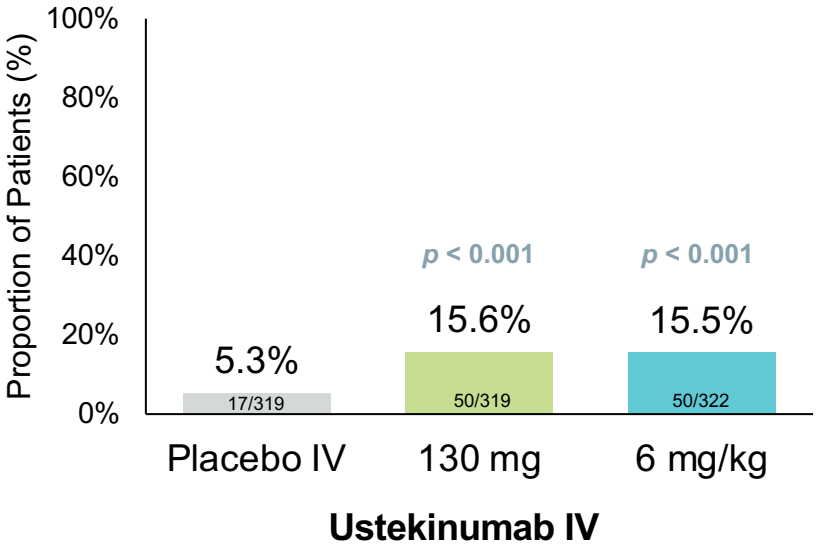
CME OUTFITTERS

UNIFI: Ustekinumab for Induction and Maintenance in Moderate-Severe UC



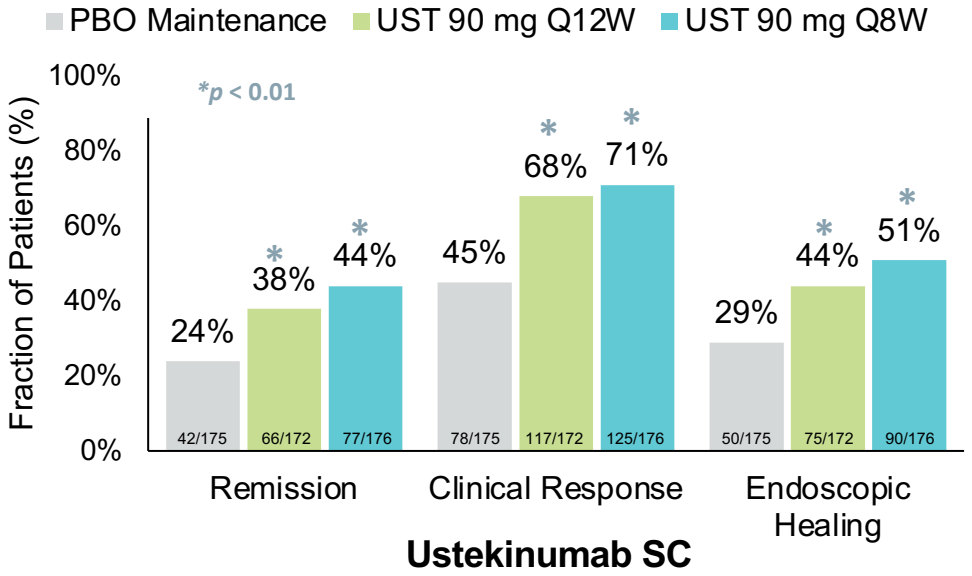
Induction[1]

Primary Endpoint: Clinical Remission at Week 8 (N=961)



Maintenance[2]

Clinical and Endoscopic Outcomes at Week 52 (N=397)



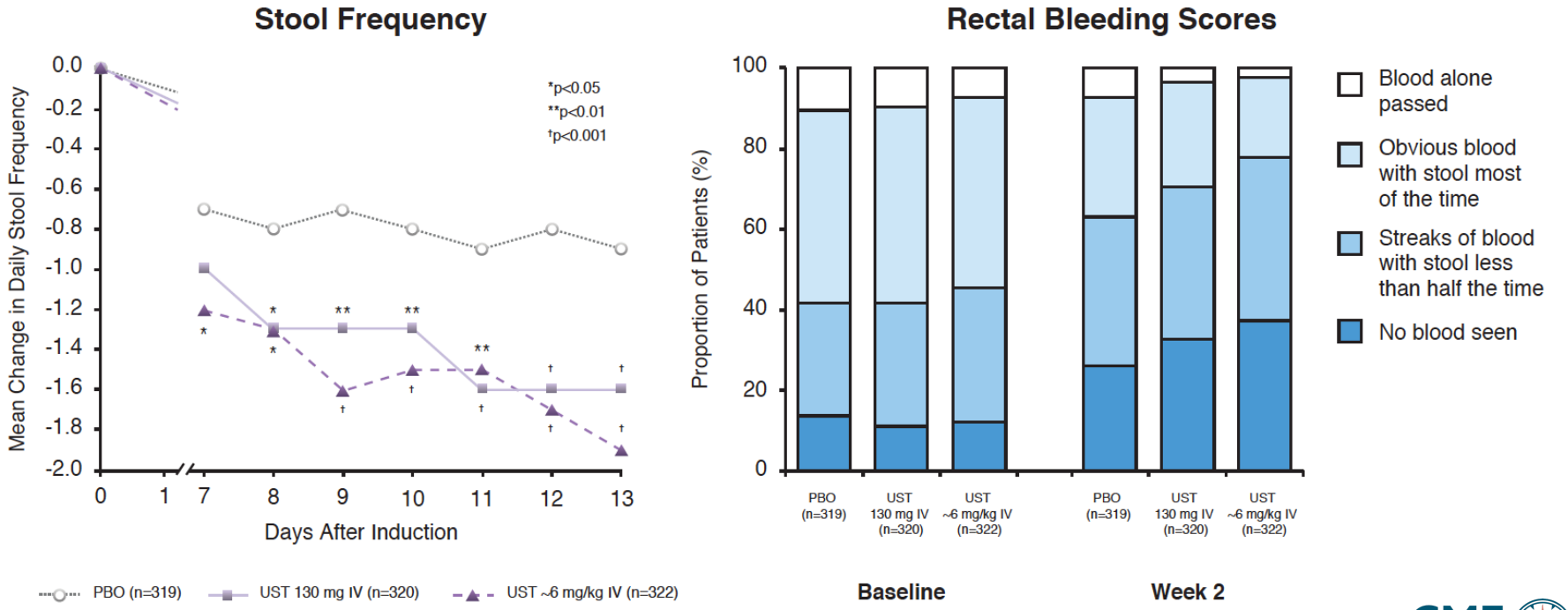
IV = intravenous; SC = subcutaneous.
Clinical Remission = Mayo Score ≤ 2 with no individual subscore > 1; Endoscopic healing: Mayo endoscopic subscore 0 or 1.

1. Sands BE, et al. N Engl J Med 2019;381:1201-14. 2. Sandborn WJ, et al. Presented at ECCO 2019. OP37.

CME OUTFITTERS

UNIFI Induction Trial: Early Improvement after IV Ustekinumab Induction in Patients with UC

Improvements in Stool Frequency and Rectal Bleeding after UST IV Induction



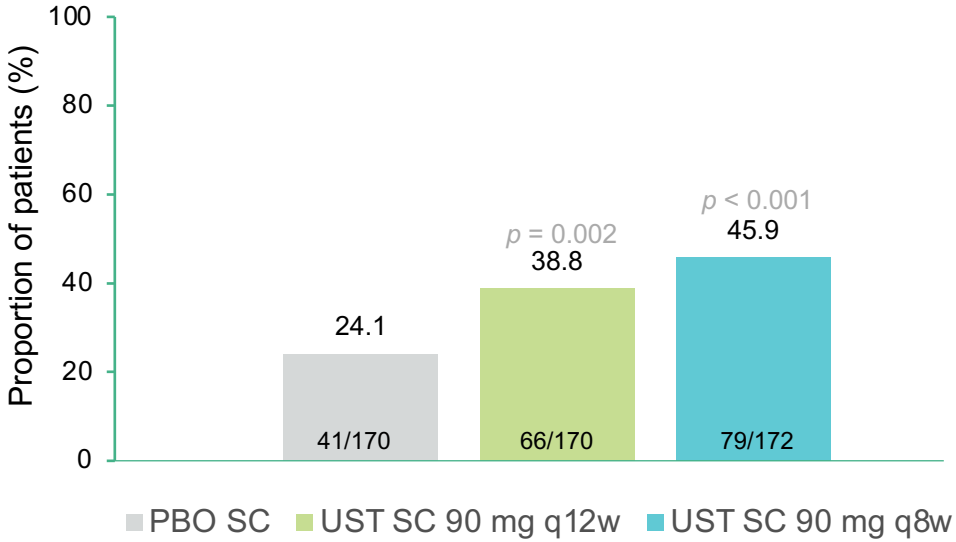
PBO = placebo.

Sands B, *et al.* Presented at ACG. October 2019.

CME OUTFITTERS

UNIFI Maintenance: Histo-Endoscopic Mucosal Healing Through Maintenance Week 44

Significantly more patients experienced histo-endoscopic mucosal healing through 1 year* with UST vs. PBO[1,2]



*Week 44 in maintenance is 1 full year of UST treatment (8-week induction + 44-week maintenance = 52 weeks in total);
†The PBO population includes patients who received and responded to UST IV induction before receiving PBO SC. The maintenance PBO is therefore not a true PBO as these patients have already received UST IV at induction.

The UNIFI trial is the first trial to use histo-endoscopic mucosal healing as an endpoint

This endpoint includes:

- **Endoscopic improvement** (endoscopy subscore of 0 or 1)

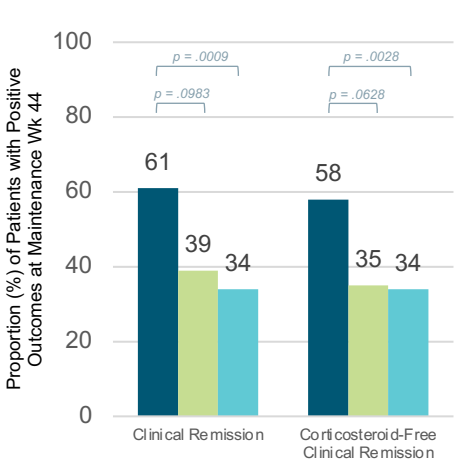
AND

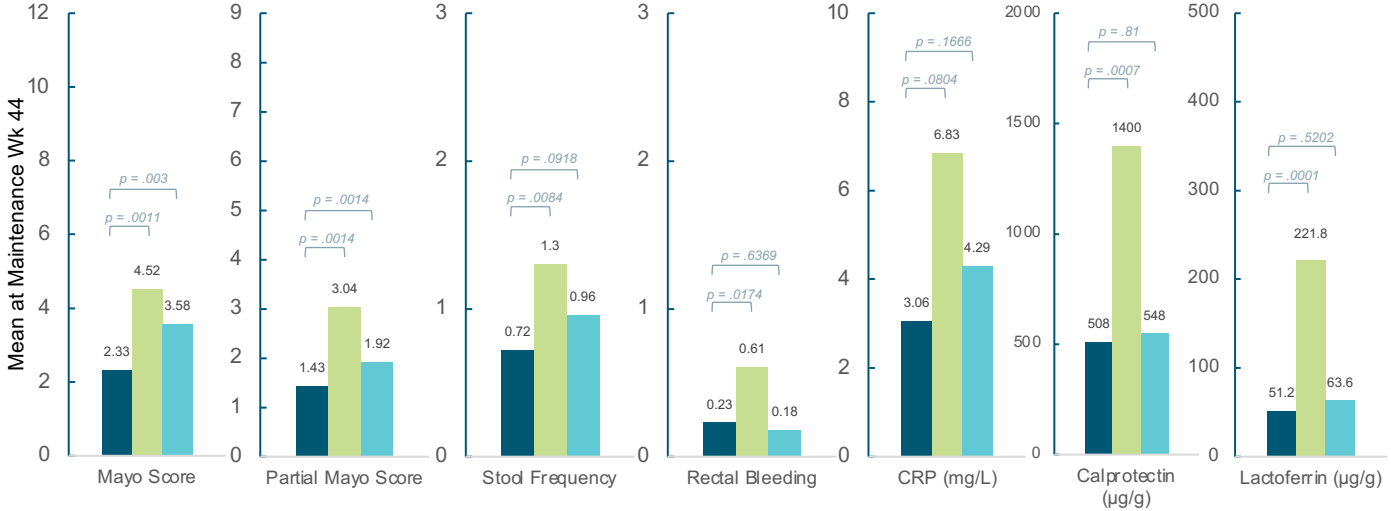
- **Histological improvement** (0% to <5% neutrophils in epithelium, no crypt destruction, and no erosions, ulcerations or granulations)[3]

1. Sandborn WJ, et al. Presented at ECCO 2019, Copenhagen, Denmark. 2. Sands BE, et al. N Engl J Med 2019;381:1201-14. 3. Li K, et al. *Gastroenterology*. 2020;159(6):2052-2064.

Achieving Histo-Endoscopic Mucosal Healing is Superior to Either Histologic or Endoscopic Improvement Alone

Data from the UNIFI Program





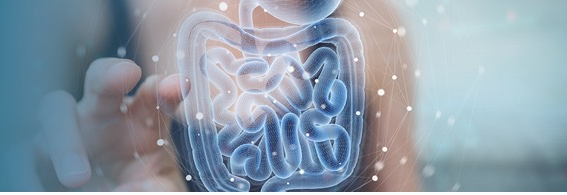
With histo-endoscopic mucosal healing at end of induction (N = 92)

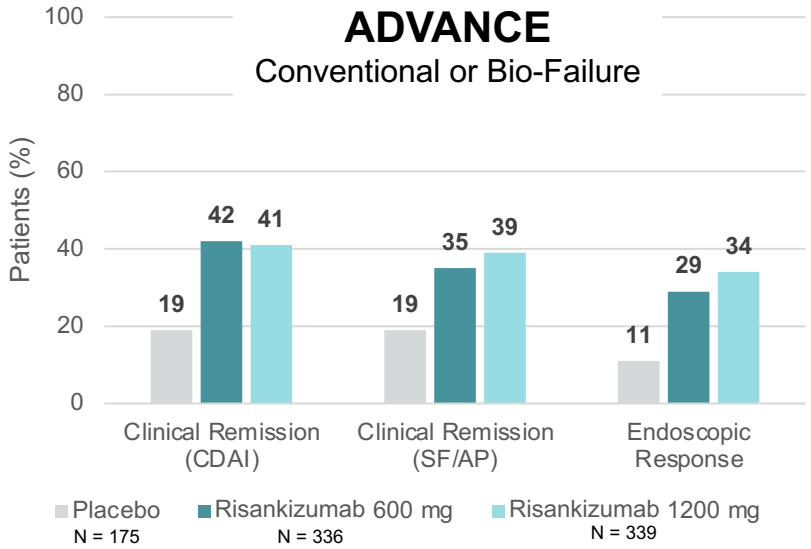
With only endoscopic improvement at end of induction (N = 23)

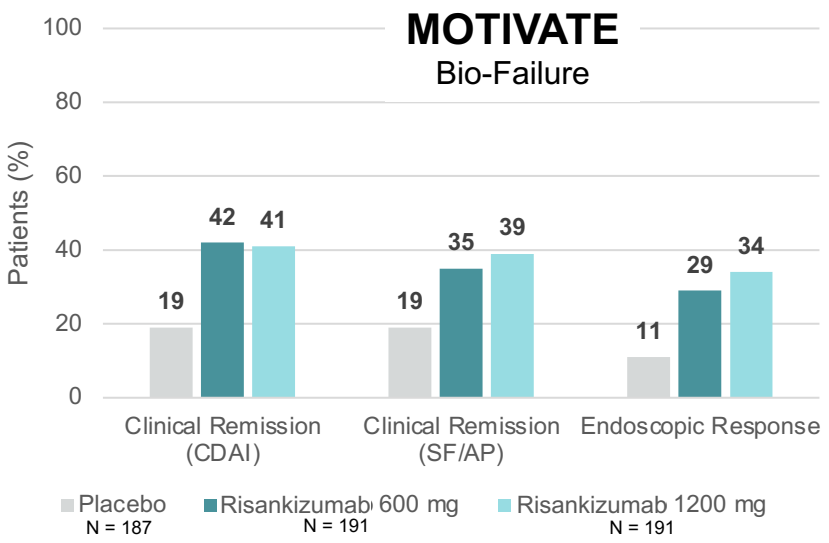
With only histologic improvement at end of induction (N = 71)

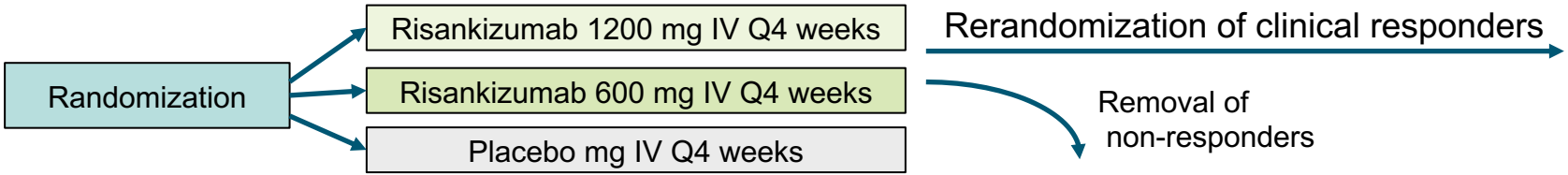
Li K, et al. *Gastroenterology*. 2020;159(6):2052-2064.

ADVANCE and MOTIVATE: Risankizumab Induction in CD





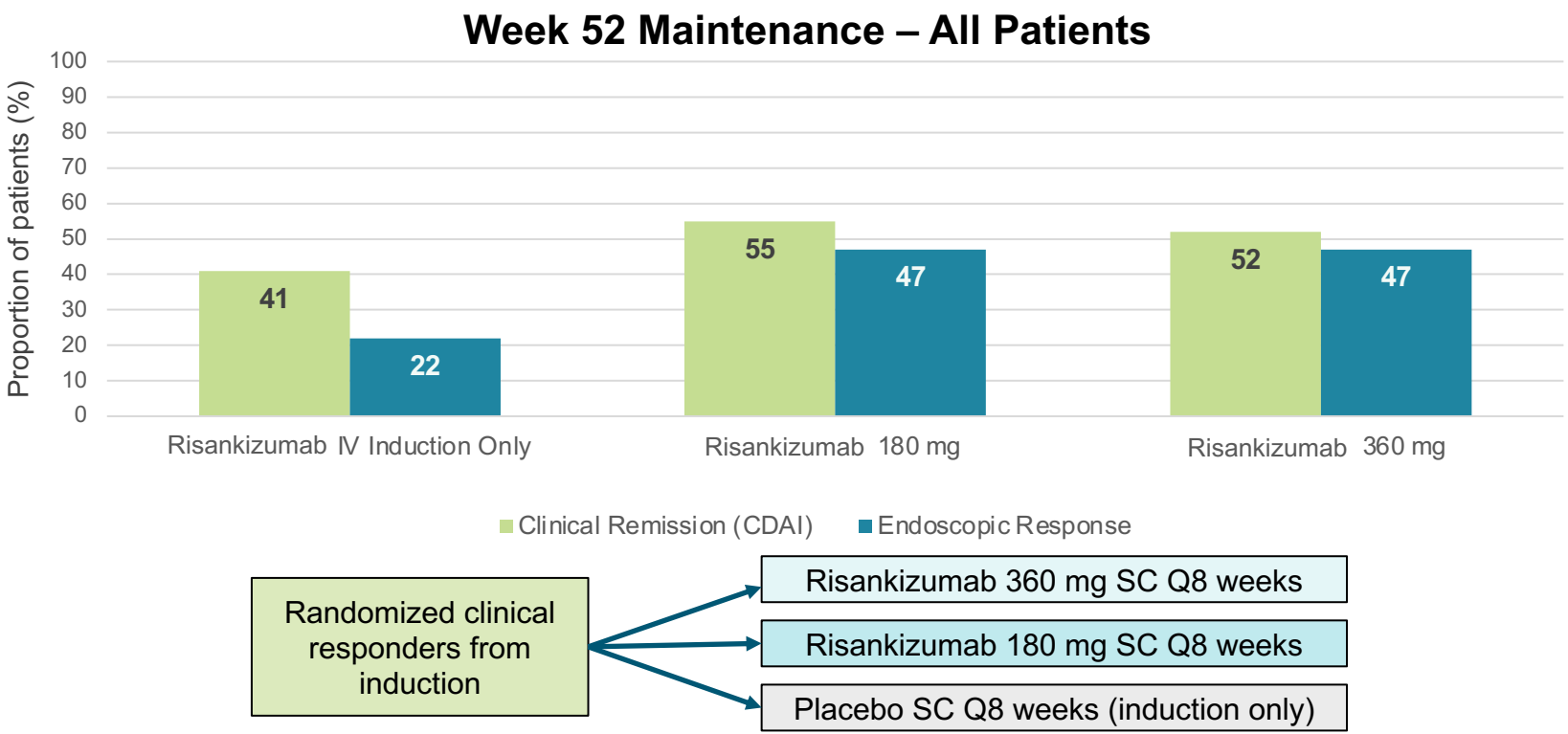




CDAI =Crohn's disease activity index; SF/AP = stool frequency/abdominal pain.; *Clinical responders defined as ≥30% decrease in average daily stool frequency or APS and not worse than baseline; *Endoscopic response defined as >50% decline in SES-CD vs BL by central reviewer (or in pts with SES-CD of 4 at BL, ≥2-point decrease vs BL); CDAI clinical remission a CDAI < 150.

D'Haens G, et al. *Lancet*. 2022;399(10340):2015-2030. Ferrante M, et al. *Lancet*. 2022;399(10340):2031-2046.

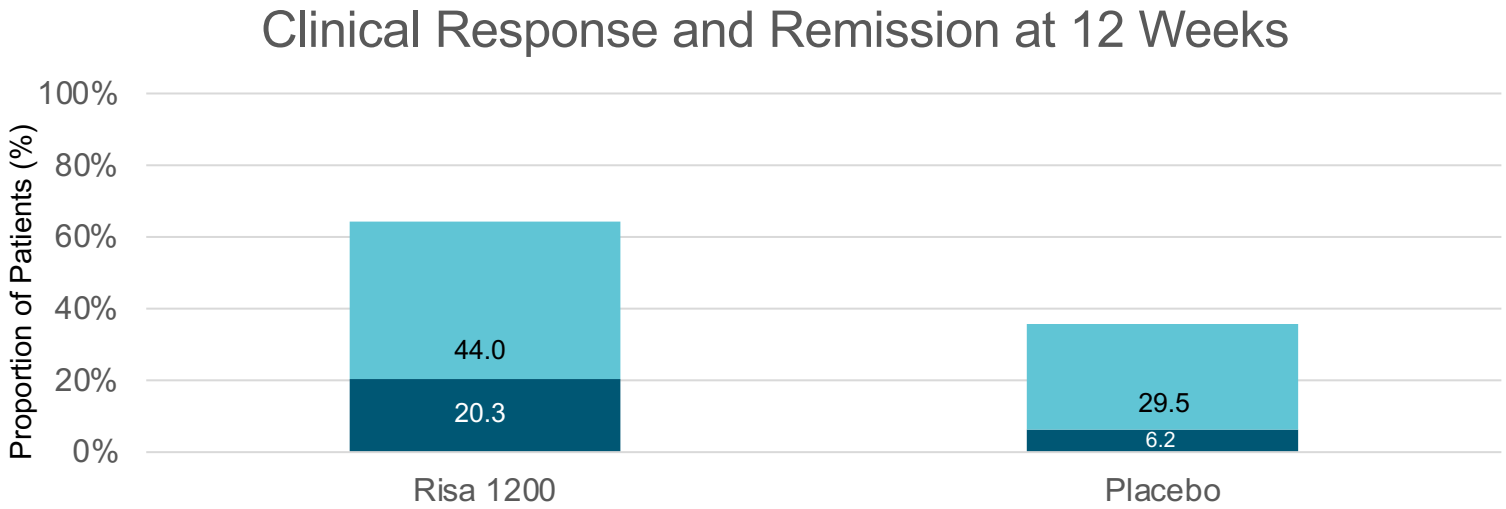
FORTIFY: Risankizumab Maintenance in CD

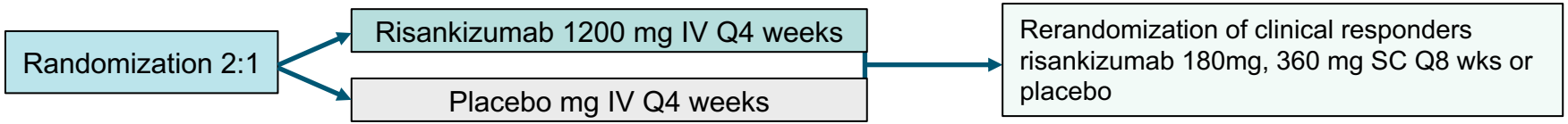


Endoscopic response defined as >50% decline in SES-CD vs BL by central reviewer (or in pts with SES-CD of 4 at BL, ≥2-point decrease vs BL); CDAI clinical remission a CDAI < 150.

Ferrante M, et al. *Lancet*. 2022;399(10340):2031-2046.

INSPIRE: Risankizumab Induction in UC*





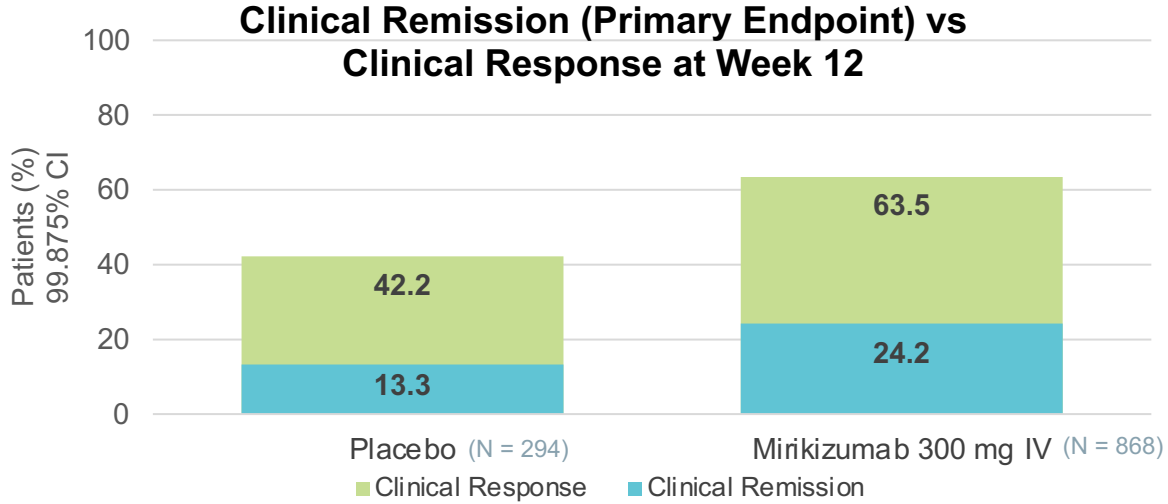
*Risankizumab is not FDA-approved for the treatment of UC.

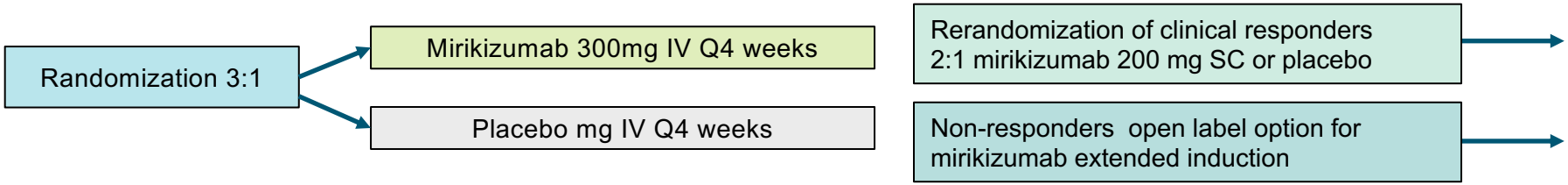
*Clinical responders defined as ≥30% decrease in average daily stool frequency or APS and not worse than baseline; *Endoscopic response defined as >50% decline in SES-CD vs BL by central reviewer (or in pts with SES-CD of 4 at BL, ≥2-point decrease vs BL); CDAI clinical remission a CDAI < 150.

Louis E, et al. *Am J Gastroenterol*. 2023;118(10S):S624-S625.

CME OUTFITTERS

LUCENT-1: Mirikizumab Induction in UC

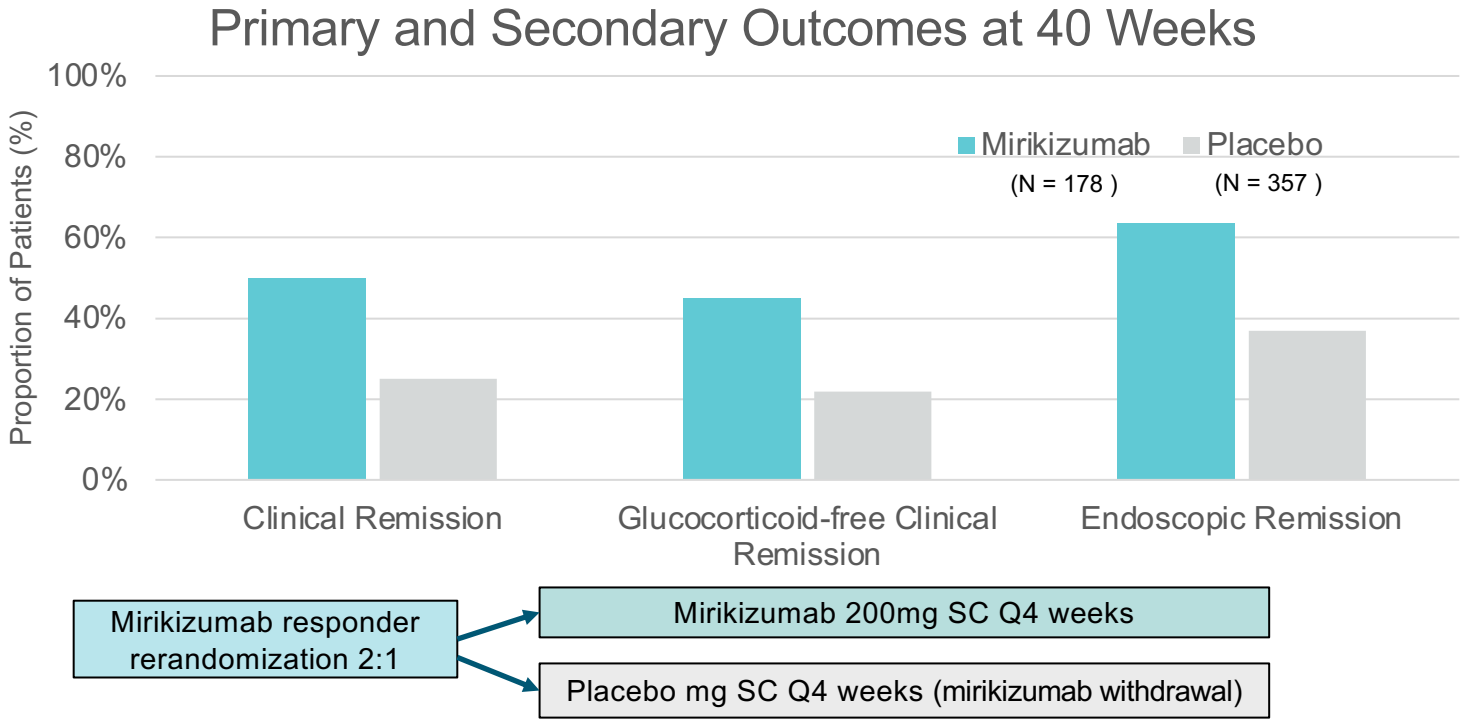




Clinical Remission: Stool frequency (SF) = 0, or SF = 1 with a ≥1-point decrease from baseline; rectal bleeding (RB) = 0; endoscopic subscore (ES) = 0 or 1 (excluding friability); clinical response: MMS of ≥2 points and ≥30% decrease from baseline, and a decrease of ≥1 point in the RB subscore from baseline or a RB score of 0 or 1

D'Haens G, et al. *N Engl J Med*. 2023;388(26):2444-2455

LUCENT-2: Mirikizumab Maintenance in UC

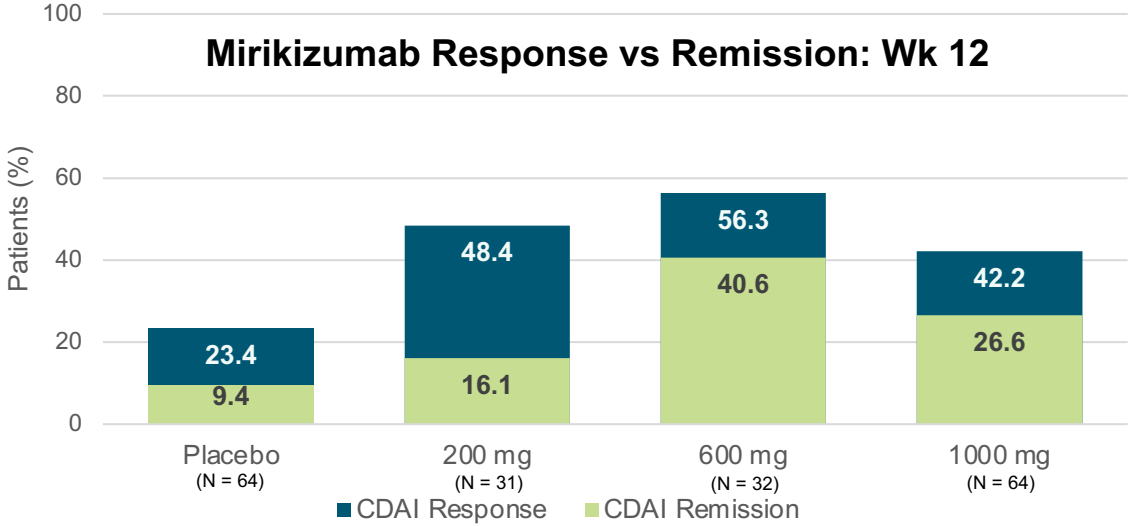


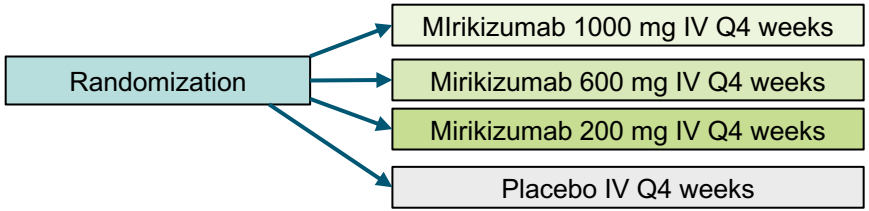
Clinical Remission: Stool frequency (SF) = 0, or SF = 1 with a ≥1-point decrease from baseline; rectal bleeding (RB) = 0; endoscopic subscore (ES) = 0 or 1 (excluding friability), Endoscopic Remission: ES = 0 or 1 (excluding friability), clinical remission at week 40, remission of symptoms at week 28, and no glucocorticoid use for ≥12 weeks before week 40

D'Haens G, et al. *N Engl J Med*. 2023;388:2444-2455.

CME OUTFITTERS

SERENITY: Mirikizumab* Induction in CD

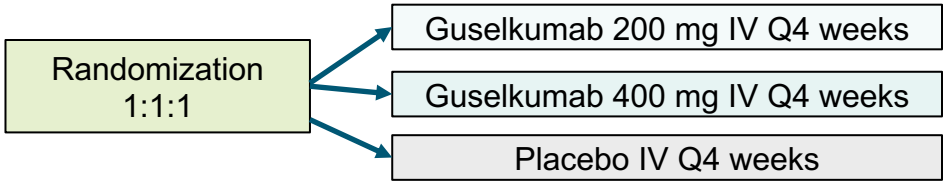


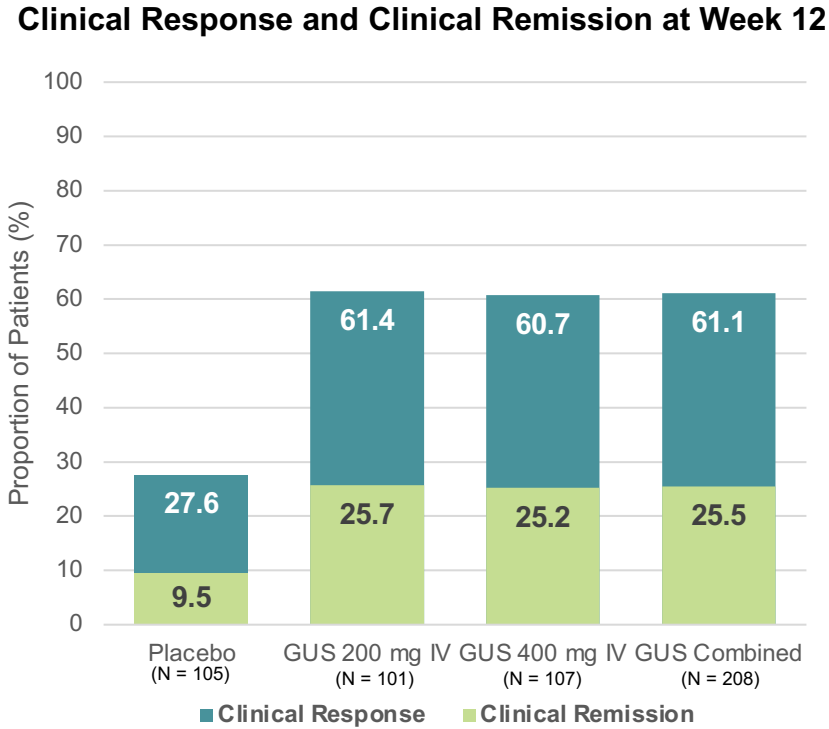


*Mirikizumab is not FDA-approved for the treatment of CD.
CDAI response = decrease from baseline of ≥ 100 points or score < 150; CDAI remission = score < 150.
Sands BE, et al. *Gastroenterology*. 2022;162(2):495-508.

CME OUTFITTERS

QUASAR: Guselkumab Induction in UC*





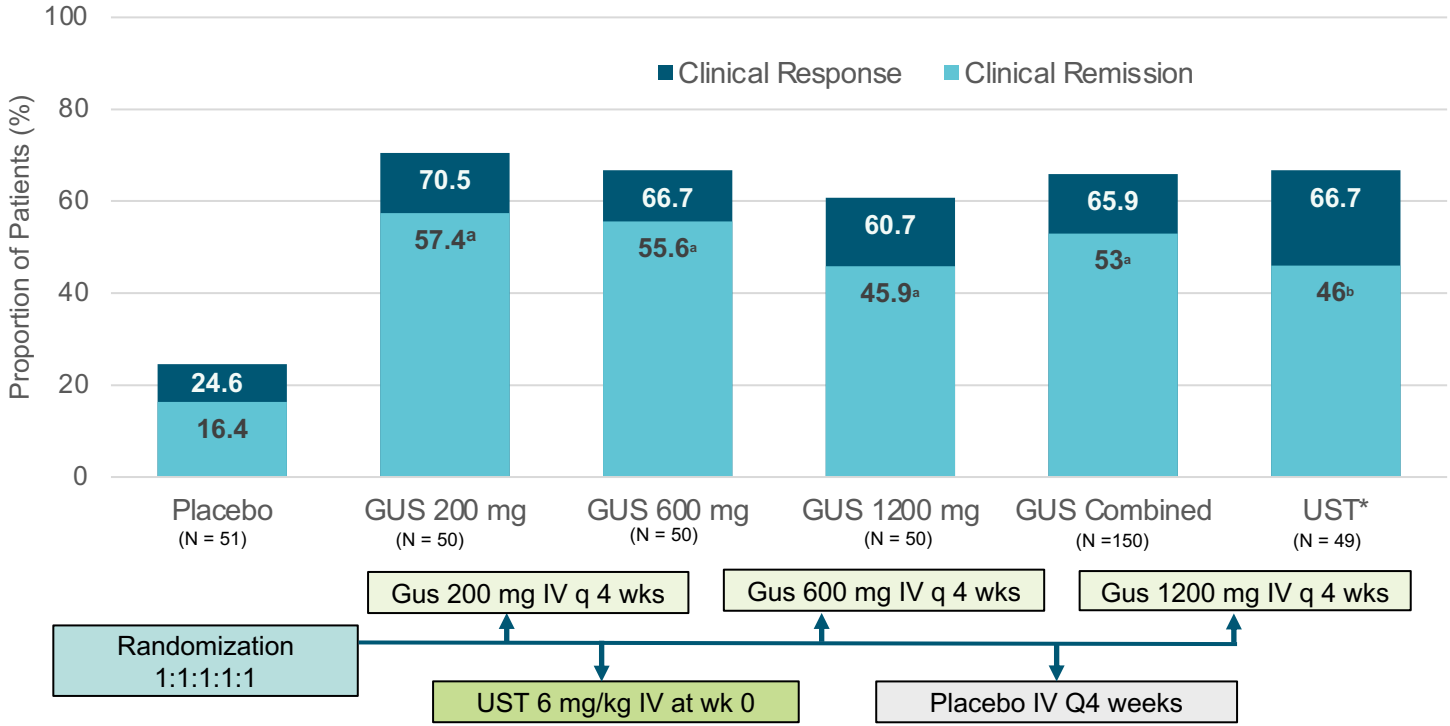
*Guselkumab is not FDA-approved for the treatment of UC. GUS = guselkumab.

Clinical response = modified Mayo score decrease ≥30% and ≥2 points, rectal bleeding subscore ≥1-point decrease or subscore of 0/1;

Clinical remission = Mayo stool frequency subscore of 0 or 1 and not increased from induction baseline, a Mayo rectal bleeding subscore of 0, and a Mayo endoscopy subscore of 0 or 1 with no friability present on the endoscopy

Peyrin-Biroulet L, et al. *Gastroenterology* 2023;165(6):1443-1457.

GALAXI-1: Guselkumab Induction in CD**

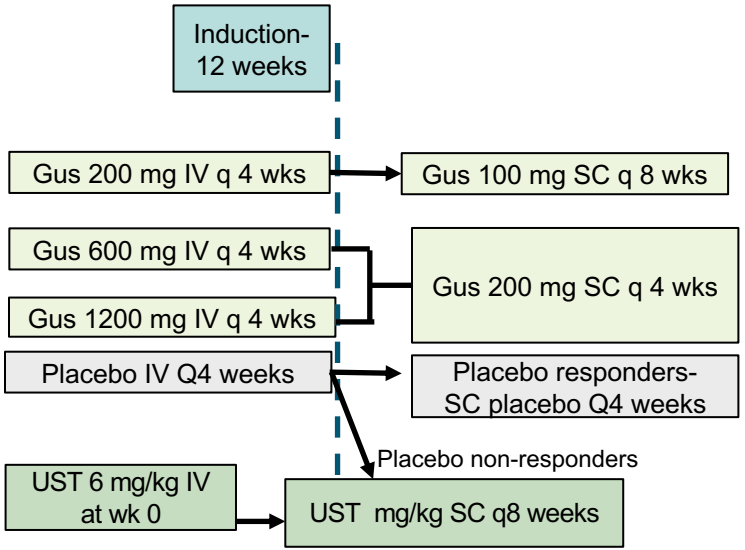


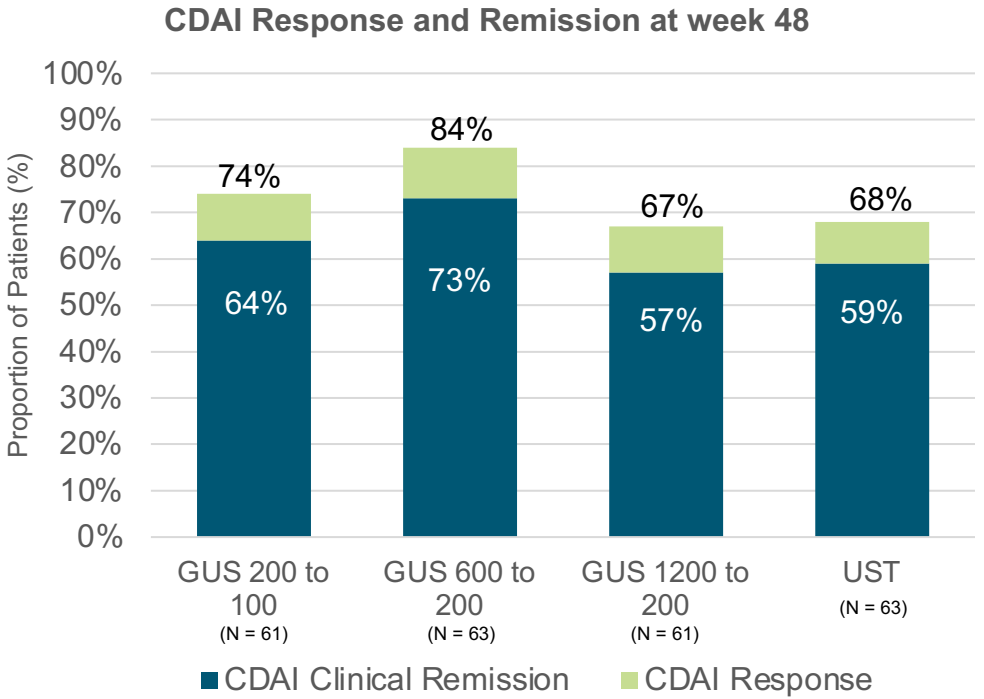
[A]*p* = <0.001 b *p* = 0.001; *UST approx. 6 mg/kg IV ⟹ 90 mg SC. Clinical Response = 100-point reduction from baseline CDAI score or CDAI < 150; Clinical Remission = CDAI < 150

**Guselkumab is not FDA-approved for the treatment of CD.

Sandborn W, et al. *Gastroenterology*. 2022;162(6):1650-1664.e8.

GALAXI-1: Guselkumab* Maintenance in CD



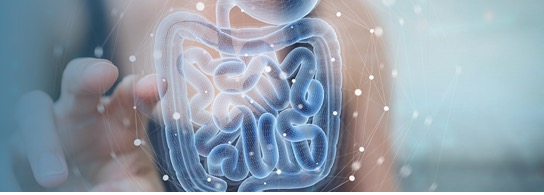


*Guselkumab is not FDA-approved for the treatment of CD.
Clinical Response = 100-point reduction from baseline CDAI score or CDAI < 150; Clinical Remission = CDAI < 150
Danese S, et al. *Lancet Gastroenterol Hepatol.* 2024;9(2):133-146.

CME OUTFITTERS

How will we differentiate between IL-23 targeting agents?

Audience Response



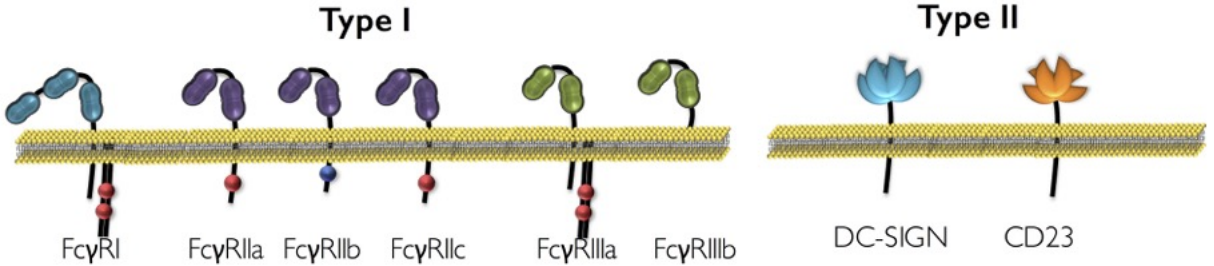
Which of the following was found in the MODIF-Y study when comparing binding affinity of guselkumab and risankizumab to CD64 receptors?

A. Binding of both guselkumab and risankizumab to CD64
B. Binding of guselkumab only to CD64
C. Binding of risankizumab only to CD64
D. I don’t know

CME OUTFITTERS

What are Fcγ receptors and CD64 receptors?

- Fcγ receptors: surface receptors on immune cells that recognize the Fc portion of IgG
- CD64 (FcγRI) is the only Fcγ receptor with high affinity for IgG1



	Type I						Type II	
	FcγRI	FcγRIIa	FcγRIIb	FcγRIIc	FcγRIIIa	FcγRIIIb	DC-SIGN	CD23
Neutrophils	#	+	+	-	-	+	-	#
Eosinophils	#	+	+	-	-	#	-	#
Basophils	#	+	+	-	-	+/-	-	#
Monocytes	+	+	+	-	+/-	-	-	#
Macrophages	+/-	+	+	-	+/-	-	+/-	#
Dendritic cells	-/#	+	+	-	-/#	-	+	-
Platelets	-	+	-	-	-	-	-	-

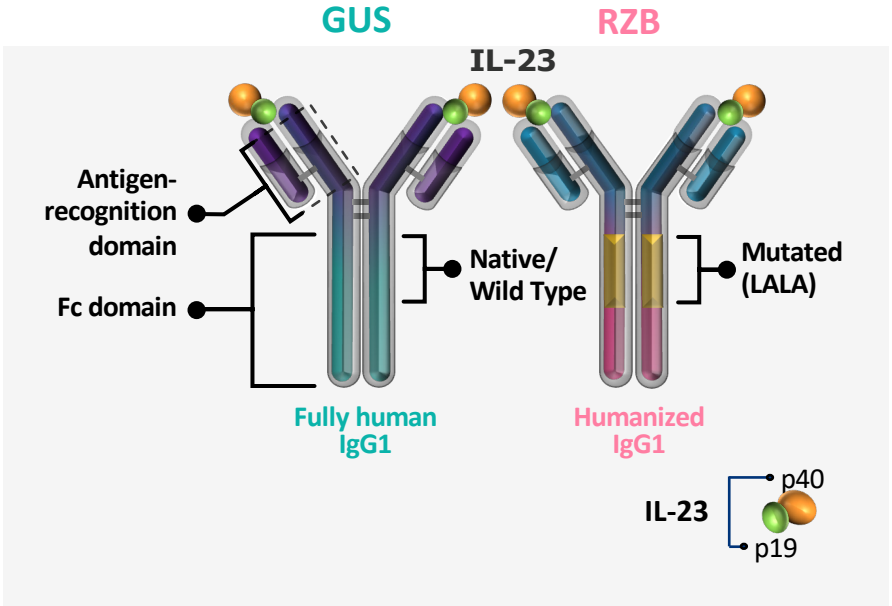
\+ Constitutive expression
\- No expression
\# Inducible expression

CD = cluster of differentiation; Ig = immunoglobulin.
Bournazos S, et al. *Microbiol Spectr*. 2016;4(6):10.

CME OUTFITTERS

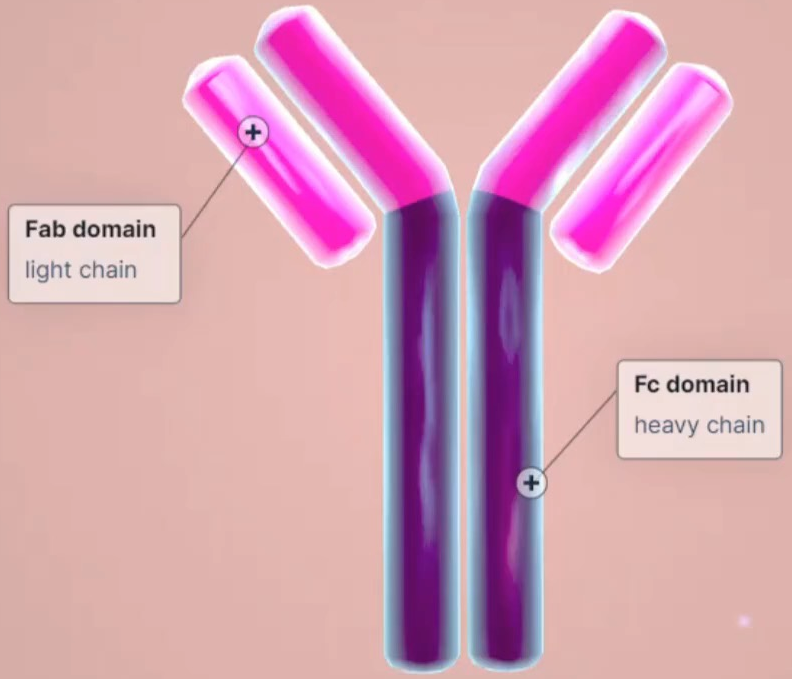
Clinically Relevant Differences Between Anti-IL-23 Therapeutic Antibodies May Be Related to Their Unique Molecular Attributes

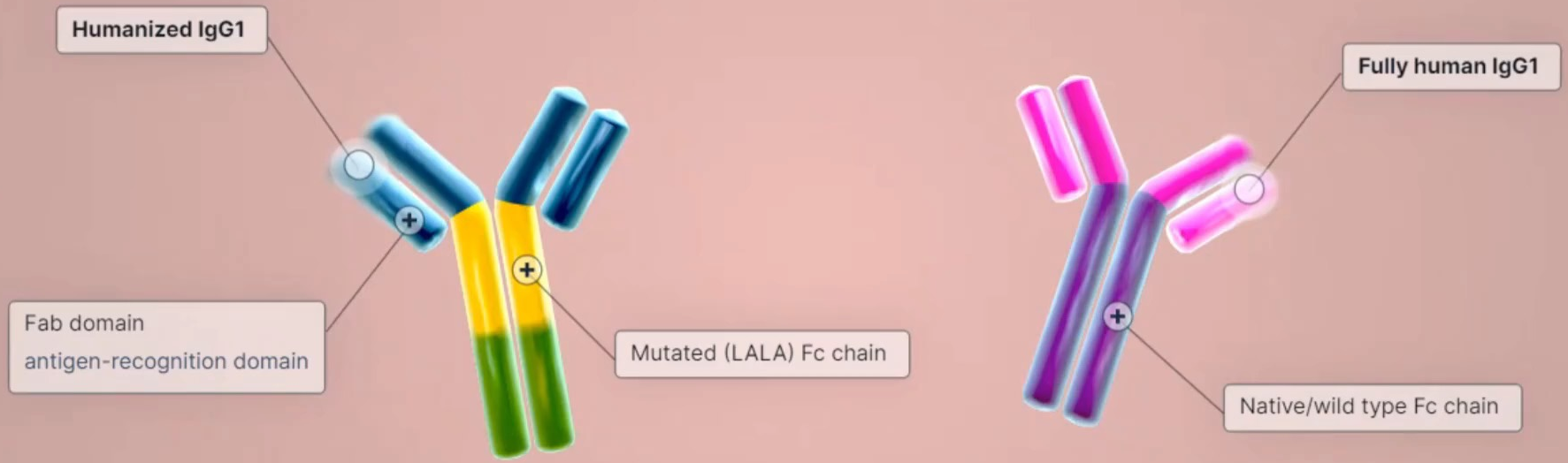
- Guselkumab (GUS) and risankizumab (RZB) are mAbs that selectively target the p19 subunit of IL-23[1,2]
- GUS and RZB have shown efficacy in the treatment of inflammatory bowel diseases[3-6*]
- Potential differences in the therapeutic profiles may be related to their unique molecular attributes[7-9]
- GUS and RZB have differences in the Fc region that affect binding to Fc-gamma receptors[1,2]

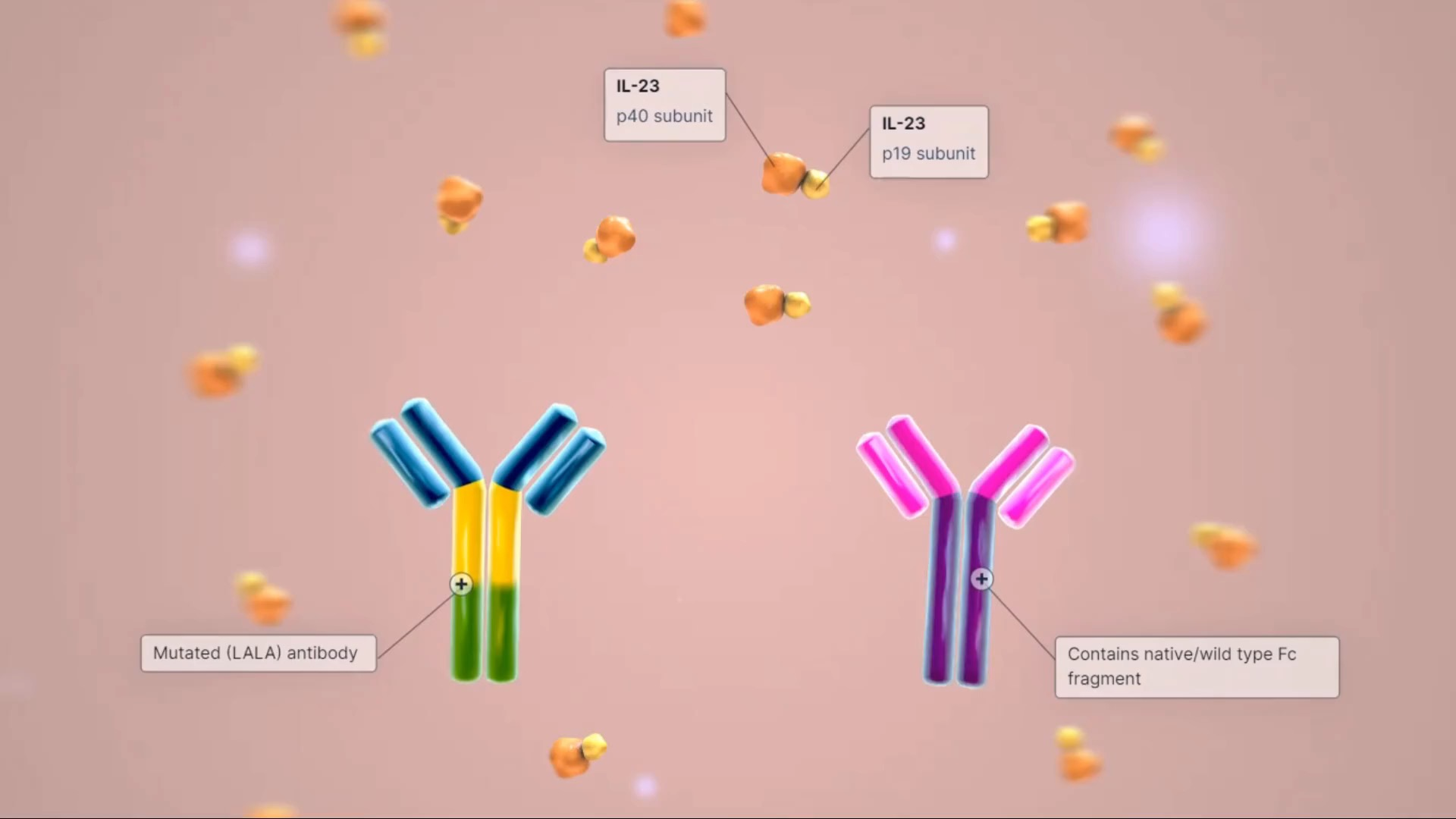


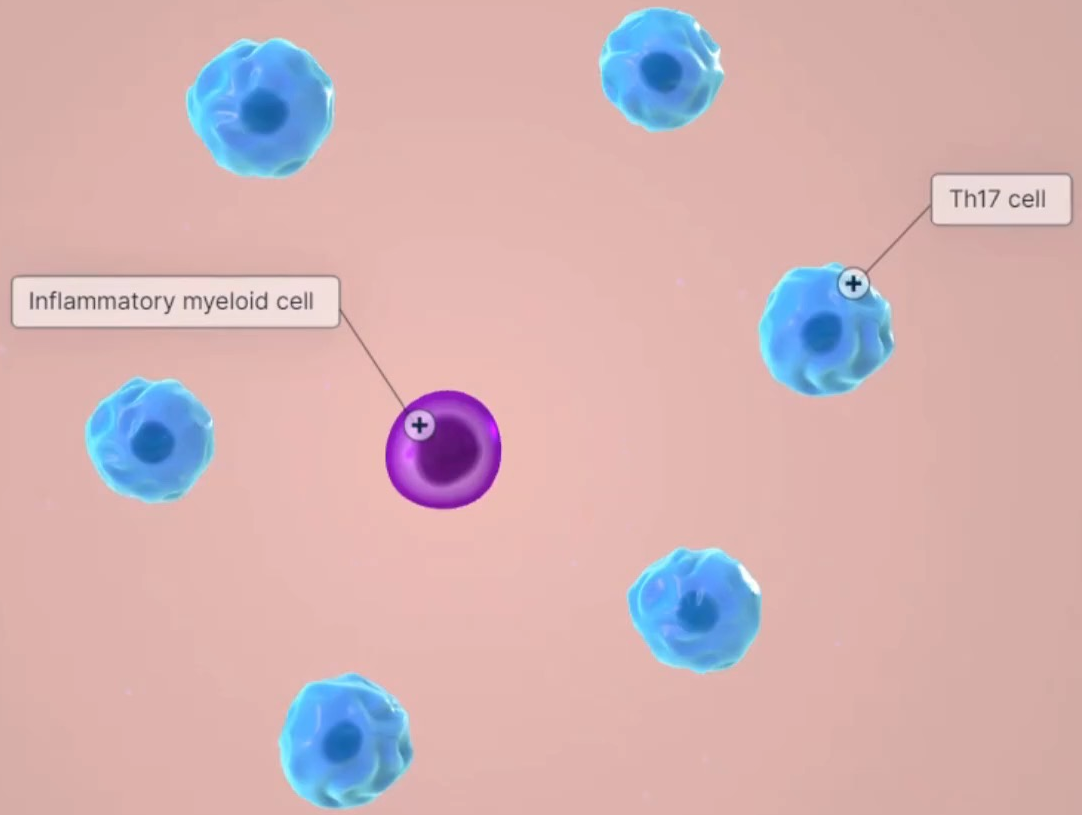
mAb = monoclonal antibody; Fc = fragment crystallizable; LALA = leucine to alanine substitutions at positions 234 and 235; IgG = immunoglobulin G.
*GUS is approved for adult patients with moderate-to-severe plaque psoriasis and active psoriatic arthritis. RZB is approved for adult patients with moderate-to-severe plaque psoriasis, active psoriatic arthritis, and moderately to severely active Crohn's disease.

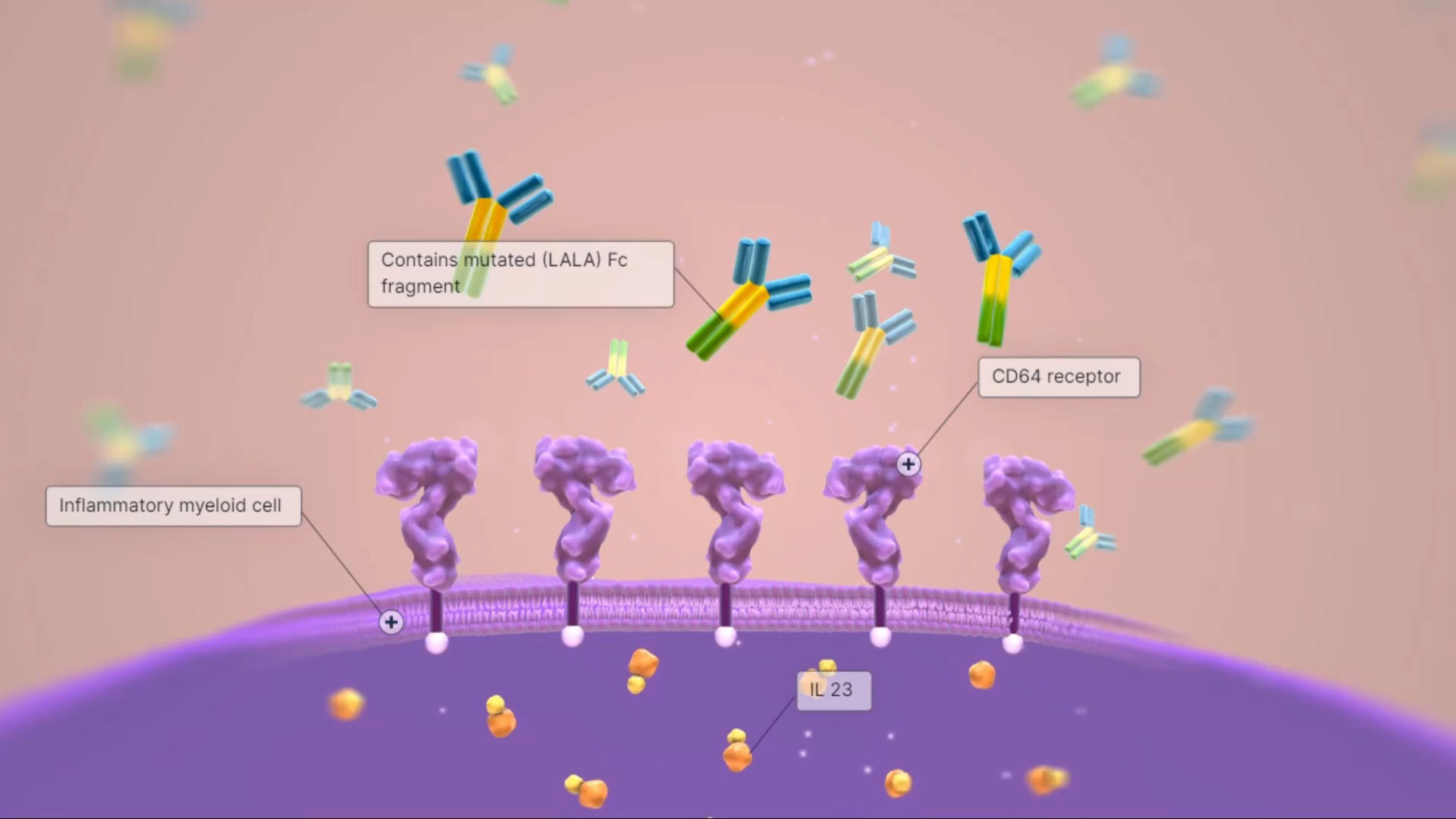
1. D'Haens G, et al. *Lancet*. 2022;399(10340):2015-2030. 2. Ferrante M, et al. *Lancet*. 2022;399(10340):2031-2046. 3. Sandborn WJ, et al. *Gastroenterology*. 2022;162(6):1650-1664. 4. Dignass A, et al. *J Crohns Colitis*. 2022;16(suppl 1):i025-i026. 5. Louis E, et al. *Aliment Pharmacol Ther*. 2004;19(5):511-519. 6. Vos AC, et al. *Gastroenterology*. 2011;140(1):221-230. 7. Wojtal KA, et al. *PLoS One*. 2012;7(8):e43361.

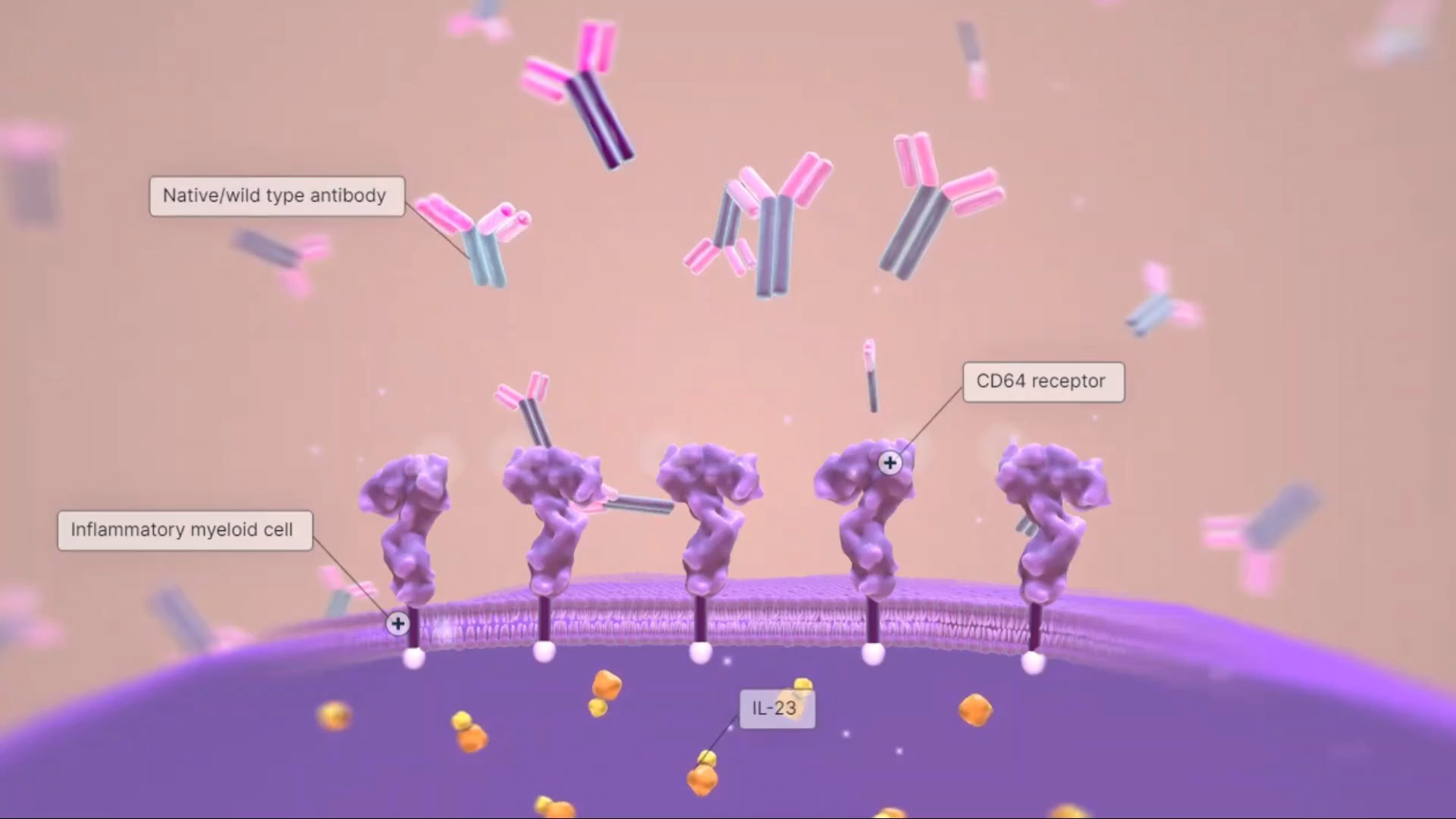

Fab domain
light chain
Fc domain
heavy chain


Humanized IgG1
Fab domain
antigen-recognition domain
Mutated (LALA) Fc chain
Fully human IgG1
Native/wild type Fc chain

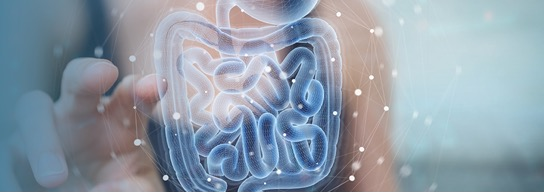

IL-23
p40 subunit
IL-23
p19 subunit
Mutated (LALA) antibody
Contains native/wild type Fc fragment


Th17 cell
Inflammatory myeloid cell
IL-23


Contains mutated (LALA) Fc fragment
CD64 receptor
Inflammatory myeloid cell
IL 23


Native/wild type antibody
CD64 receptor
Inflammatory myeloid cell
IL-23

Audience Response



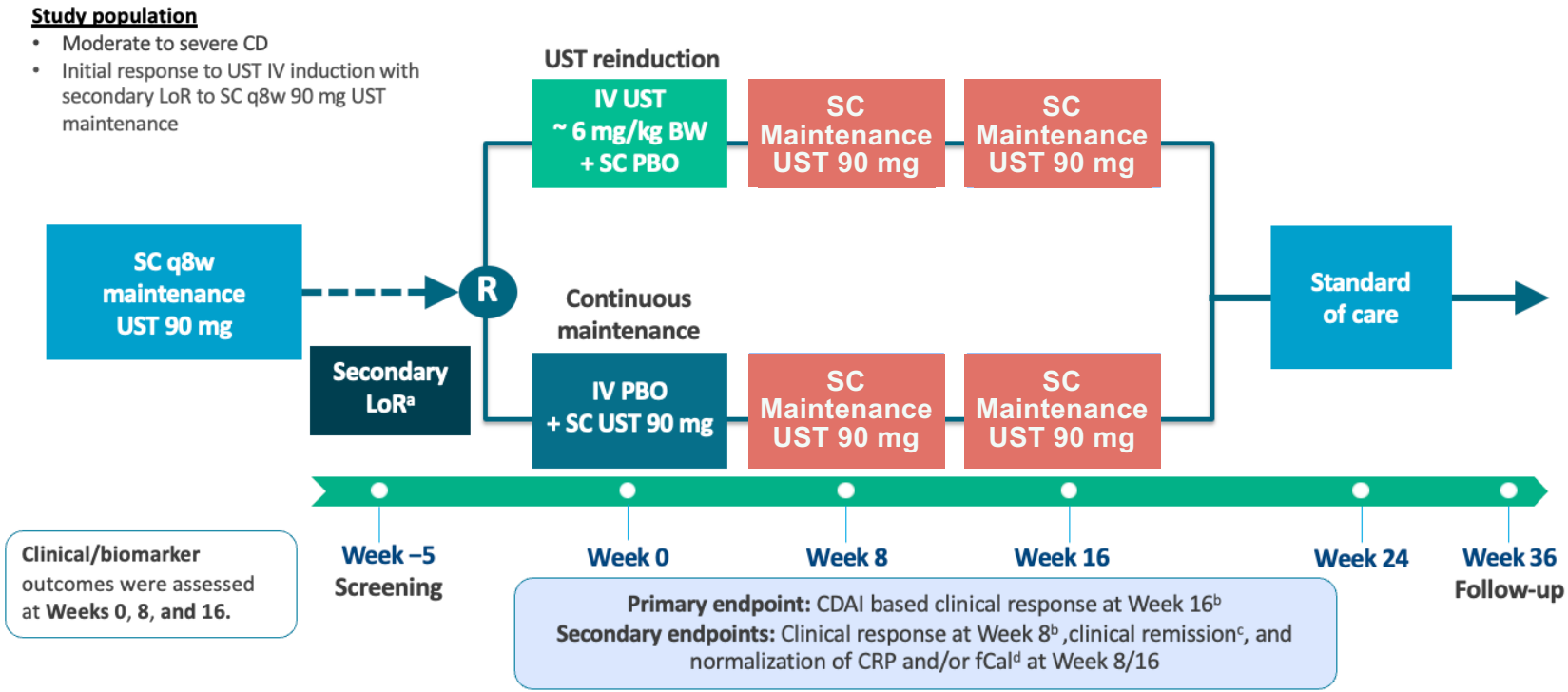
Which of the following was found in the MODIF-Y study when comparing binding affinity of guselkumab and risankizumab to CD64 receptors?

A. Binding of both guselkumab and risankizumab to CD64
B. Binding of guselkumab only to CD64
C. Binding of risankizumab only to CD64
D. I don’t know

CME OUTFITTERS

How will we optimize IL-23 targeting agents? How can we consider rational combination therapies?

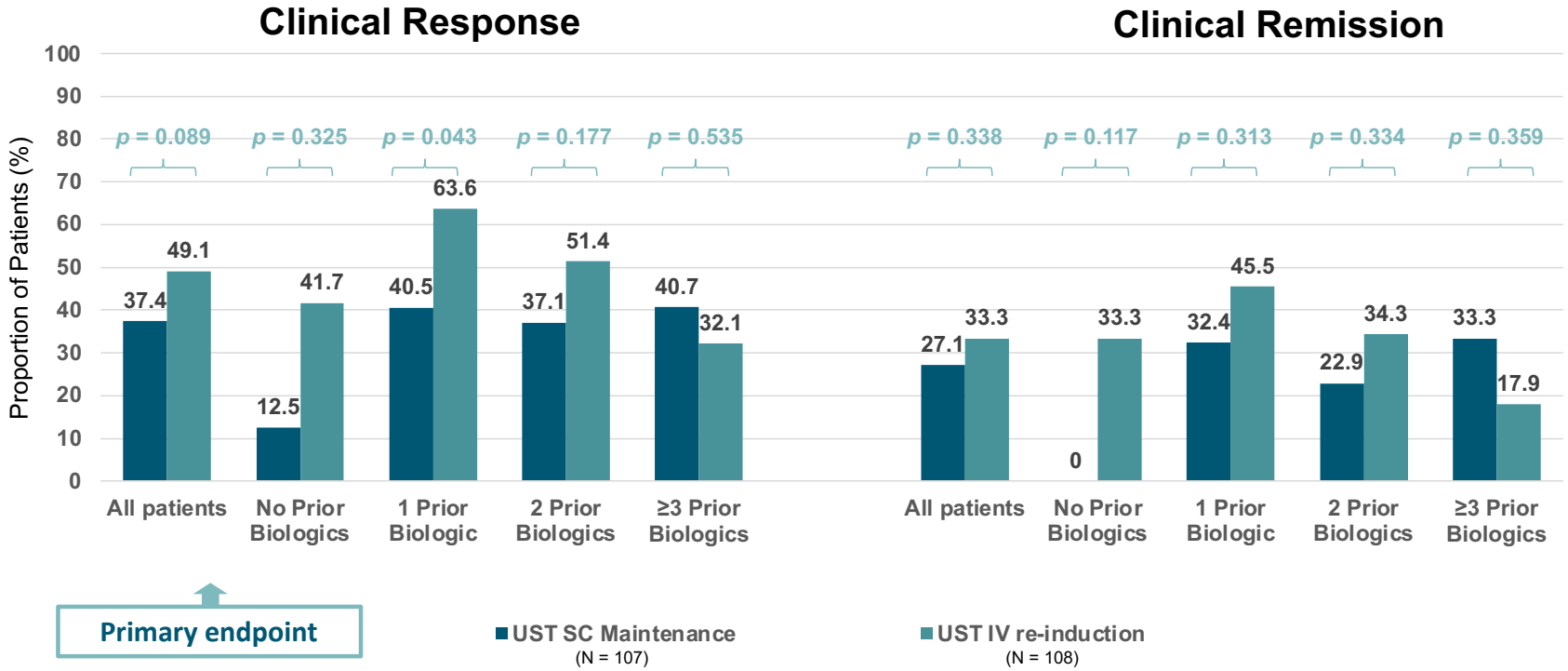
POWER Study: Phase IIIb Ustekinumab in CD



Schreiber S, et al. United European Gastroenterology Week. 2023. Abstract No. OP216.

CME OUTFITTERS

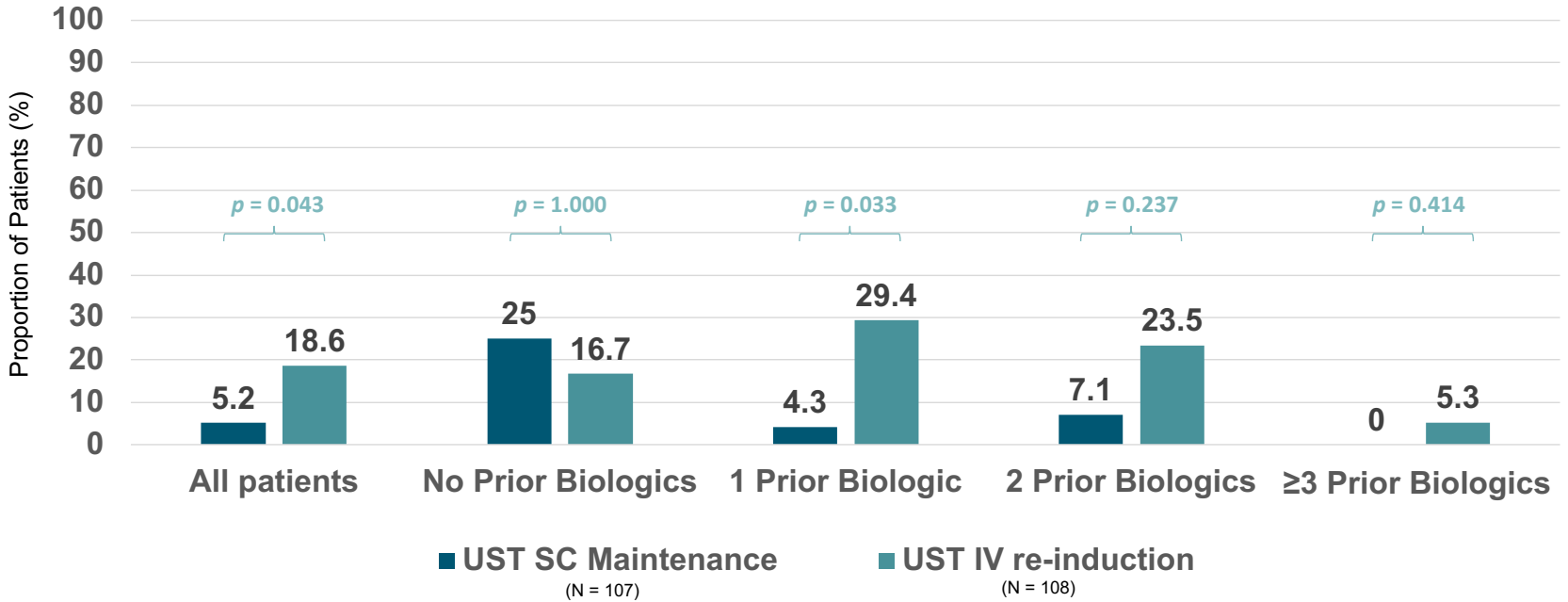
POWER Study: Clinical Response and Remission at Wk16 Based on Number of Prior Failed Biologics



Clinical response was defined as a CDAI < 150 or a decrease of ≥ 100 points from Week 0.

Schreiber S, et al. United European Gastroenterology Week. 2023. Abstract No. OP216.

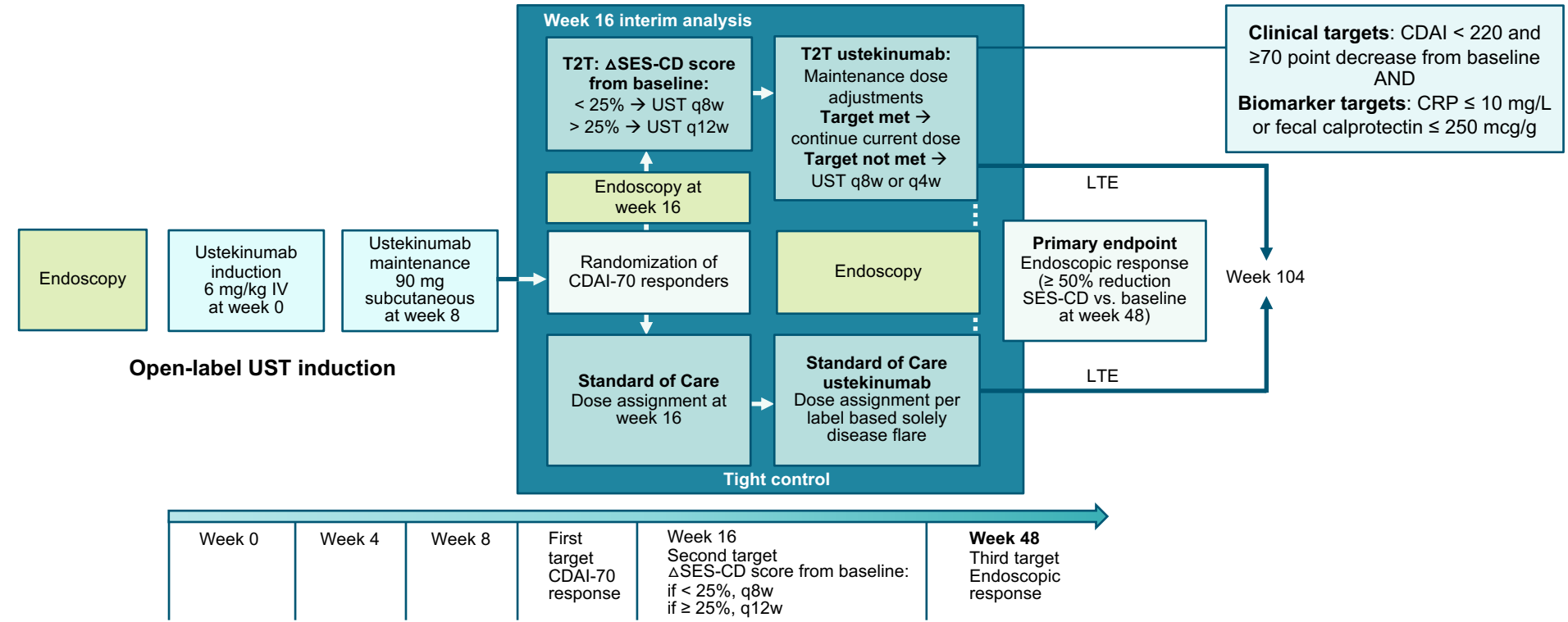
POWER Study: Endoscopic Remission at Wk16 Based on Number of Prior Failed Biologics



Endoscopic remission is defined as SES-CD score ≤ 3 or SES-CD = 0 for subjects who entered the study with a SES-CD = 3.
Schreiber S, et al. United European Gastroenterology Week. 2023. Abstract No. OP216.

CME OUTFITTERS

STARDUST: Ustekinumab in CD with T2T Versus SoC Strategy

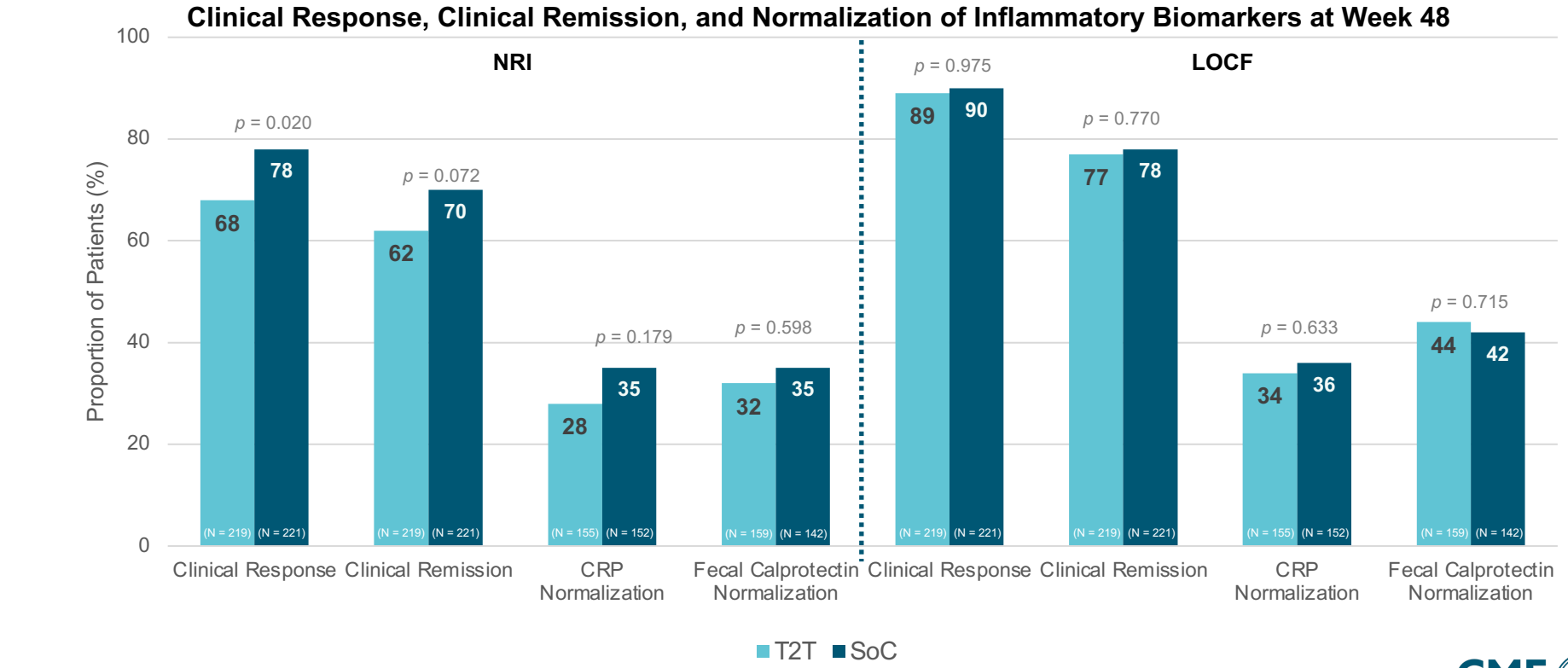


CRP = C-reactive protein; LTE = long-term extension; SES-CD = simple endoscopic score in Crohn's disease; SoC = standard of care; T2T = treat-to-target.

Danese S, et al. *Lancet Gastroenterol Hepatol*. 2022;7(4):294-306.

CME OUTFITTERS

STARDUST: Ustekinumab in CD with T2T Versus SoC Strategy

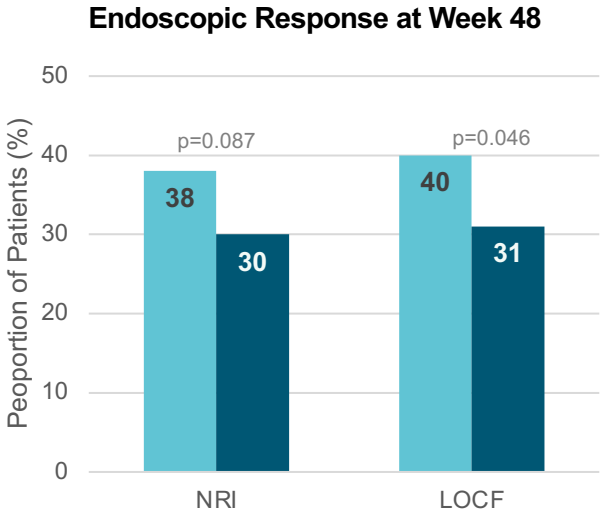


LOCF = last observation carried forward; NRI = non-responder imputation

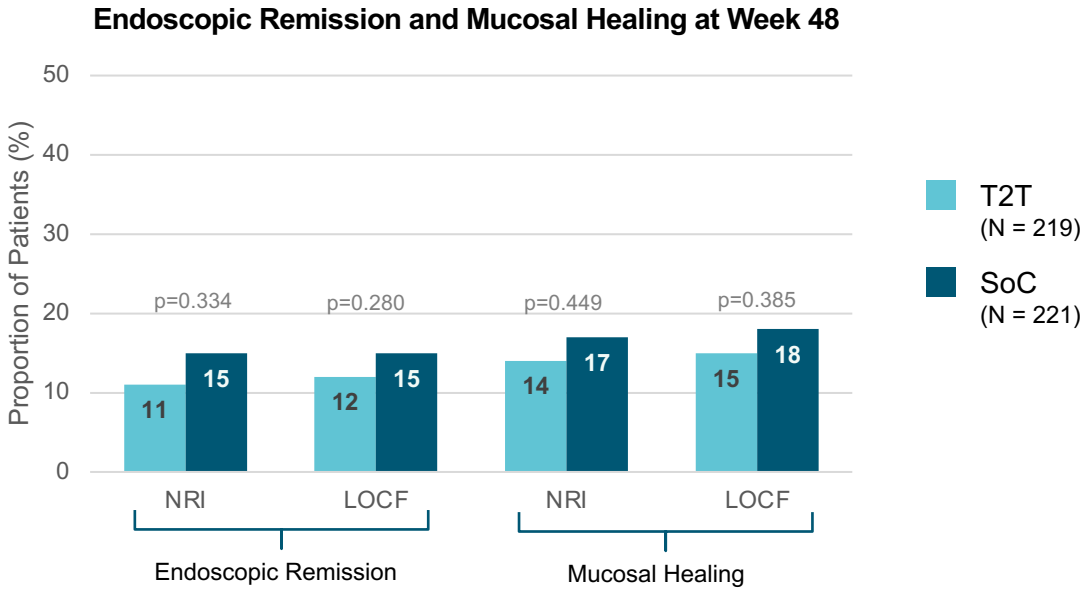
Danese S, et al. *Lancet Gastroenterol Hepatol*. 2022;7(4):294-306.

CME OUTFITTERS

STARDUST: Endoscopic Outcomes at 48 Weeks



T2T group n=219
Standard-of-care group n=221

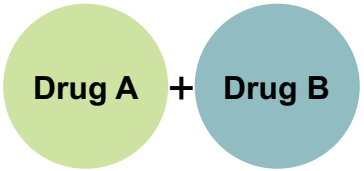


- Dose escalation rates: 42% in T2T group and 30% in standard of care (SoC) group
- Shortened dosing intervals → increased UST trough levels but did not significantly increase endoscopic or clinical response at week 48
- Non-significant difference in rate of endoscopic response between T2T and SoC groups

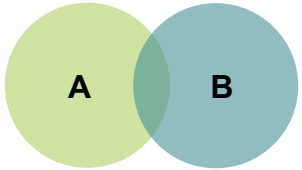
Danese S, et al. *Lancet Gastroenterol Hepatol*. 2022;7(4):294-306.

Considerations for Combination Therapy

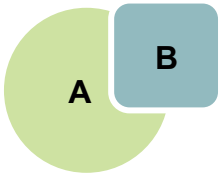
Independent MOAs



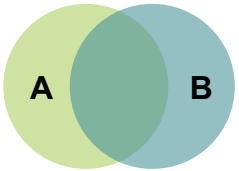
Medium activity overlap/crosstalk



Complementary MOAs



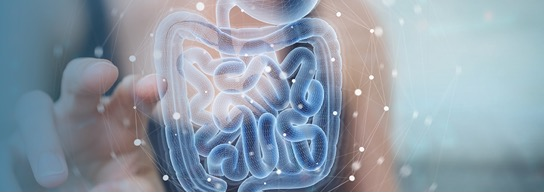
High activity overlap/crosstalk



MOA = mechanism of action.
Adapted from Stalgis C, et al. *Gastroenterology*. 2021;161(2):394-399.

CME OUTFITTERS

Advanced Combination Therapy

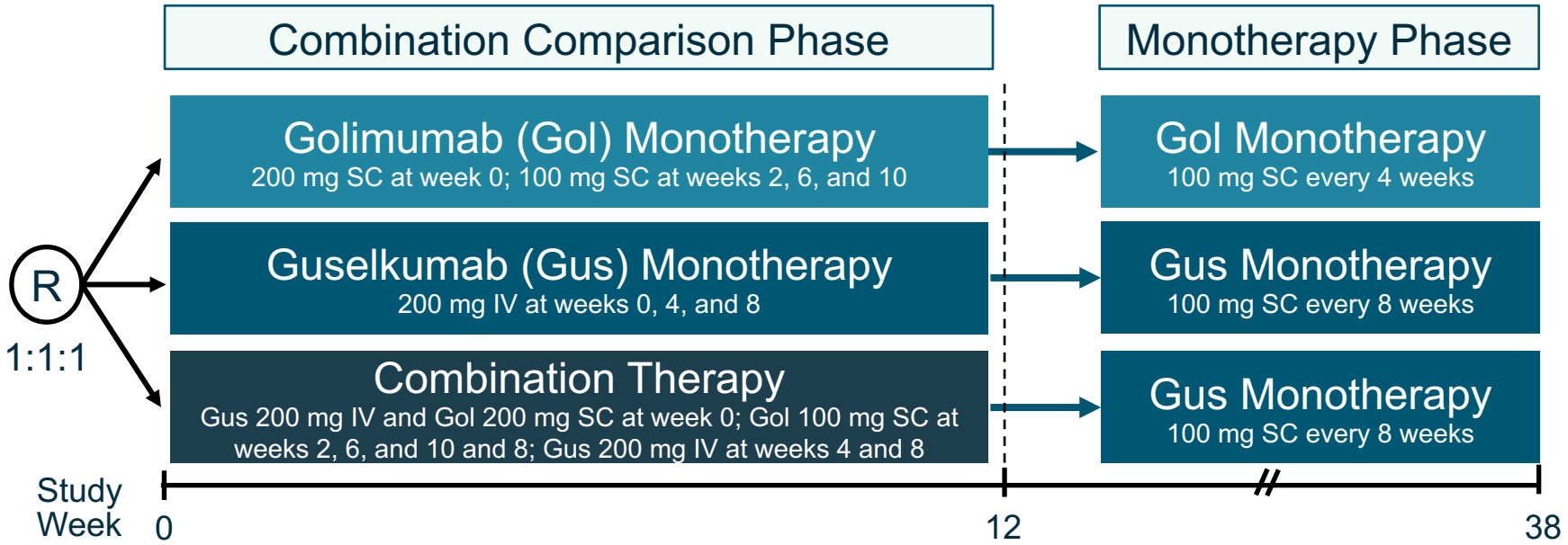


- Anti-IL-23 + anti-TNF
  - VEGA
  - DUET-CD
  - DUET-UC
- Anti-integrin + anti-TNF + methotrexate
  - EXPLORER

Solitano V, et al. *Gastroenterol Hepatol (NY).* 2023;19(5): 251-263. Noor NM. *Nat Rev Gastroenterol Hepatol.* 2023;20(12):761.

VEGA: Golimumab, Guselkumab*, or Combination Therapy in UC

- Included TNF-naïve patients refractory to conventional therapy (e.g., immunomodulators, corticosteroids)



*Guselkumab is not FDA-approved for the treatment of UC.

Feagan BG, et al. *Lancet Gastroenterol Hepatol.* 2023;8(4):307-320.

CME OUTFITTERS

VEGA: Golimumab, Guselkumab*, or Combination Therapy in UC

*Guselkumab is not FDA-approved for the treatment of UC.

Feagan BG, et al. *Lancet Gastroenterol Hepatol*. 2023;8(4):307-320.

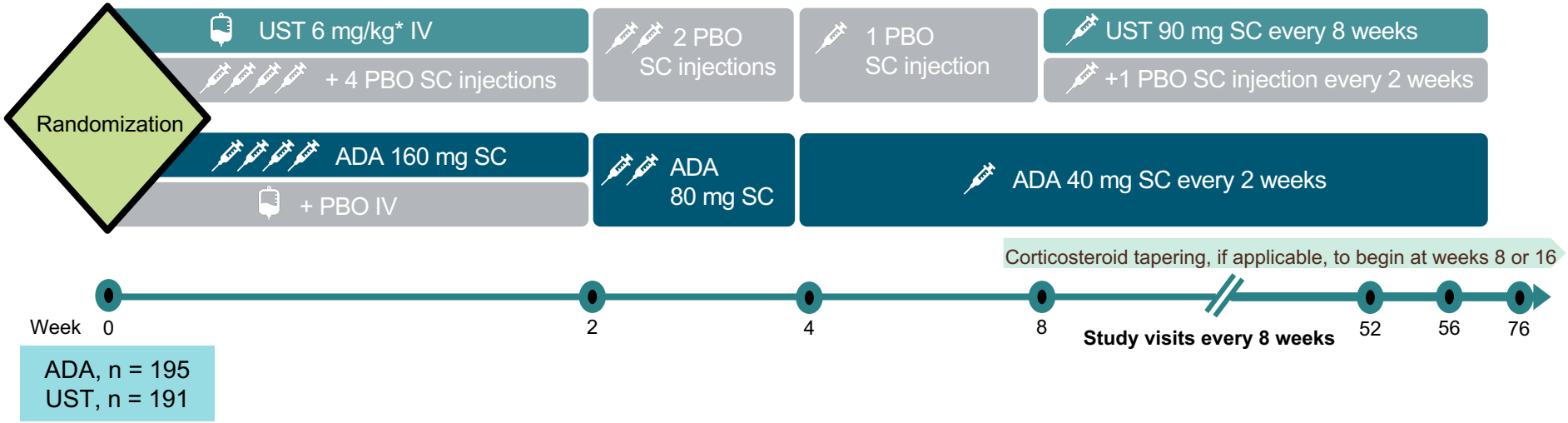
CME OUTFITTERS

What do we know about positioning IL-23 targeted therapies?

Faculty Discussion

SEAVUE: Adalimumab vs Ustekinumab in CD

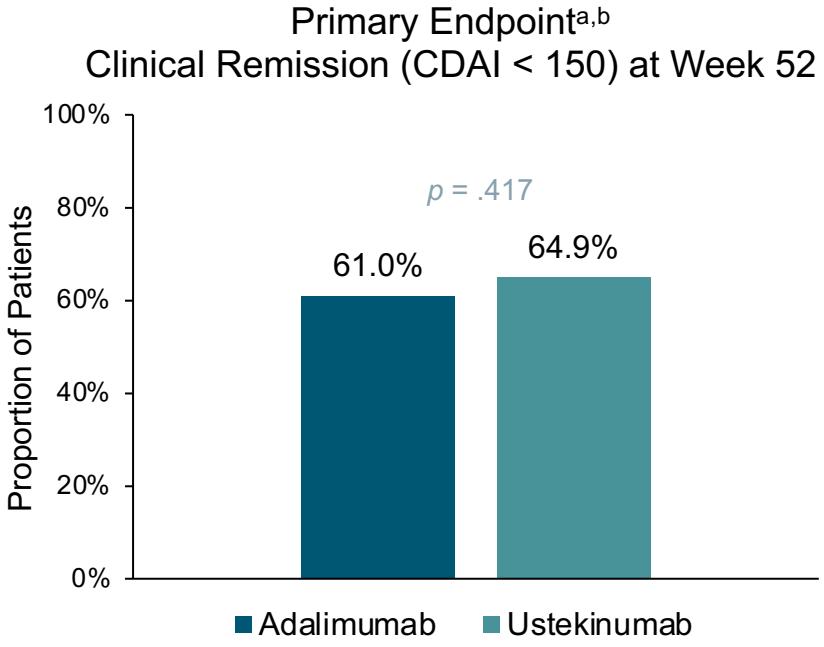
- **Multicenter, randomized, blinded, active-controlled study**
- **Biologic-naïve patients failing or intolerant to conventional therapy with an ulcer of any size on baseline ileocolonoscopy**

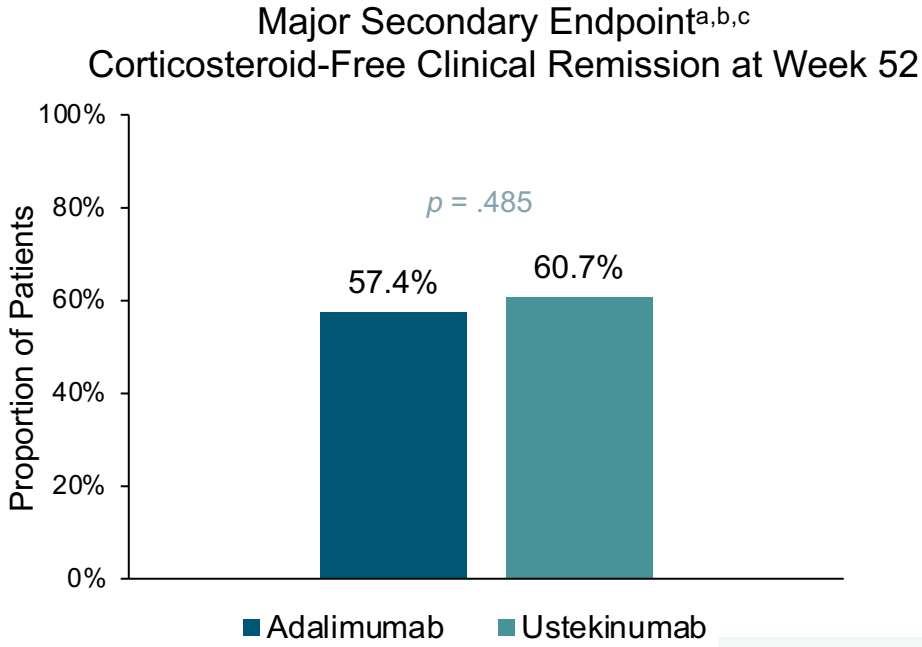


ADA = adalimumab.
*UST 260 mg (weight ≤ 55 kg); UST 390 mg (weight > 55 kg and ≤ 85 kg); UST 520 mg (weight > 85 kg)
Sands B, et al. *Lancet*. 2022;399(10342):2200-2211.

CME OUTFITTERS

SEAVUE: Adalimumab vs. Ustekinumab in CD





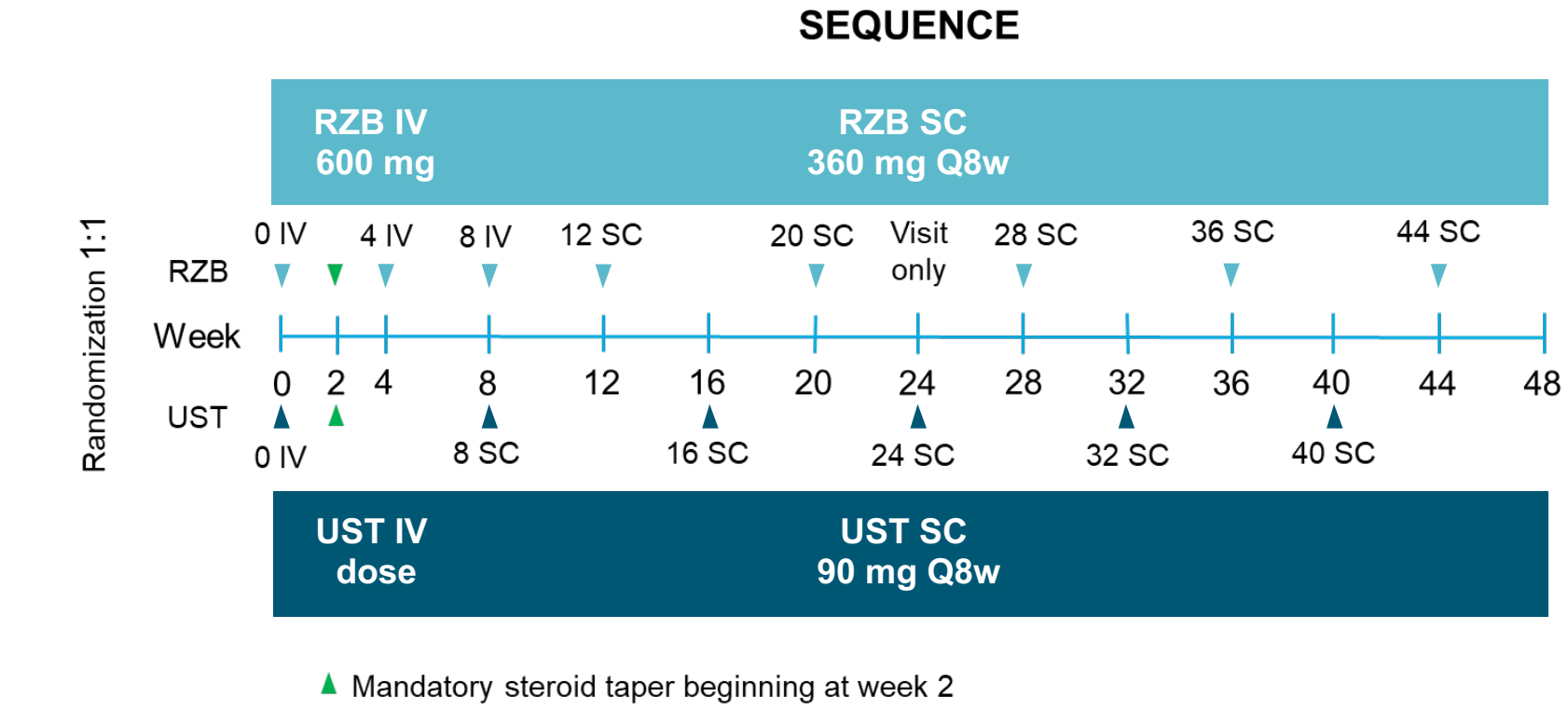
ADA, n = 195
UST, n = 191

NOTE: not receiving corticosteroids at week 52 is defined as corticosteroid free for ≥ 30 days prior to week 52

[a]Patients who had CD-related surgery, concomitant medication changes, or discontinued study agent due to lack of efficacy or an adverse event considered not to be in clinical remission. [b]Insufficient data to calculate the CDAI score= not to be in clinical remission. [c]Last value carried forward for patients with missing information related to corticosteroid use. [d]CIs based on the Wald statistic with Mantel-Haenszel weight.

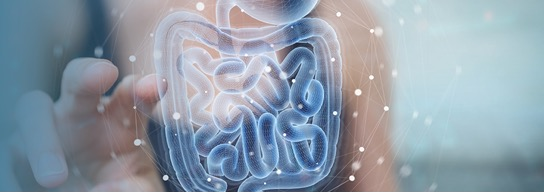
Sands BE, et al. *Lancet*. 2022;399(10342):2200-2211.

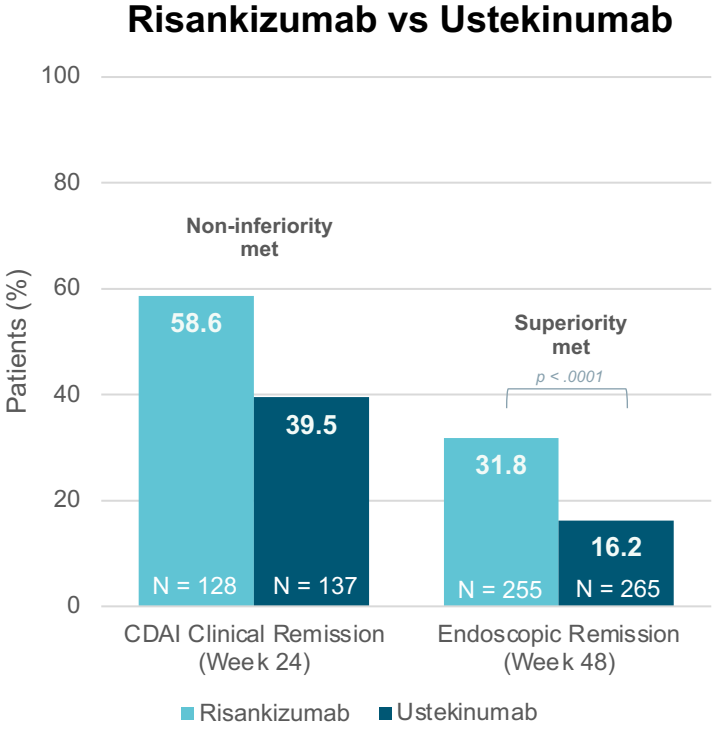
SEQUENCE: Risankizumab vs Ustekinumab Head-to-Head RCT

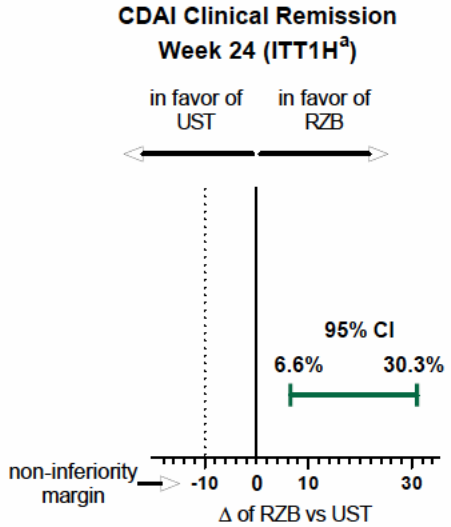


Peyrin-Biroulet L, et al. United European Gastroenterology Week. 2023. Abstract No. LB01.

SEQUENCE: Risankizumab vs Ustekinumab Head-to-Head RCT



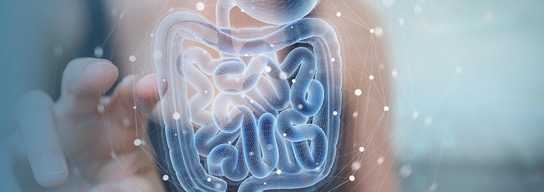




CDAI clinical remission: CDAI < 150
Endoscopic remission: SES-CD ≤ 4 and at least a 2-point reduction vs BL and no subscore > 1 in any individual variable, as scored by a central reviewer

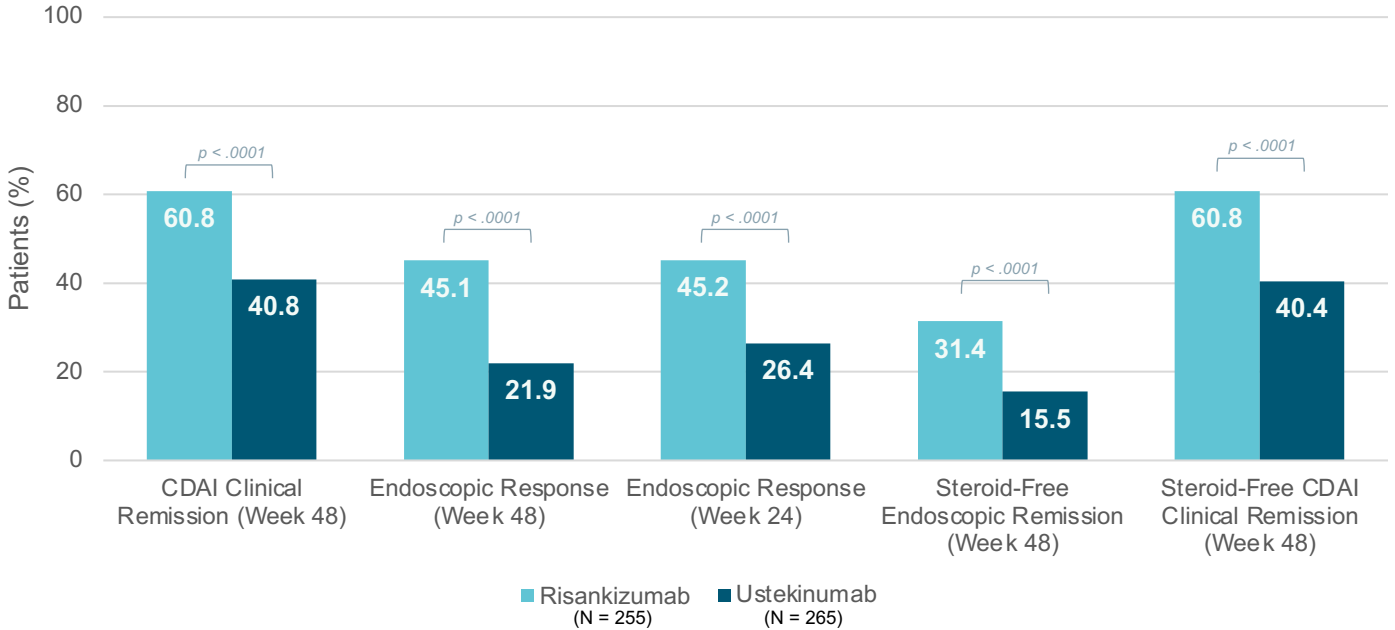
Peyrin-Biroulet L, et al. United European Gastroenterology Week. 2023. Abstract No. LB01.

SEQUENCE: Risankizumab vs Ustekinumab Head-to-Head RCT



Ranked Secondary Endpoints (ITT1a)

(Superiority met for all endpoints)



CDAI clinical remission = CDAI < 150; Endoscopic response = decrease in SES-CD > 50% from BL (or for subjects with isolated ileal disease and a baseline SES-CD of 4, at least a 2-point reduction from BL; Endoscopic remission = SES-CD ≤ 4 and at least a 2-point reduction from BL and no subscore > 1 in any individual variable.

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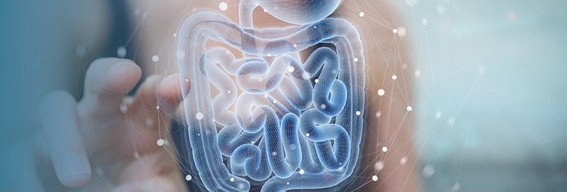
CME OUTFITTERS

SMART Goals



Specific, Measurable, Attainable, Relevant, Timely

- Consider the underlying mechanisms behind the inflammatory pathways implicated in IBD, such as those impacting IL-23 and Th17 pathways, when considering treatment options
- Differentiate between IL-23 targeting therapies and their unique characteristics to individualize and optimize patient treatment
- Increase utilization of clinical data from treatments targeting IL-23 when developing treatment plans for patients with IBD


QUESTIONS
&
ANSWERS
Thank you for joining us.
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Additional Resources

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