**PMO-31** RAPIDITY OF ULCERATIVE COLITIS SYMPTOM IMPROVEMENTS DURING FILGOTINIB INDUCTION: PHASE 2B/3 SELECTION STUDY POST-HOC ANALYSIS

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**Introduction**

Filgotinib (FIL) is a preferential Janus kinase 1 inhibitor. SELECTION was a phase 2b/3 randomised, double-blind, placebo (PBO)-controlled trial to evaluate FIL for the treatment of moderately to severely active ulcerative colitis (UC) (NCT02914522). The aim of this post hoc analysis was to assess the speed of improvement in patient-reported outcomes (PROs) during FIL treatment.

**Methods**

Eligible patients who were biologic-naïve or -experienced were enrolled in induction study A or induction study B, respectively. In each study, patients were randomised 2:2:1 to receive FIL 100 mg, FIL 200 mg or PBO once daily orally for 10 weeks. In this post hoc analysis, data from daily patient diaries up to day 15 of induction, including Mayo stool frequency subscores (SF; range, 0 [normal] to 3 [≥5 stools/day more than normal]) and rectal bleeding subscores (RB; range, 0 [no blood] to 3 [passing blood alone]), were used to evaluate the proportion of patients achieving predefined subscores or subscore reductions.

**Results**

Induction studies A and B comprised 659 and 689 patients, respectively. Baseline characteristics were similar across treatment groups. In induction study A, more patients treated with FIL 200 mg vs PBO reported a reduction in SF of ≥1 from baseline as early as day 6 (FIL 200 mg, 35.8%; PBO, 20.6%, p < 0.01), and a reduction in RB of ≥1 from baseline as early as day 4 (FIL 200 mg, 36.9%; PBO, 23.7%; p < 0.01). In induction study B, more patients treated with FIL 200 mg vs PBO reported a reduction in SF of ≥1 from baseline as early as day 2 (FIL 200 mg, 21.6%; PBO, 12.1%; p < 0.05) and a reduction in RB of ≥1 from baseline as early as day 3 (FIL 200 mg, 29.5%; PBO, 17.6%; p < 0.01). More patients receiving FIL 200 mg vs PBO achieved the composite score of RB=0 and SF≤1 as early as day 9 in induction study A (FIL 200 mg, 18.8%; PBO, 9.5%, p < 0.05) and as early as day 7 in induction study B (FIL 200 mg, 10.7%; PBO, 4.2%, p < 0.05).

**Conclusions**

In this post hoc analysis of induction study data from SELECTION, improvements in SF and RB were observed within the first week of therapy with FIL 200 mg, compared with PBO. These data demonstrate that FIL 200 mg has rapid onset of action, as assessed by PROs, in both biologic-naïve and biologic-experienced patients with moderately to severely active UC.

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**PMO-33** INFliximab Biosimilar Switching – Can you Switch More Than Once?


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**Introduction**

With the increasing availability of biosimilar infliximab (IFX) products, there is a drive to lower costs without compromising patient outcomes. Switching from originator to biosimilar biologics has been shown to be safe and effective in patients with inflammatory bowel disease (IBD), but less is known about the safety and efficacy of switching between multiple biosimilar brands. The aim of this study was to report the outcomes of patients undergoing a biosimilar IFX switch for the first time (Remsima® to Zessly®) compared to those patients that have undergone a previous originator to