Patients treated with GUS had greater reductions in CRP and FeCal during Week 12 compared with placebo (Figure 5). Among patients who had elevated CRP (≥3 mg/L) or FeCal (>200 μg/g) at baseline, a higher proportion of patients treated with GUS had normal CRP (<3 mg/L) or FeCal (<200 μg/g) at Week 12 compared with placebo-treated patients (Figure 6). Clinical-biomarker response was achieved by a higher proportion of patients treated with GUS compared with placebo at Week 12. Clinical-biomarker response at Week 12 was determined as clinical response and ≥50% reduction from baseline in CRP and/or FeCal.

CONCLUSIONS

Patients with moderate to severely active CD who were treated with GUS IV induction therapy had greater reductions in CRP and FeCal concentrations compared with those receiving placebo.

A higher proportion of patients treated with GUS (combined dosing regimens) achieved clinical-biomarker response and normalized CRP or FeCal at Week 12 compared with placebo.

These patterns of improvement were also observed in Bid-Failure and CON-Failure subgroup analyses.