METHODS: Adults with moderately-to-severely active UC (total Mayo score ≥6 and on oral aminosalicylates or corticosteroids) were randomized 2:1 to receive oral ozanimod HC1 mg (equivalent to ozanimod 0.92 mg) or placebo once daily for a 24-week period. Response was defined as a decrease in total Mayo score ≥3 points from baseline at 6 months. 

RESULTS: A total of 545 participants were randomized (n = 429) or placebo (n = 216). Ozanimod was non-inferior to placebo in achieving clinical response (54.7% vs 39.0%, P = 0.001), and significantly improved endoscopic improvement and mucosal healing compared with placebo (P < 0.001 for all). Ozanimod also significantly reduced corticosteroid use (16.8% vs 24.6%, P = 0.003), and the use of rescue biologic therapy (31.2% vs 43.6%, P = 0.017). Ozanimod treatment was generally well tolerated.

CONCLUSION: Ozanimod was effective and safe in treating moderately-to-severely active UC, and should be considered a viable treatment option for this patient population. (ClinicalTrials.gov Identifier: NCT03008915)

MEGATRON-BD is a longitudinal cohort of patients receiving care at 34 community and academic practices in the United States. Patients with IBD enrolled between July 24, 2017 and August 17, 2020 were included in this analysis. To be included, patients were required to initiate a biologic drug of interest during the study period, with no biologic use in the 6 months prior to initiation. If less than 10 participants were treated with a given therapy class, they were excluded from multivariable analyses. The primary outcome was calculated as time (continuous months) from biologic start date to the earliest of discontinuation event, total colectomy/proctocolectomy, death, or last clinical contact. Variables to include in the multivariable models were determined based on a manual stepwise approach. The primary outcome was assessed using Kaplan-Meier testing and Cox proportional hazards modeling. We also examined reasons for treatment discontinuation.

RESULTS: A total of 856 patients were included (39% UC, 61% CD). The median disease duration at therapy initiation was 4 years among patients with UC and 5 years among patients with CD, 92% of patients with UC were biologic naive, as were 74% of patients with CD. Among all 856 patients, 268 (31%) discontinued therapy during the study period. The median time to discontinuation or censoring was 10.6 months (IQR 4.1–18.6 months). Multivariable analysis among patients with UC, discontinuation was less likely in patients treated with an anti-integrin (Flazzard Ratio [HR] 0.51, 95% CI 0.33–0.79; P = 0.001), but focal in n = 18 patients. Ozanimod was no significantly different from placebo in clinical response (P = 0.001). Ozanimod specifically attenuated endoscopic improvement (P = 0.001) and mucosal healing (P = 0.001) compared with placebo. Ozanimod was generally well tolerated in the primary outcome, with the exception of a greater incidence of serious infections in the ozanimod group. (ClinicalTrials.gov Identifier: NCT04230509)

CONCLUSION: Most discontinuation events were attributable to the disease state itself. These results support the use of ozanimod for the treatment of moderately-severe UC. Ozanimod is likely to be an effective and safe treatment option for patients with moderately-to-severely active UC.