abbvie

EU CT Protocol Lay Summary/Protocol Synopsis

1. EU Trial Number and Full Trial Title

EU CT number: 2024-518998-33

Protocol Title: A Phase 3b, Multicenter, Randomized, Open-Label Study of Risankizumab Compared to Vedolizumab for the Treatment of Adult Subjects With Moderate to Severe Ulcerative Colitis Who are Naïve to Targeted Therapies

Lay Protocol Title: A study comparing the safety and effectiveness of risankizumab versus vedolizumab to treat adult patients with ulcerative colitis

2. Rationale

Ulcerative colitis (UC) is a long-lasting bowel disease that causes inflammation of the large intestine. Inflammation is part of the body's response to protect itself from harm. When this happens in the large intestine, it can lead to many different symptoms including urgent or frequent bowel movements, stomach pain, cramping, and diarrhea. Treatments are available but may not work the same for all patients or may stop working over time. Risankizumab is a type of medicine called an IL-23 inhibitor and works to reduce the activity of different proteins (complex molecules that do most of the work in the body's cells) that control inflammation. Risankizumab is currently approved in the European Union, United States, Japan and other countries worldwide, for the treatment of moderate to severe UC in adults. This study will evaluate the efficacy (how well the drug works) and safety of risankizumab, when compared to vedolizumab, to treat adult patients with UC who have not previously received treatment with a targeted therapy (TaT; type of medicine that blocks specific immune cells to help reduce or control inflammation).

3. Objective

The main goal of the study is to evaluate the efficacy and safety of risankizumab compared to vedolizumab.

4. Main trial endpoints

The main endpoint describes the most important outcome measure that is used to establish if the study achieves its goal. For this study, the main endpoint is the percentage of patients that achieve endoscopic improvement after 48 weeks of treatment. To determine the endoscopic score a long flexible tube is inserted into the rectum with a tiny video camera to see inside the body. Lower scores mean a greater improvement in symptoms compared to the start of the study. To achieve endoscopic improvement a patient must have no disease or mild disease.

5. Secondary trial endpoints

The secondary endpoints are outcome measures that help support the main endpoint or help evaluate if treatment is helping patients. For this study, the secondary endpoint is the percentage of patients that

achieve clinical remission (improvement in symptoms) after 48 weeks of treatment. Clinical remission means that the patient experiences little to no UC symptoms.

6. Trial design

This is a Phase 3, open-label, randomized study of risankizumab, compared to vedolizumab, in adult patients with UC. Phase 3 studies test treatments in a large number of patients with a condition or disease. This study is open-label, which means that both patients and study doctors know which study treatment is given to patients. A computer program is used to randomly (by chance) put the patients into 1 of 2 groups. This process is called randomization, which helps make the groups similar and reduces the differences between the groups.

7. Trial population

This study will include patients between the ages of 18 and 80 years of age diagnosed with moderately to severely active UC that have not previously had treatment with a TaT. Additional eligibility criteria will be discussed by the study doctor.

8. Interventions

At the start of the study, patients will be randomized to receive risankizumab or vedolizumab. Risankizumab will be given intravenously (IV; medication given directly into the blood stream usually through a needle or catheter) or subcutaneously (SC; as an injection under the skin). Vedolizumab will be given intravenously.

Patients randomized to risankizumab will receive risankizumab IV on Day 1 and at Weeks 4 and 8. Starting at Week 12, patients will receive risankizumab SC high dose, or risankizumab SC low dose, every 8 weeks until Week 44. The SC dose the patient receives will be determined by how well the patient responded to risankizumab IV dose. Patients randomized to vedolizumab will receive the same dose IV on Day 1, Weeks 2 and 6, and then every 8 weeks until Week 46. Patients will provide blood, urine, and stool samples, undergo electrocardiogram testing (measures electrical signals in the heart to check for different heart conditions), endoscopy with intestinal biopsies (small pieces of tissue are removed), and complete questionnaires about their UC symptoms throughout the study. Some of the study sites will participate in an abdominal (belly) ultrasound study. Ultrasound is a procedure that uses sound waves to see inside the body.

After the final study visit, patients randomized to risankizumab may join a continuous treatment extension and receive risankizumab until it becomes commercially available and/or the patient can access treatment locally.

9. Ethical considerations relating to the clinical trial including any expected benefit to the individual patient or group of patients represented by the trial patients as well as the nature and extent of burden and risks.

The main risk of treatment with risankizumab is the lowering of the immune system (a complex network of cells, tissues, and organs that help the body fight infection and other diseases) which may increase the risk of infection. Injection of drugs such as risankizumab may also cause skin reactions at the site of injection and other allergic reactions. These allergic reactions may be serious or life-threatening. Patient safety will be closely monitored in the study to lower risks. This study also includes treatment with vedolizumab and patients should discuss potential risks with the study doctor.

Patients may or may not receive direct medical benefit from participating in this study. Symptoms of UC may get better, get worse, or stay the same. The information from this study could help other patients with UC or other similar diseases in the future. There may be a bigger responsibility for patients in this study compared to patients who do not participate in a study. Patients will attend regular visits during the study at a hospital or clinic. The effects of treatment will be checked by medical assessments, blood tests, checking for side effects, and completing questionnaires.