AbbVie Announces New Phase 2 Data for Upadacitinib Showing Clinical and Endoscopic Outcomes in Crohn’s Disease at 52 Weeks

NORTH CHICAGO, Ill., Feb. 16, 2018 /PRNewswire/ — AbbVie (NYSE: ABBV), a global research and development-based biopharmaceutical company, today announced new results from the double-blinded extension phase of the Phase 2 CELEST study, showing that many patients treated with upadacitinib who achieved clinical response after the 16-week induction phase maintained their response to treatment after the 36-week extension phase; results seen for the higher doses (6 mg and 12 mg twice-daily) were numerically greater compared to 3 mg twice-daily at 52 weeks. The CELEST study evaluated upadacitinib, an investigational oral JAK1-selective inhibitor, in adult patients with moderately to severely active Crohn’s disease and inadequate response/intolerance to an immunomodulator or tumor necrosis factor alpha antagonist (TNF-a).

These data are being presented at the 13th Congress of the European Crohn’s and Colitis Organisation (ECCO) in Vienna, Austria, as part of the Clinical: Diagnosis & Outcome Poster Session (Poster #P273). Two additional sub-analyses of the 16-week CELEST induction data – one evaluating the onset of clinical remission and response, and one evaluating the potential to achieve steroid-free endoscopic/clinical remission/response – were also presented at ECCO. Upadacitinib is an investigational medicine and is not approved by regulatory authorities. Safety and efficacy have not been established. Phase 3 trials for upadacitinib in Crohn’s disease are ongoing.

“We are encouraged by these results showing upadacitinib’s potential as an oral treatment for patients with moderately to severely active Crohn’s disease,” said Marek Honczarenko, vice president, immunology development, AbbVie. “We will continue to develop therapies that extend beyond symptoms and include endoscopic outcomes with a long-term aim to limit disease progression.”

CELEST is a 52-week, Phase 2, randomized, double-blind study consisting of a 16-week dose-ranging induction and 36-week extension phase. Patients who responded to treatment in the 16-week induction phase entered the extension phase of the study, which evaluated multiple dosing regimens of upadacitinib through week 52. Results from the 16-week induction phase were previously announced and presented at Digestive Disease Week® in May 2017.

Results show that among patients who responded to upadacitinib induction treatment at week 16, numerically higher rates of clinical remission and endoscopic response were achieved by patients receiving 12 mg of upadacitinib twice-daily in the extension phase compared with the other treatment doses at 52 weeks. Additionally, dose-related increases in rates
of modified clinical remission were observed with the 3, 6 and 12 mg twice-daily doses at week 52.¹

In this study, the overall safety profile of upadacitinib was consistent with the safety profile of upadacitinib observed in other studies, with no new safety signals detected. No dose-dependent effect was observed for adverse events (AEs), serious AEs, and infections. Two malignancies occurred in the 12 mg twice-daily arm (Hodgkin’s disease and malignant neoplasm of thymus).¹ No deaths occurred in this study.¹

**Onset of Clinical Improvements with Upadacitinib during the Induction Period of CELEST**

In addition to the data shown above, an oral presentation at ECCO (#OP022) of a sub-analysis of the 16-week CELEST data evaluated the onset of achieving clinical outcomes in patients with moderately to severely active Crohn’s disease treated with upadacitinib. A significantly greater percentage of patients in the upadacitinib 6, 12, and 24 mg twice-daily groups achieved modified clinical remission as early as week 4 compared with placebo (p ≤0.05 for each). Over time, this clinical measure was sustained in patients receiving the upadacitinib 24 mg twice-daily induction dose for up to 16 weeks.²

**Steroid-free Clinical and Endoscopic Endpoints using Upadacitinib in the Induction Period of CELEST**

An additional poster presentation at ECCO (#P601) of a separate sub-analysis of the 16-week induction CELEST data evaluated the potential for steroid-free clinical outcomes in patients with moderately to severely active Crohn’s disease treated with upadacitinib. Results showed that a significantly greater percentage of patients receiving upadacitinib 24 mg twice-daily were able to discontinue taking corticosteroids and achieve clinical endpoints (modified clinical remission, clinical remission and Crohn’s Disease Activity Index [CDAI]) ³

**About the CELEST Study**

CELEST is a Phase 2, multicenter, randomized, double-blind, placebo-controlled study designed to evaluate the efficacy and safety of multiple dosing regimens of upadacitinib in adult patients with moderately to severely active Crohn’s disease with a history of inadequate response to or intolerance to immunomodulators or TNF inhibitors.¹ Patients had a CDAI score between 220-450, an average daily liquid/soft stool frequency (SF) ≥2.5 or daily abdominal pain (AP) score ≥2.0, and Simplified Endoscopic Score for Crohn’s Disease (SES-CD) ≥6 or ≥4 for those with isolated ileal disease. Of the 220 enrolled patients, 96 percent had failed or were intolerant to one or more TNF inhibitors.¹³ Patients were randomized to double-blind induction therapy with placebo or immediate release formulation of upadacitinib at 3, 6, 12, 24 mg twice-daily or 24 mg once-daily for 16 weeks, followed by blinded extension therapy for 36 weeks. All patients who completed the 16-week induction phase were re-randomized 1:1:1 to receive double-blind
upadacitinib at 3 mg twice-daily, 12 mg twice-daily or 24 mg once-daily for 36 weeks, with a total study duration of 52 weeks. The 24 mg once-daily arm was later stopped and a 6 mg twice-daily arm was initiated. Among 180 patients re-randomized in the extension phase, 153 patients had received induction therapy with upadacitinib. The co-primary endpoints were the proportion of patients who achieved clinical remission (SF ≤1.5 and AP ≤1, and both not worse than baseline) at week 16 and endoscopic remission (SES-CD ≤4 and ≥2 point reduction from baseline, no subscore >1) at week 12 or 16 within the induction phase. Endpoints (all secondary) analyzed at week 52 included clinical remission (average daily SF ≤1.5 and average daily AP score ≤1.0 and both not worse than baseline), modified clinical remission (average daily SF ≤2.8 and average daily AP score ≤1.0, and both not worse than baseline), CDAI 1 in any individual variable), endoscopic response (>50% reduction in SES-CD from baseline, or endoscopic remission) and mean change from baseline in high sensitivity C-reactive protein (hs-CRP) and faecal calprotectin. More information can be found on clinicaltrials.gov (NCT02365649).

About Upadacitinib

Discovered and developed by AbbVie, upadacitinib is an investigational oral agent engineered to selectively inhibit JAK1, which plays an important role in the pathophysiology of immune-mediated disorders. Phase 3 trials of upadacitinib in rheumatoid arthritis, psoriatic arthritis and Crohn’s disease are ongoing and it is also being investigated to treat ulcerative colitis, ankylosing spondylitis, atopic dermatitis and giant cell arteritis.

Upadacitinib is an investigational medicine and is not approved by regulatory authorities. Safety and efficacy have not been established.

About AbbVie

AbbVie is a global, research and development-based biopharmaceutical company committed to developing innovative advanced therapies for some of the world’s most complex and critical conditions. The company’s mission is to use its expertise, dedicated people and unique approach to innovation to markedly improve treatments across four primary therapeutic areas: immunology, oncology, virology and neuroscience. In more than 75 countries, AbbVie employees are working every day to advance health solutions for people around the world. For more information about AbbVie, please visit us at www.abbvie.com. Follow @abbvie on Twitter, Facebook or LinkedIn.

Forward-Looking Statements

Some statements in this news release may be forward-looking statements for purposes of the Private Securities Litigation Reform Act of 1995. The words “believe,” “expect,” “anticipate,” “project” and similar expressions, among others, generally identify forward-looking statements. AbbVie cautions that these forward-looking statements are subject to risks and uncertainties that may cause actual results to differ materially from those indicated in the forward-looking statements. Such risks and uncertainties include, but are not
limited to, challenges to intellectual property, competition from other products, difficulties inherent in the research and development process, adverse litigation or government action, and changes to laws and regulations applicable to our industry.

Additional information about the economic, competitive, governmental, technological and other factors that may affect AbbVie’s operations is set forth in Item 1A, “Risk Factors,” in AbbVie’s 2016 Annual Report on Form 10-K, which has been filed with the Securities and Exchange Commission. AbbVie undertakes no obligation to release publicly any revisions to forward-looking statements as a result of subsequent events or developments, except as required by law.

8 A Study Evaluating the Safety and Efficacy of Upadacitinib in Subjects With Active Ankylosing Spondylitis (SELECT Axis 1). Available at:

SOURCE AbbVie

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