

Improvements in Bowel Urgency and Nocturnal Bowel Movements Among Patients With Moderately to Severely Active Ulcerative Colitis Treated With Obefazimod: Pooled Results From the Two Phase 3 ABTECT Induction Trials

M.C. Dubinsky¹, R. Atreya², S. Danese³, C.A. Siegel⁴, J.T. Fine⁵, K. Shan⁵, C.M. Dolan⁶, C. Rabbat⁵, D. Jacobstein⁵, B.P. Abraham⁷, D.T. Rubin⁸, A. Armuzzi⁹, F. Cataldi⁵, B.E. Sands¹

1. Icahn School of Medicine at Mount Sinai, New York, USA; 2. University Hospital Erlangen, Erlangen, Germany; 3. IRCCS Ospedale San Raffaele, Italy; 4. Dartmouth Hitchcock Medical Center, Lebanon, NH; USA; 5. Abivax, Paris, France; 6. CMD Consulting, Sandy, USA; 7. Houston Methodist Academic Institute, Houston, USA; 8. University of Chicago Medicine, Chicago, USA; 9. IRCCS Humanitas Research Hospital, Milan, Italy

BACKGROUND

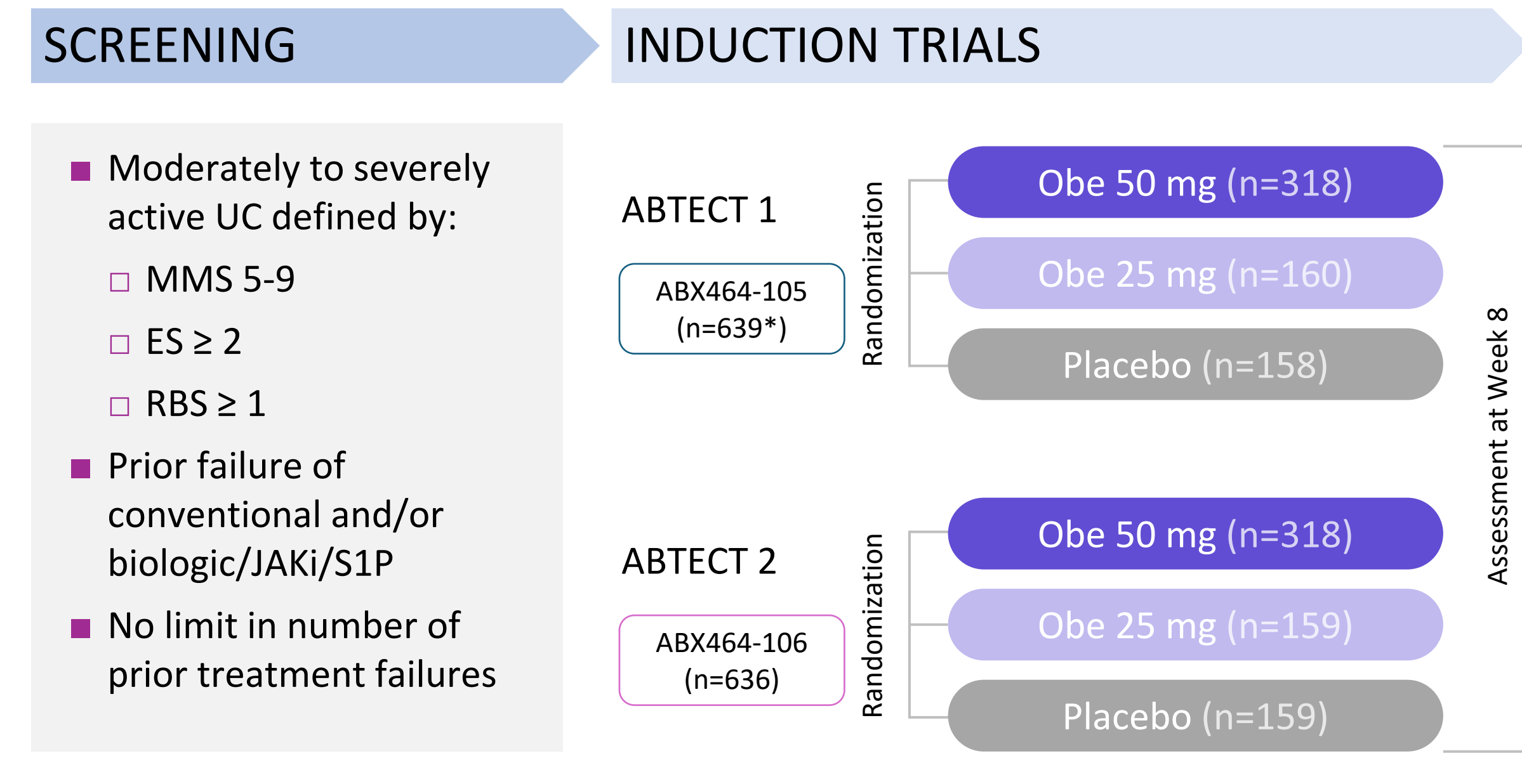
- Obefazimod (Obe) is an oral, once-daily (QD), small molecule that enhances expression of microRNA-124, an endogenous regulator of inflammation, which restores intestinal immune balance through regulation of Th17 cells and macrophage activity.
- Obe has shown efficacy in patients with moderately to severely active ulcerative colitis (UC).¹⁻³
- Patients with UC experience frequent bowel movements accompanied by bowel urgency (BU) and nocturnal bowel movements (NBM), which negatively impact quality-of-life.^{4,5}
- Here we report efficacy data from two Phase 3, 8-week, induction trials on these patient-reported symptoms.

METHODS

Study design

- In the Phase 3 ABTECT 1 and ABTECT 2 trials, patients were randomized 2:1:1 to receive Obe 50 mg QD, Obe 25 mg QD, or placebo QD for 8 weeks (**Figure 1**).

Figure 1. Design of ABTECT Induction Trials



* 3 pts in ABTECT 1 were randomized but not treated

- Patients reported BU and NBM using a single-item question [yes/no] in a daily electronic diary.
- BU and NBM scores were based on the total number of days a subject reported BU or NBM over the 7 days leading up to the timepoint (scores range 0-7).
- Remission was defined as no BU or NBM over the closest 3 consecutive days or 4 non-consecutive days in the 7 days closest to the timepoint.⁶

METHODS

Statistical Analysis

- Mean changes in BU and NBM from Baseline to Week 8 were reported descriptively by week.
- Patients that received at least one dose of study treatment and had baseline BU >0 and NBM >0 were included in the analysis of proportions.
- At Week 8, proportions were based on the closest 3 consecutive or 4 nonconsecutive days in the 7 days prior to the visit or the total number of days with symptoms in the 7 days before the timepoint.
- All p-values are nominal.

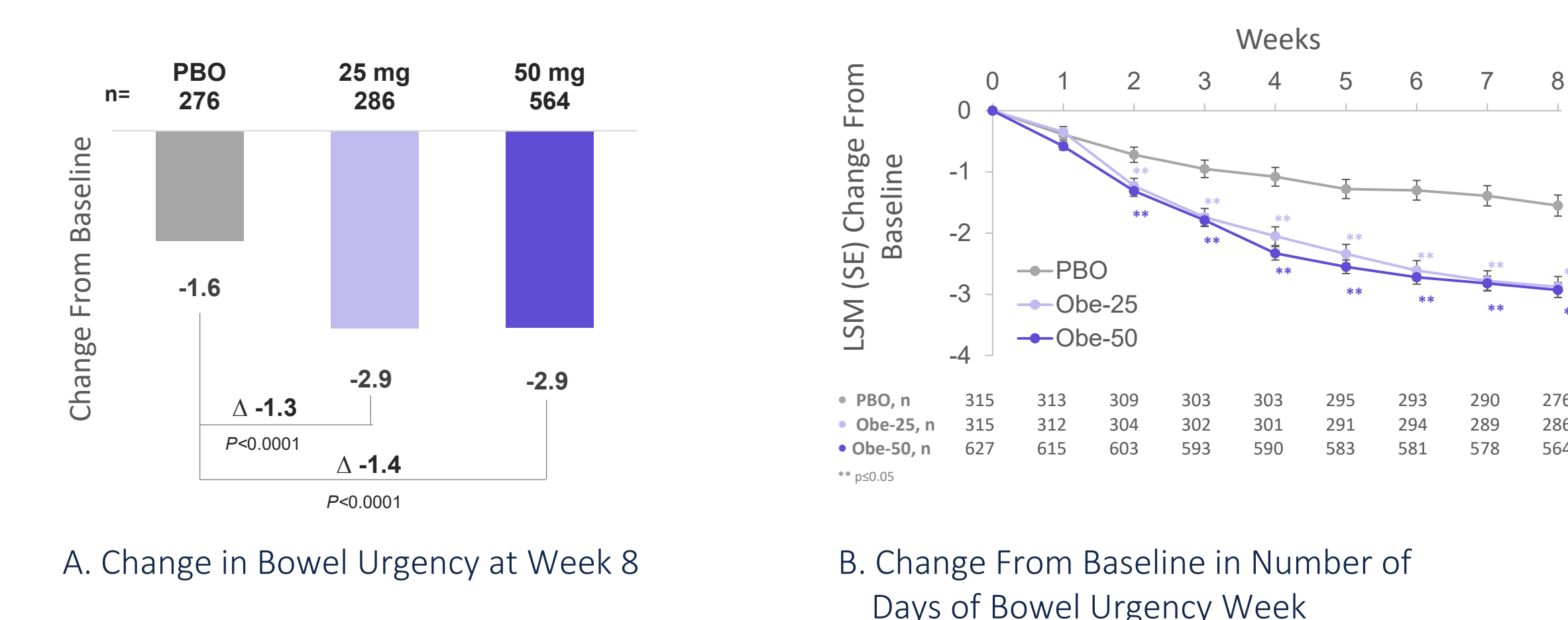
RESULTS

- A total of 1272 patients were randomized and treated in ABTECT-1 (n=636) and ABTECT-2 (n=636): 1128 (88.7%) pts had BU and 976 (76.7%) pts had NBM data at Baseline.

- At Week 8, patients treated with Obe had greater improvements in BU (**Figure 2A**).

- This decrease in days with BU for patients treated with Obe was maintained and increased through Week 8 (**Figure 2B**), with improvements as early as Week 2.

Figure 2. Change From Baseline in Bowel Urgency (Days per Week)

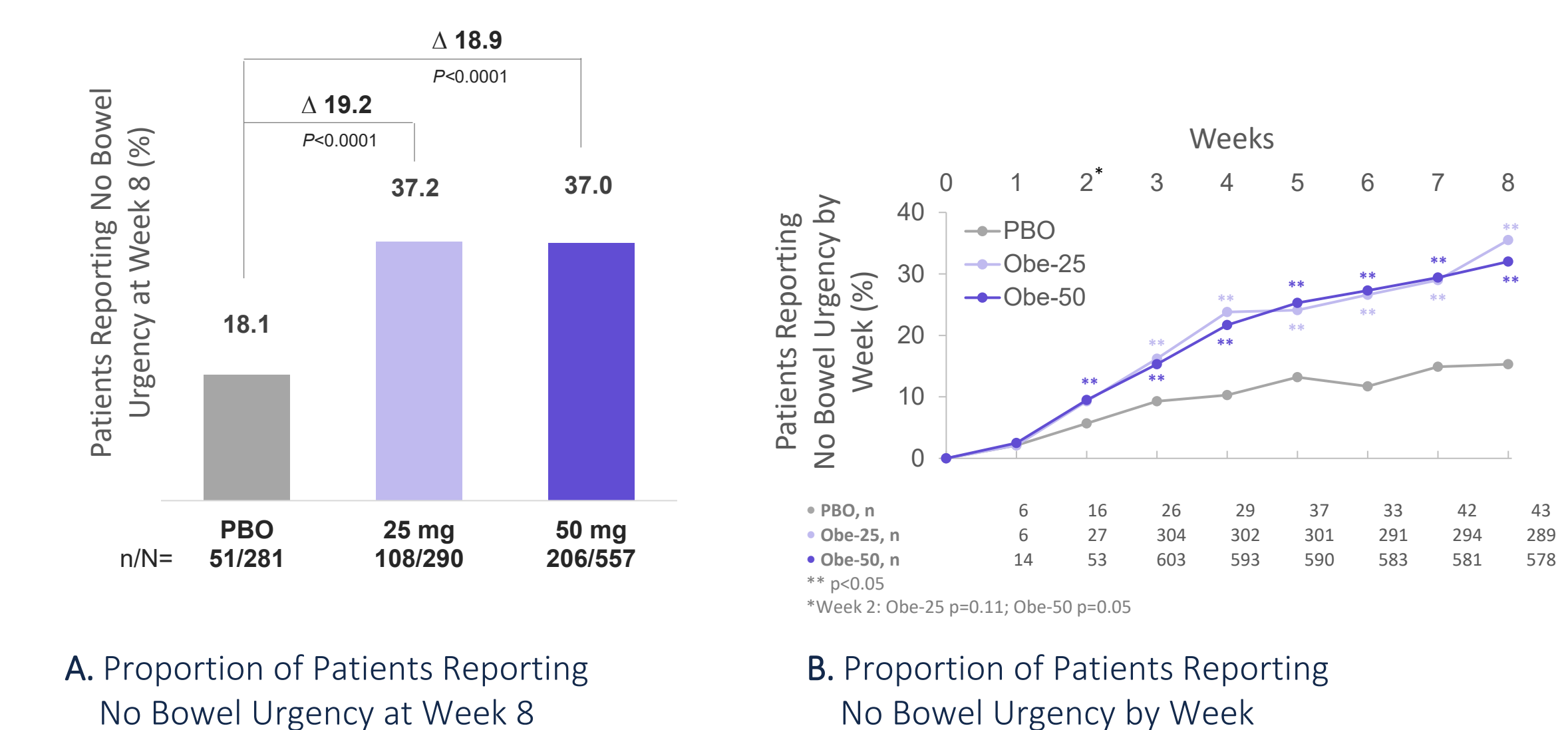


Disclosures. MD has served as consultant and advisory board member for Abbvie, Abivax, Arena Pharmaceuticals, Astra Zeneca, Boehringer Ingelheim International GmbH, Bristol-Meyers Squibb, Eli Lilly and Company, F. Hoffmann-La Roche Ltd, Genentech Inc, Gilead, Janssen Pharmaceuticals, Merck, Pfizer Inc, Prometheus Biosciences, Takeda Pharmaceuticals. * RA has served as a speaker, or consultant, or received research grants from AbbVie, Abivax, AstraZeneca, Bristol-Myers Squibb, Celltrion Healthcare, Galapagos, J&J, Lilly, MSD, Pfizer, and Takeda Pharma. * SD has served as consultant or received speaker's fees from AbbVie, Ferring, Hospira, J&J, Merck, MSD, Takeda, Mundipharma, Pfizer Inc, Tigenix, UCB Pharma, Vifor, Biogen, Celgene, Allergan, Celltrion, Sandoz, Boehringer Ingelheim. * CS Consultant/Advisory Board: AbbVie, Boomerang Medical, Bristol Myers Squibb, BÜHLMANN, Janssen, Lilly, Napa Pharmaceuticals, Pfizer, Prometheus Biosciences, Prometheus Laboratories, Rolvant, Takeda, Trellus Health. * CME speaker: AbbVie, Janssen, Pfizer, Takeda. Grant support: AbbVie, Bristol Myers Squibb, Crohn's & Colitis Foundation, Janssen, Leona M. and Harry B. Helmsley Charitable Trust, Lilly, Pfizer. * CD Consultant: Abivax, Genentech, Regeneron, PharmacoEvidence, Moore. * BA Consultant: AbbVie, Canon, Celltrion, Ironwood Pharmaceuticals, J&J, Lilly, Pfizer, Prometheus, Roche, Sanofi, Takeda, Boehringer Ingelheim. Research: Lilly - DR has received grant support from Takeda; and has served as a consultant for AbbVie, Abivax SA, Altrubio, Athos Therapeutics, Inc, Bristol-Myers Squibb, Celltrion, Connect BioPharma, Eli Lilly & Co., Genentech (Roche) Inc., Iterative Health, Janssen Pharmaceuticals, J&J, Merck & Co., Odyssey Therapeutics, Pfizer, Sanofi, Spyre, Takeda Pharmaceuticals, Vedanta Biosciences, and Vertex. - AA has received advisory board/consulting fees from AbbVie, Abivax, Alfa Sigma, Astra Zeneca, Biogen, Boehringer Ingelheim, Bristol-Myers Squibb, Celltrion, Eli-Lilly, Enterra, Ferring, Galapagos, Gilead, Giuliani, Janssen, Lionheath, MSD, Nestlé, Pfizer, Protagonist Therapeutics, Roche, Samsung Bioepis, Sanofi, Sandoz, Takeda, Teva Pharmaceuticals, Tillots Pharma; speaker's fees from AbbVie, Abivax, AG Pharma, Biogen, Bristol-Myers Squibb, Celltrion, Eli-Lilly, Ferring, Galapagos, Gilead, Janssen, Lionheath, MSD, Novartis, Pfizer, Roche, Samsung Bioepis, Sandoz, Takeda, Teva Pharmaceuticals; and research support from Biogen, MSD, Takeda, and Pfizer. - BS reports potential conflicts of interest with AbbVie, Abivax, Adia Therapeutics, Agomab, Alimentiv, Angen, AnaptysBio, Arena Pharmaceuticals, Artigen Therapeutics, Astra Zeneca, Biologic Design, Biora Therapeutics, Boehringer Ingelheim, Bristol Myers Squibb, Celltrion, Equillum, Enterra, Enveda Biosciences, Evimmune, Ferring, Fiata, Galapagos, Genentech (Roche), Gilead Sciences, GlaxoSmithKline, Gossamer Bio, Imhotex, Index Pharmaceuticals, Innovation Pharmaceuticals, Kaleido, Kallyope, Lilly, Merck & Co., Microba, Microbiatica, Mitsubishi Tanabe, Mabius Care, Morphic Therapeutics, MRM Health, Nexus Therapeutics, Nimbus Discovery, Odyssey Therapeutics, OSE Immunotherapeutics, Janssen, Palisade Bio, Pfizer, Protagonist Therapeutics, Q32 Bio, Rasayana Therapeutics, Reclux Therapeutics, Reistone Biopharma, Sanofi, Sarris Therapeutics, Spyre Therapeutics, Takeda, Target RWE, Teva, TLL Pharmaceutical, TrIX, Trex Bio, Union Therapeutics, Vertex Biosciences.

RESULTS

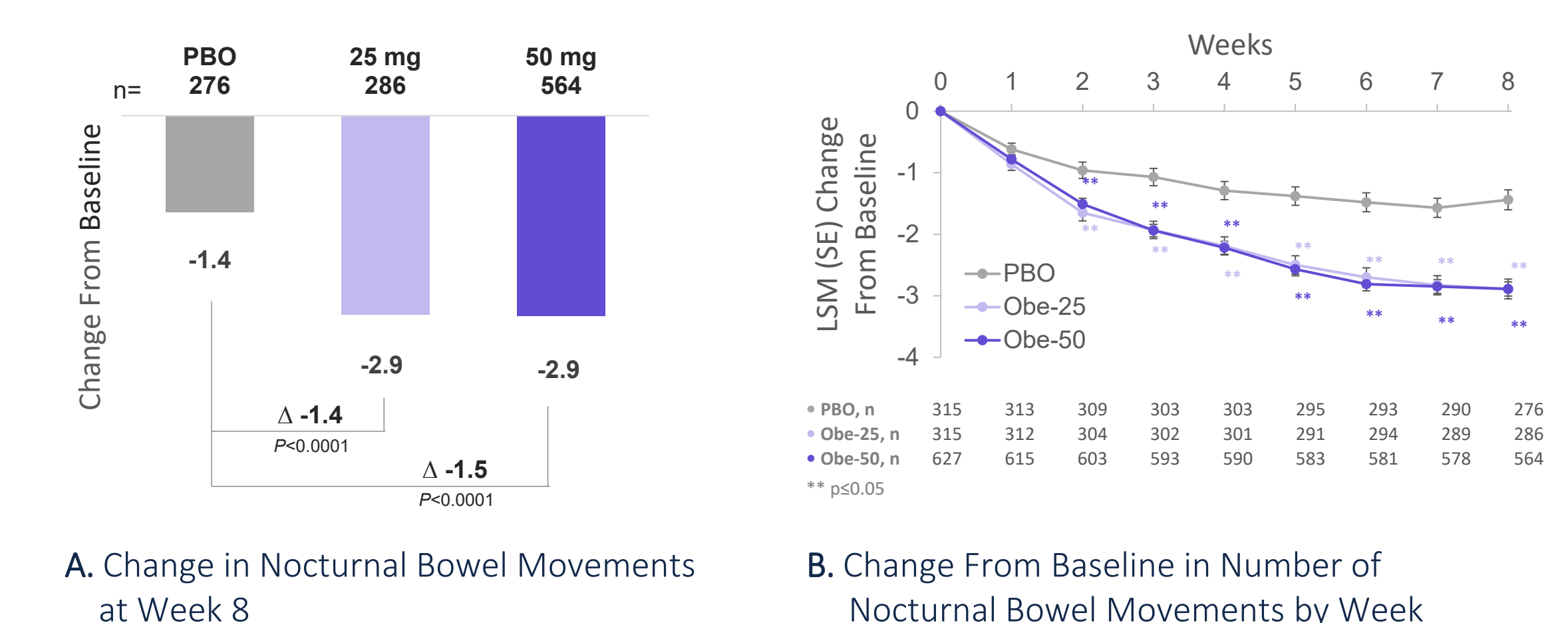
- A greater proportion of patients treated with Obe reported no BU at Week 8 (**Figure 3A**)
- Patients treated with Obe were more likely to report the remission of BU, as early as Week 3 in both dose arms (**Figure 3B**)

Figure 3. Proportion of Patients Reporting No Bowel Urgency during Induction Trial



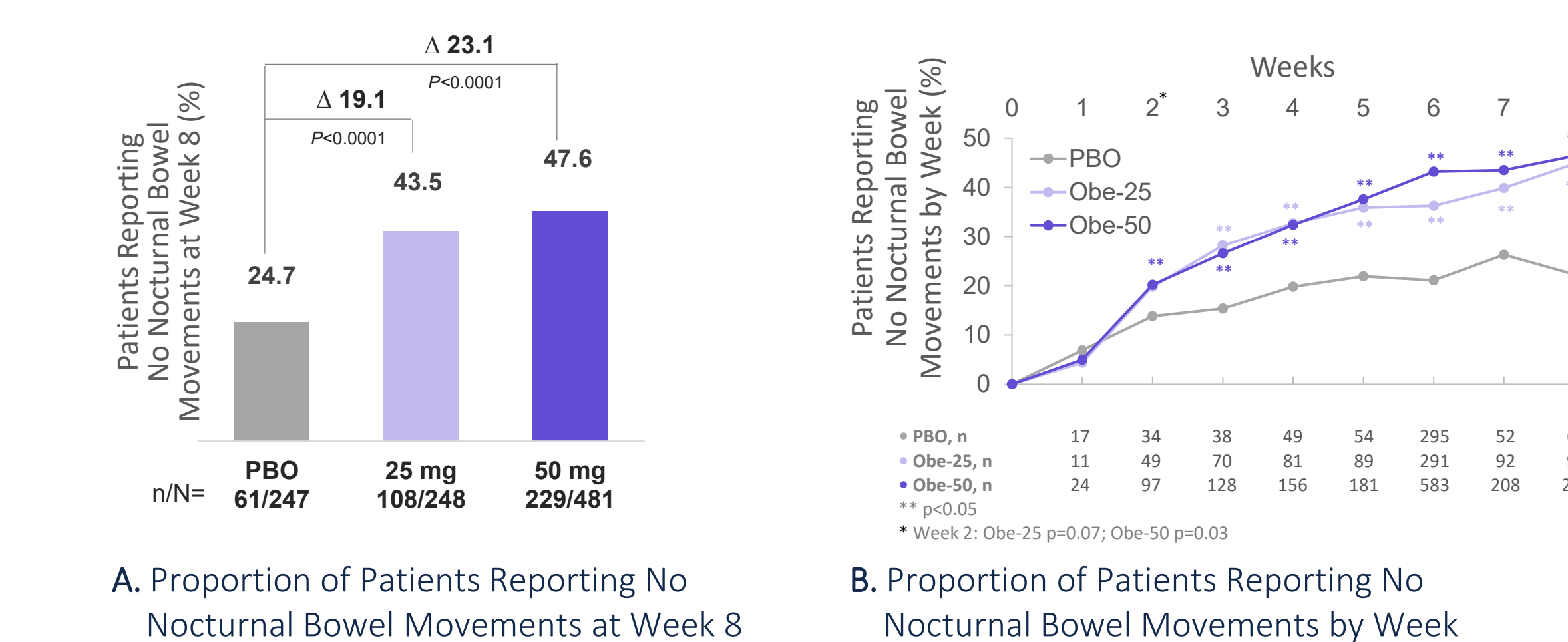
- At Week 8, patients treated with Obe had greater improvement in NBM (**Figure 4A**).
- This decrease in the number of nights with NBM was maintained and increased through Week 8 (**Figure 4B**), with improvements as early as Week 2.

Figure 4. Change From Baseline in Nocturnal Bowel Movement (Nights per Week)



- A greater proportion of patients treated with Obe reported no NBM at Week 8 (**Figure 5A**)
- Patients treated with Obe were more likely to report the remission of NBM as early as Week 3 in both dose arms (**Figure 5B**)

Figure 5. Proportion of Patients Reporting No Nocturnal Bowel Movements Among those with Nocturnal Bowel Movements at Baseline



CONCLUSIONS

- Obe markedly improved BU and NBM in patients with moderately to severely active UC across both ABTECT 8-week induction trials.
- Among patients reporting BU and NBM at baseline, those treated with Obe were more likely to report the absence of BU and NBM with remission of these symptoms as early as Week 3.
- These results highlight the impact of Obe on early remission of BU and NBM.

References. 1. Vermeire S et al. *J Crohns Colitis*. 17: 1689-97, 2023. 2. Vermeire S et al. *Gastroenterology*. 160: 2595-98, 2021. 3. Vermeire S et al. *The Lancet Gastroenterology & Hepatology*. 7: 1024-35, 2022. 4. Dulai PS et al. *Aliment Pharmacol Ther*. 51 (11), 2047-66. 2020. 5. Newton L et al. *J Patient Rep Outcomes*. 3(1):66, 2019. 6. Danese S et al. *Inflamm Bowel Dis*. 29(11): 1723-9, 2023.