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For immediate release

Guselkumab demonstrates superior efficacy versus Ustekinumab in first Phase 3 pooled data from two double-blind, placebo and active-controlled studies in Crohn's disease

Data featured in late-breaking oral presentation at Digestive Disease Week (DDW) 2024 showed Guselkumab successfully met the co-primary endpoints for both doses in Phase 3 studies (GALAXI 2 and 3) while also meeting major secondary endpoints

High Wycombe, UK (May 21, 2024) – Johnson & Johnson today announced results from two identically-designed Phase 3 studies (GALAXI 2 and 3) randomised, double-blind, double-dummy, placebo (PBO)- and active comparator (Ustekinumab) treat-through registrational trials evaluating the efficacy and safety of Guselkumab, an IL-23 inhibitor, versus placebo and Ustekinumab, in adult patients with moderately to severely active Crohn's disease (CD).[1,a] Data from the GALAXI 2 and 3 studies showed that both dose regimens of Guselkumab (200 mg intravenous [IV] induction dose at Weeks 0, 4, and 8, followed by 100 mg subcutaneous [SC] every 8 weeks [q8w] (N=286) or 200 mg SC every 4 weeks [q4w]) (N=296) met the co-primary endpoints (clinical response at W12 + clinical remission at W48 and clinical response at W12 + endoscopic response at W48, comparing each Guselkumab regimen to placebo) compared to placebo (N=291) in each individual study.[1,b] In addition, at Week 48, both dose regimens of Guselkumab demonstrated superior and clinically meaningful differences of efficacy compared to Ustekinumab on multiple endoscopic endpoints in pooled analyses of GALAXI 2 and 3.[1] These results represent the first double-blind study of Guselkumab to demonstrate superiority versus Ustekinumab in CD, and were featured as a late-breaking oral presentation at Digestive Disease Week (DDW) 2024.[1]

The GALAXI 2 (G2, n=508) and GALAXI 3 (G3, n=513) studies were two independent, identically-designed, 48-week confirmatory Phase 3 studies, both with ongoing long-term extension studies, which included patients with moderately to severely active CD (CDAI 220–450 + mean daily SF>3 or AP>1) who failed or were intolerant to conventional biologics therapy.[1] Both studies employed a treat-through design in which patients in the active treatment arms remained on the therapy to which they were initially randomised. In each trial, the co-primary endpoints were clinical response at Week 12 and clinical remission at Week 48, and clinical response at Week 12 and endoscopic response at Week 48, comparing each Guselkumab dose regimen to placebo.[1] In both trials, significantly greater (P<.001) proportions of patients receiving Guselkumab 100mg SC q8w or 200mg SC q4w achieved the co-primary endpoints relative to placebo. Pooled analyses of both trials comparing Guselkumab to Ustekinumab were pre-specified for major secondary endpoints.[1]

In the pooled analyses from the 48-week, randomised, double-blind studies, both Guselkumab dose regimens demonstrated statistical superiority to Ustekinumab across four major secondary endpoints.[1] Guselkumab was superior to Ustekinumab for the objective endpoints at Week 48 of endoscopic response[c] (Guselkumab 100mg SC q8w vs Ustekinumab Δ10.6 percent; 95 percent Confidence Interval [CI], 2.7–18.5; p<0.009, Guselkumab 200mg SC q4w vs Ustekinumab Δ15.6 percent; 95 percent CI, 7.9–23.4; p<0.001) and endoscopic remission[d] (Δ12.3 percent; 95 percent CI, 4.9–19.7; p<0.001, Δ8.5 percent; 95 percent CI, 1.1–15.9; p<0.024).[1] Furthermore, Guselkumab was superior to Ustekinumab with endpoints that included both symptom-based and endoscopic outcomes in the same participants: clinical remission[1,e] and endoscopic response (Δ13.6 percent; 95 percent CI, 5.9–21.3; p<0.001, Δ7.8 percent; 95 percent CI, 0.1–15.6; p<0.049) and deep remission[1,f] at Week 48 (Δ11.3 percent; 95 percent CI, 4.2–18.5; p<0.002, Δ7.4 percent; 95 percent CI, 0.3–14.6; p<0.040).[1]

"These results are promising for those who continue to experience persistent and debilitating symptoms and offer the possibility of Guselkumab as a future-first advanced therapy or after failure of other advanced therapies that may deliver the lasting remission patients deserve to relieve the burden of disease," said Remo Panaccione, M.D., Professor of Medicine,

University of Calgary and lead study investigator.[g] "The GALAXI programme demonstrates the potential of Guselkumab and this targeted IL-23 approach for sustained efficacy in the treatment of Crohn's disease.."

In the GALAXI programme, the safety profile for both Guselkumab regimens were consistent with the known safety profile.[1] Through Week 48, the number of patients with ≥1 adverse events (AE), ≥1 serious AEs, and AEs leading to discontinuation were similar across patients who received Guselkumab, placebo, or Ustekinumab.[1] The proportions of patients with serious infections and AEs of interest were low; in GALAXI 2, serious infection/100yrs were 0.7 percent for Guselkumab 100mg SC q8w and 1.4 percent for Guselkumab 200 mg SC q4w; in GALAXI 3, serious infections were 0.0 percent for Guselkumab 100mg SC q8w and 0.7 percent for Guselkumab 200 mg SC q4w.[1]

"Nearly two million people in Europe experience the persistent and debilitating symptoms of Crohn's disease," said Ludovic de Beaucoudrey, PhD, Senior Director, Therapeutic Area Lead, Immunology, Janssen-Cilag Limited, a company of Johnson & Johnson. "Our Phase 3 GALAXI programme comprises two independent studies, that demonstrate Guselkumab's potential for individuals living with moderately to severely active Crohn's disease, where considerable needs remain, and highlight our commitment to inflammatory bowel disease."

Key results versus Ustekinumab from the Phase 3 GALAXI programme:

Patients in the Phase 3 GALAXI 2 (n=508) and GALAXI 3 (n=513) studies were assigned 2:2:2:1 to:[1]

- Guselkumab 200mg intravenous (IV) q4w (Weeks 0, 4, and 8) to 200mg SC q4w
- Guselkumab 200mg IV q4w (Weeks 0, 4, and 8) to 100mg SC q8w
- Ustekinumab ~6mg/kg IV (1x) to 90mg SC q8w
- Placebo

A summary of data from the 48-week pooled analyses is as follows:[1]

Endpoint	**Guselkumab 200mg SC q4w vs. Ustekinumab (N=296)**	**Guselkumab 100mg SC q8w vs. Ustekinumab (N=286)**	**Ustekinumab (N=291)**
Endoscopic response Week 48	52.7 percent (Δ=15.6, p<.001)	47.9 percent (Δ=10.6, p=.009)	37.1 percent
Endoscopic remission Week 48	37.2 percent (Δ=12.3, p<.001)	33.2 percent (Δ=8.5, p=.024)	24.7 percent
Clinical remission and endoscopic response Week 48	47.3 percent (Δ=13.6, p<.001)	41.6 percent (Δ=7.8, p=.049)	33.7 percent
Deep remission Week 48	33.8 percent (Δ=11.3, p<.002)	29.7 percent (Δ=7.4, p=.040)	22.3 percent
Clinical remission Week 48	70.3 percent (Δ=7.3, p=.058)	65.4 percent (Δ=2.6, p=.512)	62.9 percent

Footnotes:

a. Guselkumab is not currently approved to treat Crohn's disease.
b. The results from the Phase 3 GALAXI studies described in this release are based on the global endpoints.
c. Endoscopic response is defined as ≥50 percent improvement from baseline in the Simple Endoscopic Score in Crohn's disease (SES-CD) (primary efficacy analysis set (nonresponder imputation)).[1]
d. Endoscopic remission is defined as an endoscopy subscore of 0.[1]
e. Clinical remission is defined as a Crohn's Disease Activity Index (CDAI) score of <150 (primary efficacy analysis set (nonresponder imputation)).[1]
f. Deep remission endpoint consists of clinical remission and endoscopic remission together.[1]
g. Dr. Panaccione is a paid consultant for Johnson & Johnson. He has not been compensated for any media work.

ABOUT THE GALAXI PROGRAMME (EudraCT 2017-002195-13)

GALAXI is a randomised, double-blind, placebo-controlled, active-controlled (Ustekinumab), global, multicentre Phase 2/3 programme designed to evaluate the efficacy and safety of Guselkumab in participants with moderately to severely active Crohn's disease with inadequate response/intolerance to conventional biologic therapies.[2] GALAXI includes a Phase 2 dose-ranging study (GALAXI 1) and two independent, identically designed confirmatory Phase 3 studies (GALAXI 2 and 3).[2] Each GALAXI study employed a treat-through design in which participants remained on the treatment to which they were initially randomised, reflecting real-world clinical practice, and includes a long-term extension study that will assess clinical, endoscopic, and safety outcomes with Guselkumab through a total of five years.[2]

ABOUT CROHN'S DISEASE

Crohn's disease is one of the two main forms of inflammatory bowel disease, which affects over 500,000 people across the UK.[3] Crohn's disease is a chronic inflammatory condition of the gastrointestinal tract with no known cause, but the disease is associated with abnormalities of the immune system that could be triggered by a genetic predisposition, diet, or other environmental factors.[4] Symptoms of Crohn's disease can vary, but often include abdominal pain and tenderness, frequent diarrhoea, rectal bleeding, weight loss, and fever.[5] There is currently no cure for Crohn's disease.[6]

ABOUT GUSELKUMAB

Developed by Johnson & Johnson, Guselkumab is the first approved fully-human monoclonal antibody that blocks IL-23 by binding to the p19 subunit of IL-23 and binding to CD64, a receptor on cells that produce IL-23.[7] IL-23 is an important driver of the pathogenesis of inflammatory diseases.[8]

Johnson & Johnson maintains exclusive worldwide marketing rights to Guselkumab.

Report an Adverse Event. If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at https://yellowcard.mhra.gov.uk/. By reporting side effects you can help provide more information on the safety of this medicine.

Janssen-Cilag International NV, the marketing authorisation holder for TREMFYA® (Guselkumab) in the EU, Janssen-Cilag Limited and Janssen-Cilag GmbH, are a Johnson & Johnson company.

The marketing authorisation holder for TREMFYA® (Guselkumab) in the UK is:

Janssen-Cilag Limited
50-100 Holmers Farm Way
High Wycombe
Buckinghamshire
HP12 4EG
UK

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Janssen-Cilag International NV, the marketing authorisation holder for STELARA® (Ustekinumab) in the EU, Janssen-Cilag Limited and Janssen-Cilag GmbH, are a Johnson & Johnson company.

The marketing authorisation holder for STELARA® (Ustekinumab) in the UK is:

Janssen-Cilag Limited
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High Wycombe
Buckinghamshire
HP12 4EG
UK

ABOUT DDW

Digestive Disease Week® (DDW) is the largest international gathering of physicians, researchers and academics in the fields of gastroenterology, hepatology, endoscopy and gastrointestinal surgery. Jointly sponsored by the American Association for the Study of Liver Diseases (AASLD), the American Gastroenterological Association (AGA), the American Society for Gastrointestinal Endoscopy (ASGE) and the Society for Surgery of the Alimentary Tract (SSAT), DDW is an in-person and online meeting from May 18-21, 2024. The meeting showcases more than 4,400 abstracts and hundreds of lectures on the latest advances in GI research, medicine and technology.

ABOUT JOHNSON & JOHNSON

At Johnson & Johnson, we believe health is everything. Our strength in healthcare innovation empowers us to build a world where complex diseases are prevented, treated, and cured, where treatments are smarter and less invasive, and solutions are personal. Through our expertise in Innovative Medicine and MedTech, we are uniquely positioned to innovate across the full spectrum of healthcare solutions today to deliver the breakthroughs of tomorrow, and profoundly impact health for humanity.

Cautions Concerning Forward-Looking Statements

This press release contains "forward-looking statements" as defined in the Private Securities Litigation Reform Act of 1995 regarding TREMFYA®. The reader is cautioned not to rely on these forward-looking statements. These statements are based on current expectations of future events. If underlying assumptions prove inaccurate or known or unknown risks or uncertainties materialize, actual results could vary materially from the expectations and projections of Janssen Research & Development, LLC, Janssen Biotech, Inc. and/or Johnson & Johnson. Risks and uncertainties include, but are not limited to: challenges and uncertainties inherent in product research and development, including the uncertainty of clinical success and of obtaining regulatory approvals; uncertainty of commercial success; manufacturing difficulties and delays; competition, including technological advances, new products and patents attained by competitors; challenges to patents; product efficacy or safety concerns resulting in product recalls or regulatory action; changes in behavior and spending patterns of purchasers of health care products and services; changes to applicable laws and regulations, including global health care reforms; and trends toward health care cost containment. A further list and descriptions of these risks, uncertainties and other factors can be found in Johnson & Johnson's Annual Report on Form 10-K for the fiscal year ended December 31, 2023, including in the sections captioned "Cautionary Note Regarding Forward-Looking Statements" and "Item 1A. Risk Factors," and in Johnson & Johnson's subsequent Quarterly Reports on Form 10-Q and other filings with the Securities and Exchange Commission. Copies of these filings are available online at www.sec.gov, www.jnj.com or on request from Johnson & Johnson. None of Janssen Research & Development, LLC, Janssen Biotech, Inc. nor Johnson & Johnson undertakes to update any forward-looking statement as a result of new information or future events or developments.

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[1] Panaccione, R et al. Efficacy and safety of guselkumab therapy in patients with moderately to severely active Crohn's disease: Results of the GALAXI 2 & 3 Phase 3 studies. Oral presentation at the Digestive Disease Week (DDW) 2024. April 2024.

[2] EU Clinical Trials Register. A Phase 2b/3, Randomized, Double-blind, Placebo-controlled, Parallel-group, Multicenter Protocol to Evaluate the Efficacy and Safety of Guselkumab in Participants with Moderately to Severely Active Ulcerative Colitis (QUASAR). Identifier: EudraCT 2018-004002-25. https://www.clinicaltrialsregister.eu/ctr-search/search?query=2018-004002-25. Accessed May 2024.

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