

Research Leadership Award Presentation

Remo Panaccione

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Crohn's COLITIS CANADA ENDOWED RESEARCH CHAIR
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UNIVERSITY OF CALGARY



**INFLAMMATORY
BOWEL DISEASE UNIT**
UNIVERSITY OF CALGARY

Disclosures

Remo Panaccione, MD, FRCPC

Consultant for: Abbott, AbbVie, Abbivax, Alimentiv (formerly Robarts), Amgen, Arena Pharmaceuticals, AstraZeneca, Biogen, Boehringer Ingelheim, Bristol-Myers Squibb, Celgene, Celltrion, Cosmos Pharmaceuticals, Eisai, Elan, Eli Lilly, Ferring, Galapagos, Fresenius Kabi, Genentech, Gilead Sciences, Glaxo-Smith Kline, JAMP Bio, Janssen, Merck, Mylan, Novartis, Oppilan Pharma, Organon, Pandion Pharma, Pendopharm, Pfizer, Progenity, Prometheus Biosciences, Protagonist Therapeutics, Roche, Sandoz, Satisfai Health, Sublimity Therapeutics, Takeda Pharmaceuticals, Theravance Biopharma, Trellus, Viatris, Ventyx, UCB

Speaker's Fees for: AbbVie, Amgen, Arena Pharmaceuticals, Bristol-Myers Squibb, Celgene, Eli Lilly, Ferring, Fresenius Kabi, Gilead Sciences, Janssen, Merck, Organon, Pfizer, Roche, Sandoz, Shire, Takeda Pharmaceuticals

Advisory Boards for: AbbVie, Alimentiv (formerly Robarts), Amgen, Arena Pharmaceuticals, AstraZeneca, Biogen, Boehringer Ingelheim, Bristol-Myers Squibb, Celgene, Eli Lilly, Ferring, Fresenius Kabi, Genentech, Gilead Sciences, Glaxo-Smith Kline, JAMP Bio, Janssen, Merck, Mylan, Novartis, Oppilan Pharma, Organon, Pandion Pharma, Pfizer, Progenity, Protagonist Therapeutics, Roche, Sandoz, Sublimity Therapeutics, Takeda Pharmaceuticals, Ventyx.

In the
beginning...the
journey did not
start off well



The importance of mentorship



The journey of your success will always begin with the small step of taking a chance.



Research Leadership Award: Journey

It was simple...

Gastroenterologist with an experience of... IBD



Expert in:

- Diagnosis / assessment and medical management of IBD
- Performance of clinical trials

Not expert in:

- Histopathology / radiology / surgery / fertility / obstetrics / dermatology / infectious diseases / rheumatology / nutrition / psychiatry / psychotherapy

Lacking expertise:

- Patient education
- Basic and translational research
- Other forms of clinical research

Therefore, my research career was built on a solid clinical foundation and focused on clinical strengths identified weaknesses

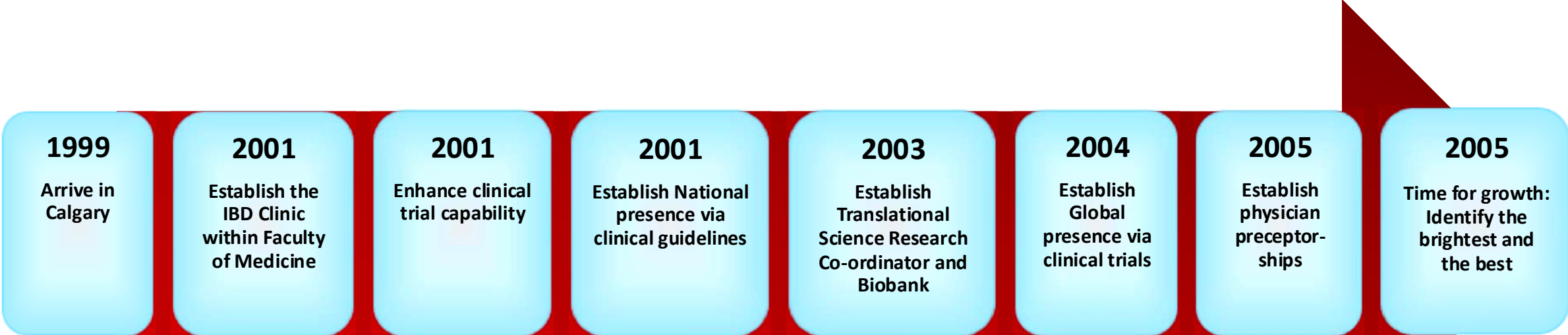


You never fail until
you stop trying.

Albert Einstein

quote fancy

University of Calgary: IBD unit evolution



In the beginning...

Review > [Can J Gastroenterol. 2001 Jun;15\(6\):371-5. doi: 10.1155/2001/490921.](#)

Infliximab for the treatment of Crohn's disease: review and indications for clinical use in Canada

[R Panaccione¹; Canadian Consensus Group on the use of infliximab in Crohn's disease](#)

Canadian Association of Gastroenterology Clinical Practice Guidelines: the use of infliximab in Crohn's disease

[Remo Panaccione¹, Richard N Fedorak, Guy Aumais, Charles N Bernstein, Alain Bitton, Ken Croitoru, Robert Enns, Brian Feagan, Marty Fishman, Gordon Greenberg, Anne Griffiths, John K Marshall, Imran Rasul, Daniel Sadowski, Ernest Seidman, Hillary Steinhart, Lloyd Sutherland, Eric Walli, Gary Wild, C Noel Williams, Mary Zachos;](#)
[Canadian Association of Gastroenterology](#)

In the beginning...

Review > [Can J Gastroenterol. 2008 Mar;22\(3\):261-72. doi: 10.1155/2008/493405.](#)

Review and clinical perspectives for the use of infliximab in ulcerative colitis

R Panaccione ¹, R N Fedorak, G Aumais, Edmond-Jean Bernard, C N Bernstein, A Bitton, K Croitoru, L A Dieleman, R Enns, B G Feagan, D Franchimont, G R Greenberg, Anne-Marie Griffiths, J K Marshall, P Pare, S Patel, R Penner, C Render, E Seidman, A Hillary Steinhart

In the beginning...

Review > Aliment Pharmacol Ther. 2008 Sep 15;28(6):674-88.

doi: 10.1111/j.1365-2036.2008.03753.x.

Review article: treatment algorithms to maximize remission and minimize corticosteroid dependence in patients with inflammatory bowel disease

R Panaccione ¹, P Rutgeerts, W J Sandborn, B Feagan, S Schreiber, S Ghosh

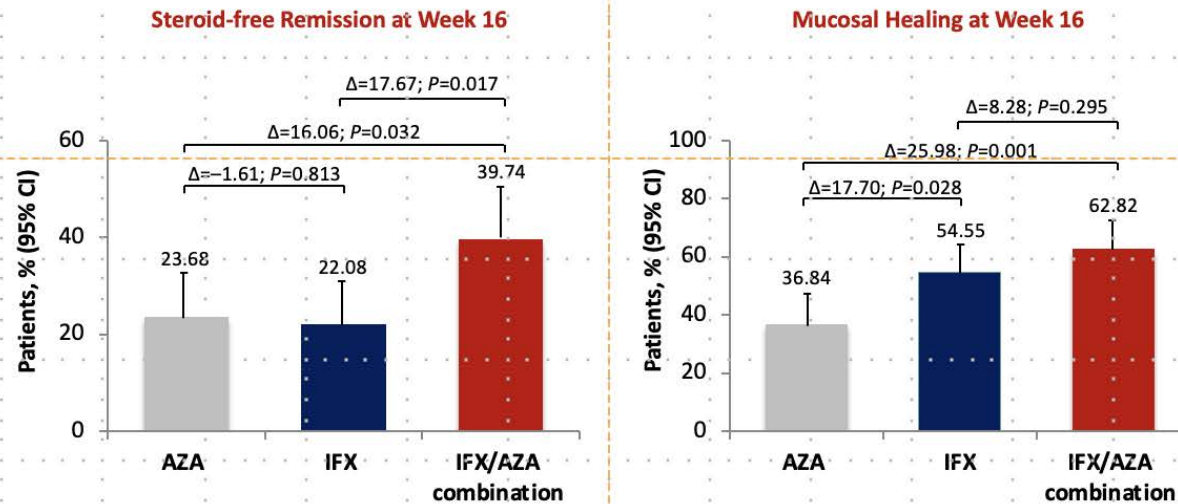
Mentorship from outside



Combination therapy with infliximab and azathioprine is superior to monotherapy with either agent in ulcerative colitis

Remo Panaccione, Subrata Ghosh, Stephen Middleton, Juan R Márquez, Boyd B Scott, Laurence Flint, Hubert J F van Hoogstraten, Annie C Chen, Hanzhe Zheng, Silvio Danese, Paul Rutgeerts

The UC SUCCESS trial assessed efficacy and safety of IFX monotherapy, AZA monotherapy, or the 2 drugs in combination in TNFi-naïve patients with moderate to severe UC (N=231)



Briakinumab for treatment of Crohn's disease: results of a randomized trial

Remo Panaccione¹, William J Sandborn, Glenn L Gordon, Scott D Lee, Alan Safdi, Shahriar Sedghi, Brian G Feagan, Stephen Hanauer, Walter Reinisch, John F Valentine, Bidan Huang, Roberto Carcereri

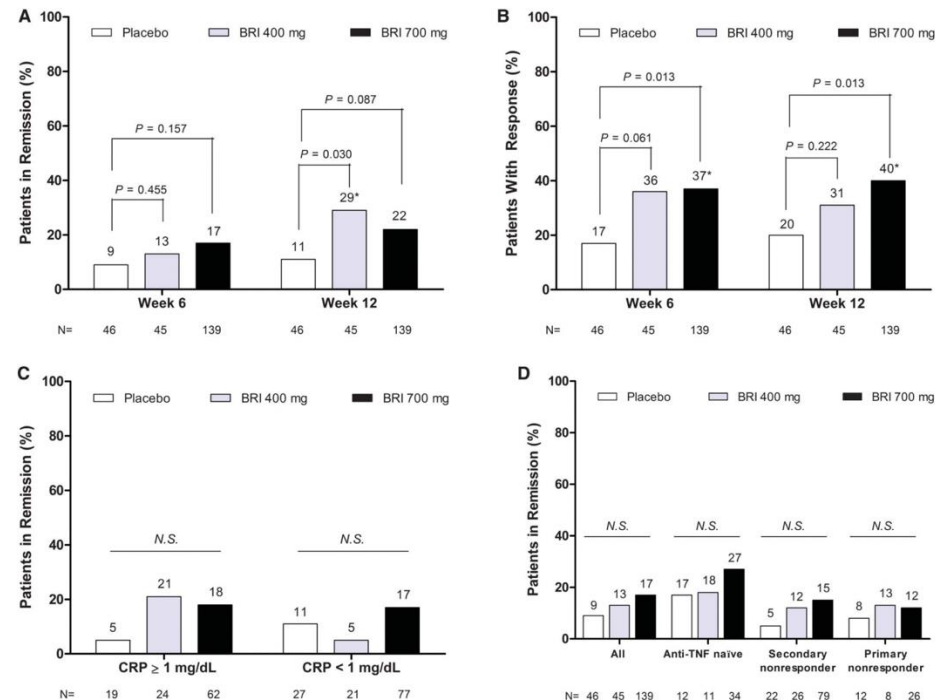
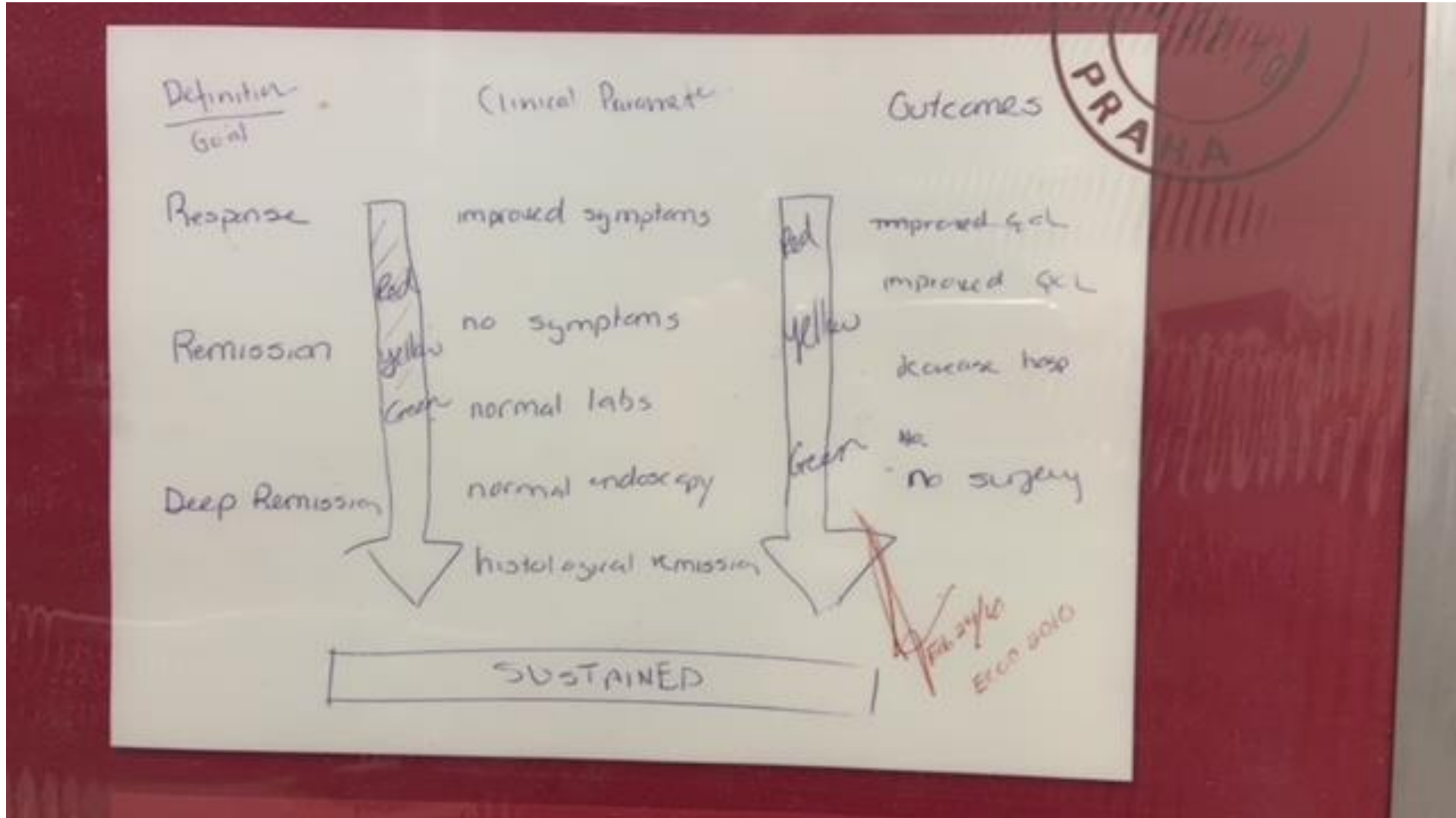
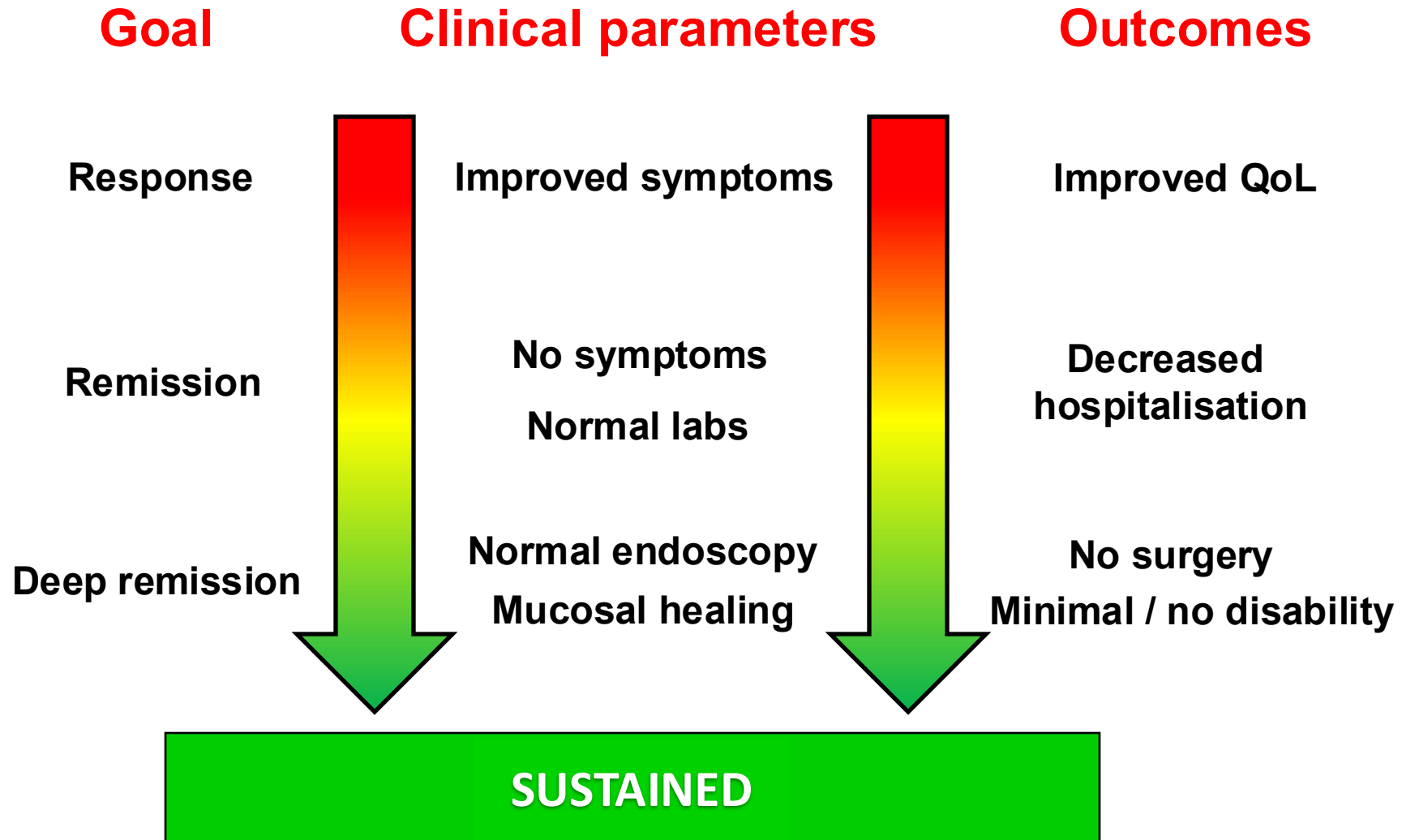


FIGURE 3. Efficacy of briakinumab during the induction phase. A, Rates of clinical remission at weeks 6 and 12. Clinical remission was defined as CDAI score <150 points (*statistically significant versus placebo at $P < 0.05$). B, Rates of clinical response at weeks 6 and 12 (defined as a decrease in CDAI score ≥ 100 points compared with week 0; *statistically significant versus placebo at $P < 0.05$). C, Rates of clinical remission at week 6, stratified by baseline CRP levels (CRP ≥ 1 mg/dL or CRP < 1 mg/dL). D, Rates of clinical remission at week 6, stratified by baseline history of anti-TNF treatment. N.S., not statistically significant versus placebo at $P < 0.05$.

Treat to target: A concept dating back to 2010

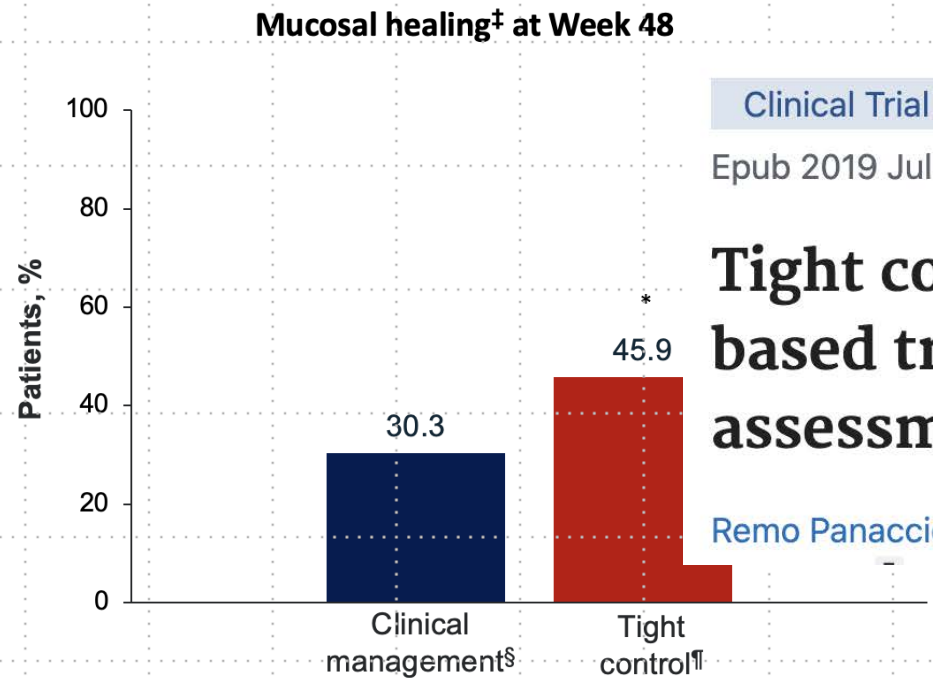


Treat to target: A concept dating back to 2010



Effect of tight control management on Crohn's disease (CALM): a multicentre, randomised, controlled phase 3 trial

Jean-Frederic Colombel ¹, Remo Panaccione ², Peter Bossuyt ³, Milan Lukas ⁴, Filip Baert ⁵,



Tight control for Crohn's disease with adalimumab-based treatment is cost-effective: an economic assessment of the CALM trial

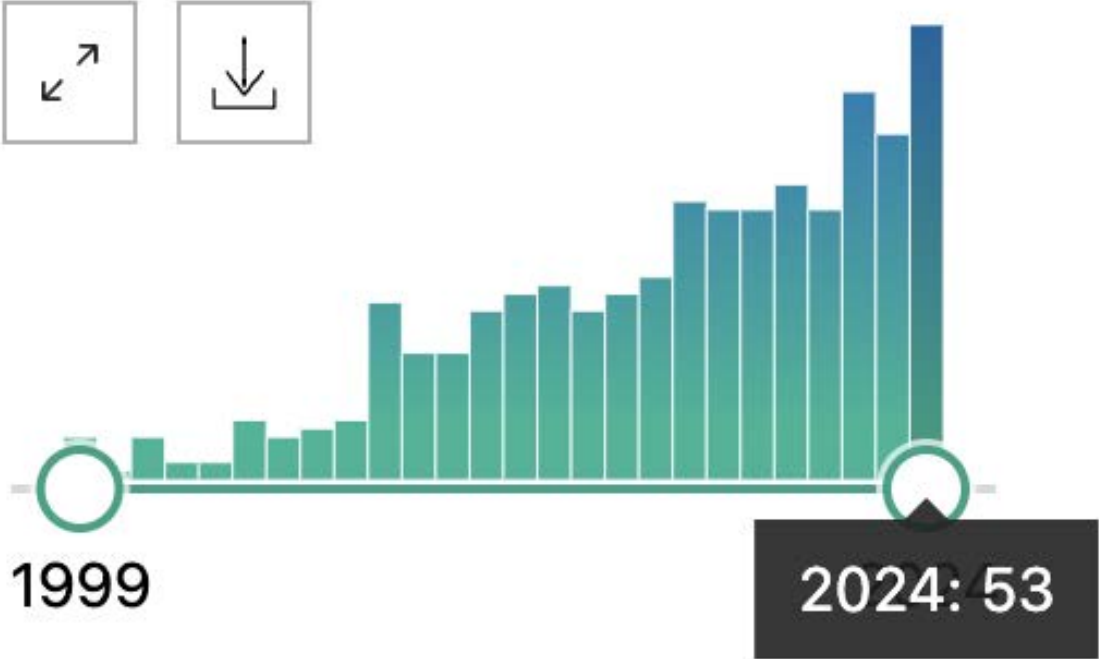
Remo Panaccione ¹, Jean-Frederic Colombel ², Simon P L Travis ³, Peter Bossuyt ⁴,



Wait your turn

MY CUSTOM FILTERS 

RESULTS BY YEAR



Wait your turn

Randomized Controlled Trial > Lancet. 2022 May 28;399(10340):2015-2030.

doi: 10.1016/S0140-6736(22)00467-6.

Risankizumab as induction therapy for Crohn's disease: results from the phase 3 ADVANCE and MOTIVATE induction trials

Geert D'Haens¹, Remo Panaccione², Filip Baert³, Peter Bossuyt⁴, Jean-Frederic Colombel⁵,

Clinical Trial > Lancet. 2022 May 28;399(10340):2031-2046.

doi: 10.1016/S0140-6736(22)00466-4.

Risankizumab as maintenance therapy for moderately to severely active Crohn's disease: results from the multicentre, randomised, double-blind, placebo-controlled, withdrawal phase 3 FORTIFY maintenance trial

Marc Ferrante¹, Remo Panaccione², Filip Baert³, Peter Bossuyt⁴, Jean-Frederic Colombel⁵,

Clinical Trial > Lancet. 2022 Jun 4;399(10341):2113-2128.

doi: 10.1016/S0140-6736(22)00581-5. Epub 2022 May 26.

Upadacitinib as induction and maintenance therapy for moderately to severely active ulcerative colitis: results from three phase 3, multicentre, double-blind, randomised trials

Silvio Danese¹, Séverine Vermeire², Wen Zhou³, Aileen L Pangan³, Jesse Siffledeen⁴, Susan Greenbloom⁵, Xavier Hébuterne⁶, Geert D'Haens⁷, Hiroshi Nakase⁸, Julian Panés⁹, Peter D R Higgins¹⁰, Pascal Juillerat¹¹, James O Lindsay¹², Edward V Loftus Jr¹³, William J Sandborn¹⁴, Walter Reinisch¹⁵, Min-Hu Chen¹⁶, Yuri Sanchez Gonzalez³, Bidan Huang³, Wangang Xie³, John Liu³, Michael A Weinreich³, Remo Panaccione¹⁷

> Aliment Pharmacol Ther. 2024 Feb;59(3):393-408. doi: 10.1111/apt.17816. Epub 2023 Nov 27.

Alimentary pharmacology & therapeutics

Efficacy and safety of upadacitinib for 16-week extended induction and 52-week maintenance therapy in patients with moderately to severely active ulcerative colitis

Remo Panaccione¹, Silvio Danese², Wen Zhou³, Justin Klaff³, Dapo Ilo³, Xuan Yao³,

Wait your turn

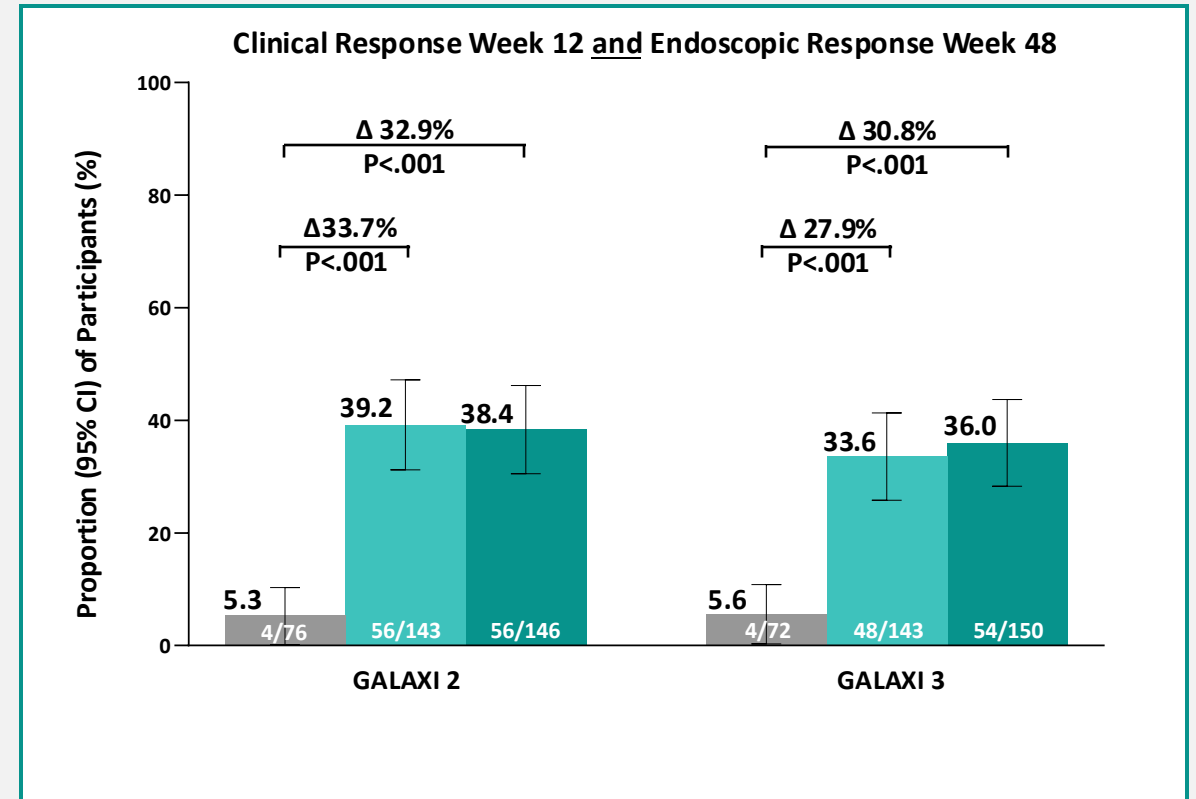
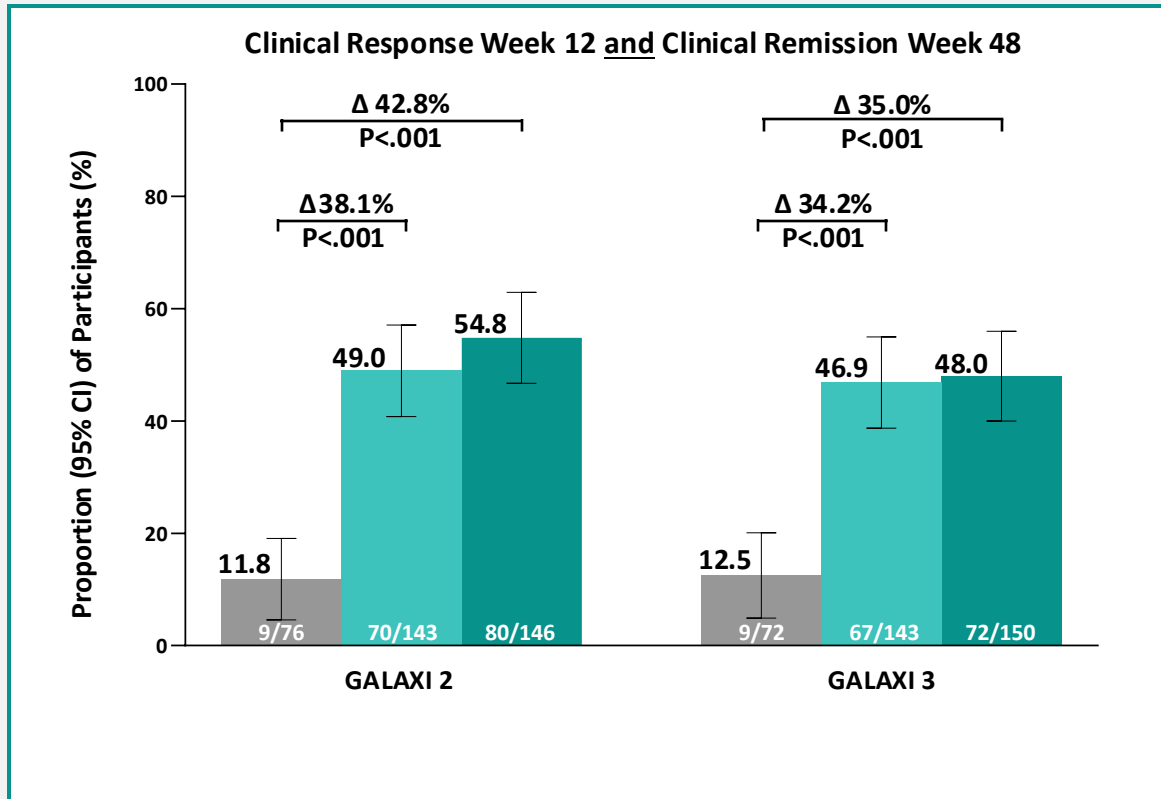
Clinical Trial > Lancet Gastroenterol Hepatol. 2024 Feb;9(2):133-146.

doi: 10.1016/S2468-1253(23)00318-7. Epub 2023 Dec 14.

Efficacy and safety of 48 weeks of guselkumab for patients with Crohn's disease: maintenance results from the phase 2, randomised, double-blind GALAXI-1 trial

Silvio Danese ¹, Remo Panaccione ², Brian G Feagan ³, Anita Afzali ⁴, David T Rubin ⁵,

GALAXI 2/3 Composite endpoints v. placebo



■ Placebo

■ GUS 200 mg IV q4w → 100 mg SC q8w

■ GUS 200 mg IV q4w → 200 mg SC q4w

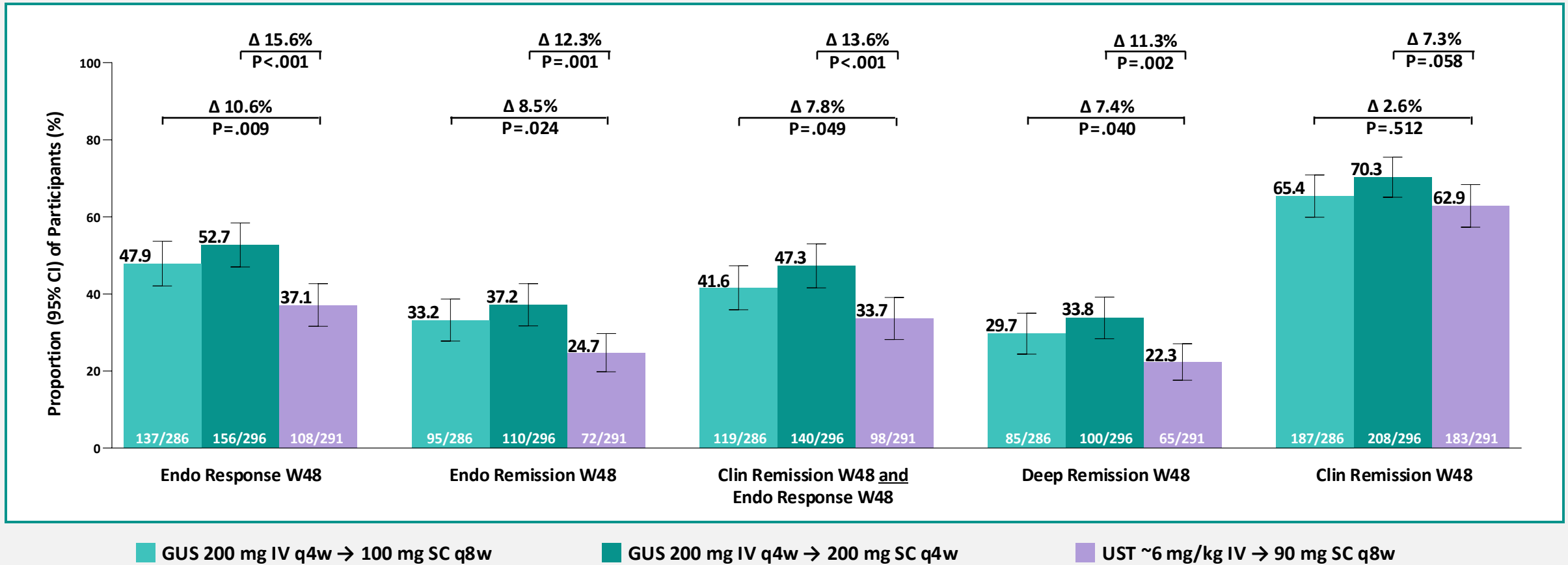
Clinical Response: ≥100-point reduction from baseline in CDAI or CDAI < 150

Clinical Remission: CDAI < 150

Endoscopic Response: ≥50% improvement from baseline in SES-CD or SES-CD ≤ 2

Guselkumab vs Ustekinumab: Ranked secondary endpoints week 48

Pooled GALAXI 2 & 3: Major Secondary endpoints



Endoscopic Response: ≥50% improvement from baseline in SES-CD or SES-CD ≤ 2

Endoscopic Remission: SES-CD ≤ 4 and a ≥2-point reduction from baseline and no subscore greater than 1 in any individual component

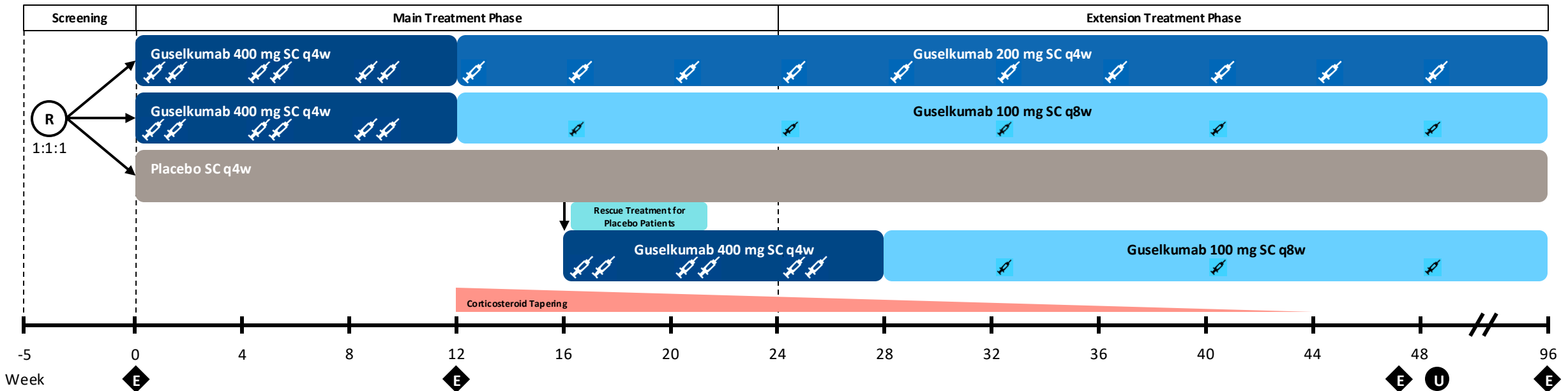
Clinical Remission: CDAI < 150

Deep Remission: Clinical Remission and Endoscopic Remission

Phase 3, Double-blind, Treat-through Design: GRAVITI

Key eligibility criteria

- Moderately to severely active CD (CDAI score 220–450 AND either mean daily SF count ≥ 4 OR AP score ≥ 2) and SES-CD score ≥ 6 (or ≥ 4 for isolated ileal disease)
- Inadequate response/intolerance to oral corticosteroids, 6-MP/AZA/MTX, or biologic therapies^a



Randomization stratified by:

- CDAI score (≤ 300 or > 300)
- SES-CD (≤ 12 or > 12)
- Prior BIO-failure status



: Guselkumab 100 mg



: Guselkumab 200 mg



: Endoscopy



: Study unblinding

Rescue Treatment Criteria

- CDAI score > 220 and < 70 -point reduction from baseline CDAI at both Weeks 12 and 16 OR
- SES-CD score increase by $\geq 50\%$ from baseline at Week 12

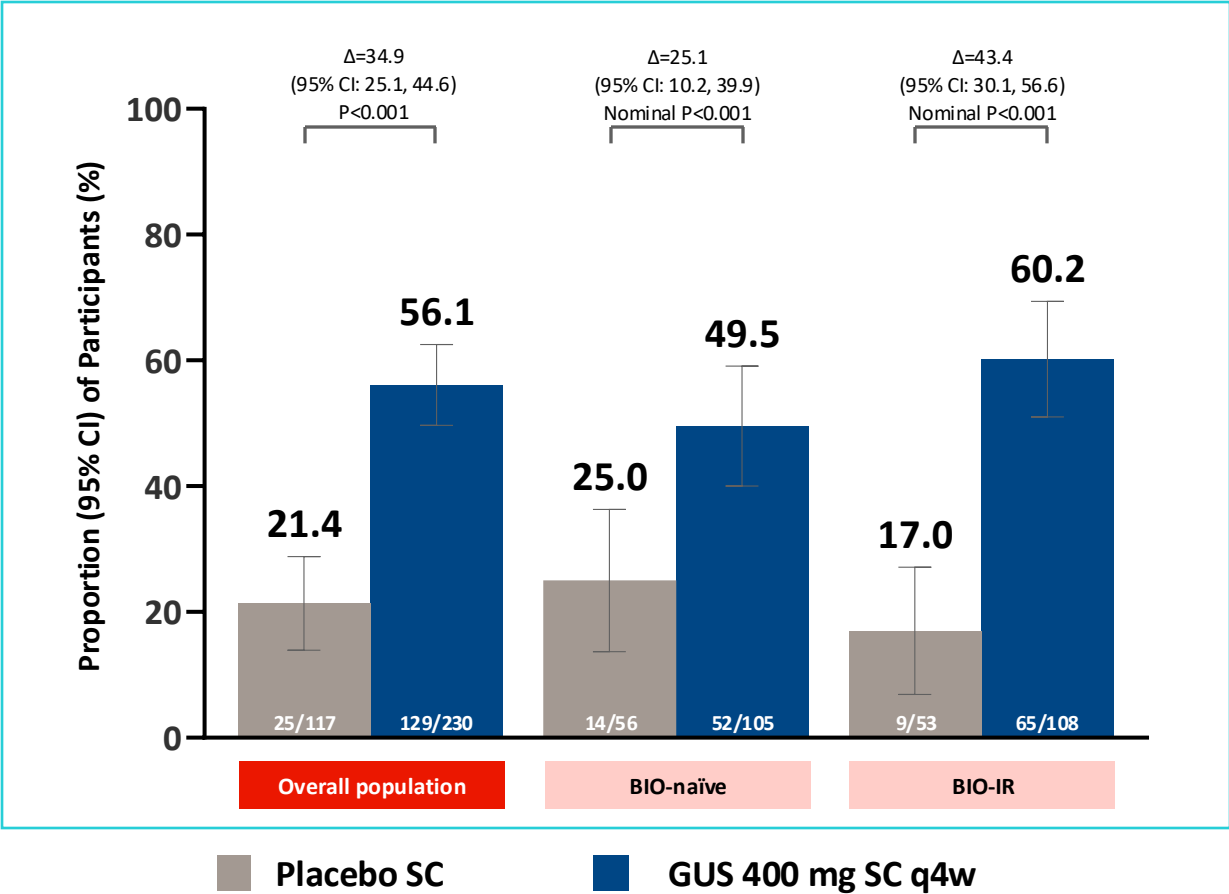
Rescue Treatment for Guselkumab Arms: Sham matching placebo SC to maintain the blind

AP=abdominal pain. BIO=biologic. CDAI=Crohn's disease activity index. SC=subcutaneous. SES-CD=simple endoscopic score for Crohn's disease. SF=stool frequency.

^a Biologic therapies: TNF antagonists or vedolizumab

Panaccione et al ACG 2024

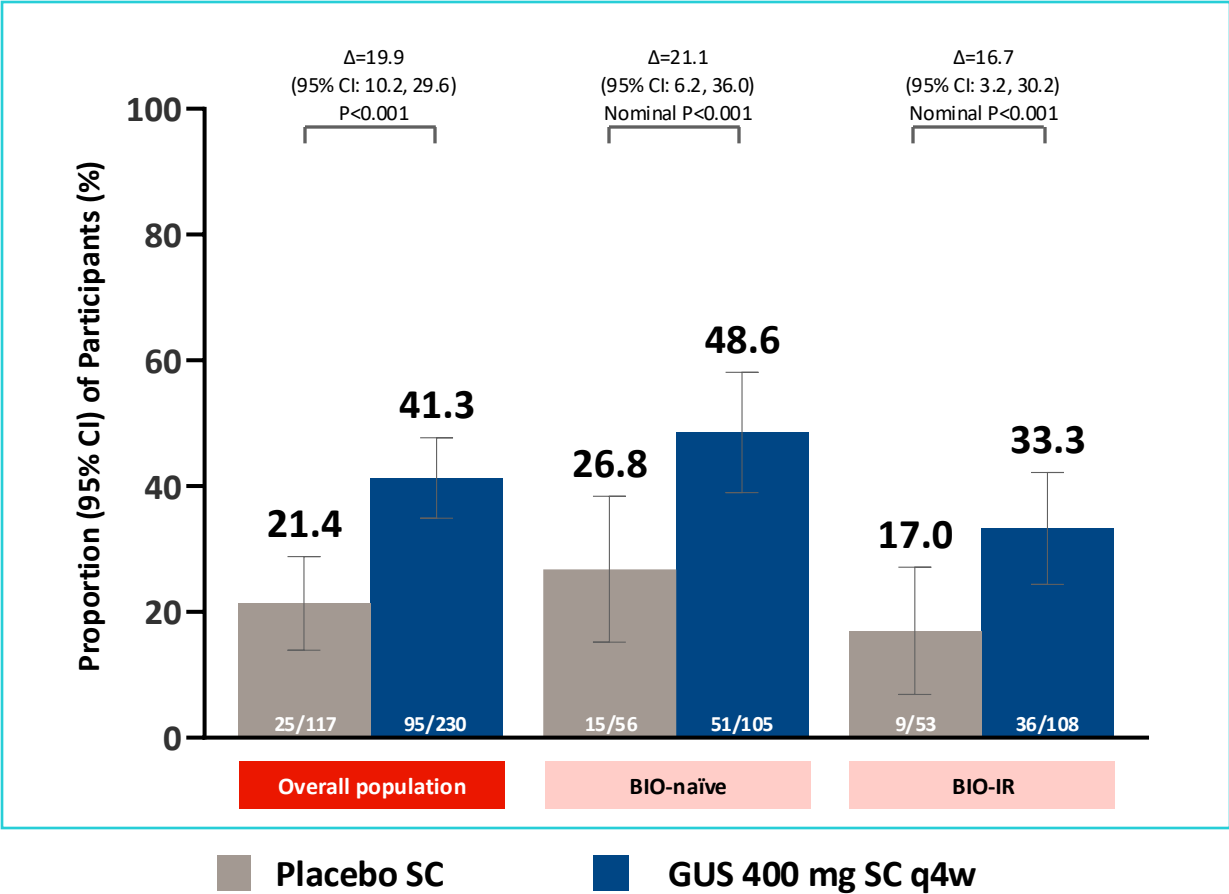
GRAVITI: SC GUS Clinical Remission at Week 12



Clinical remission: CDAI score <150

BIO-IR= history of inadequate response or intolerance to previous biologic therapy.
Note: Clinical remission at Week 12 was **multiplicity-controlled** for the overall population, not the BIO-naïve and BIO-IR subpopulations.

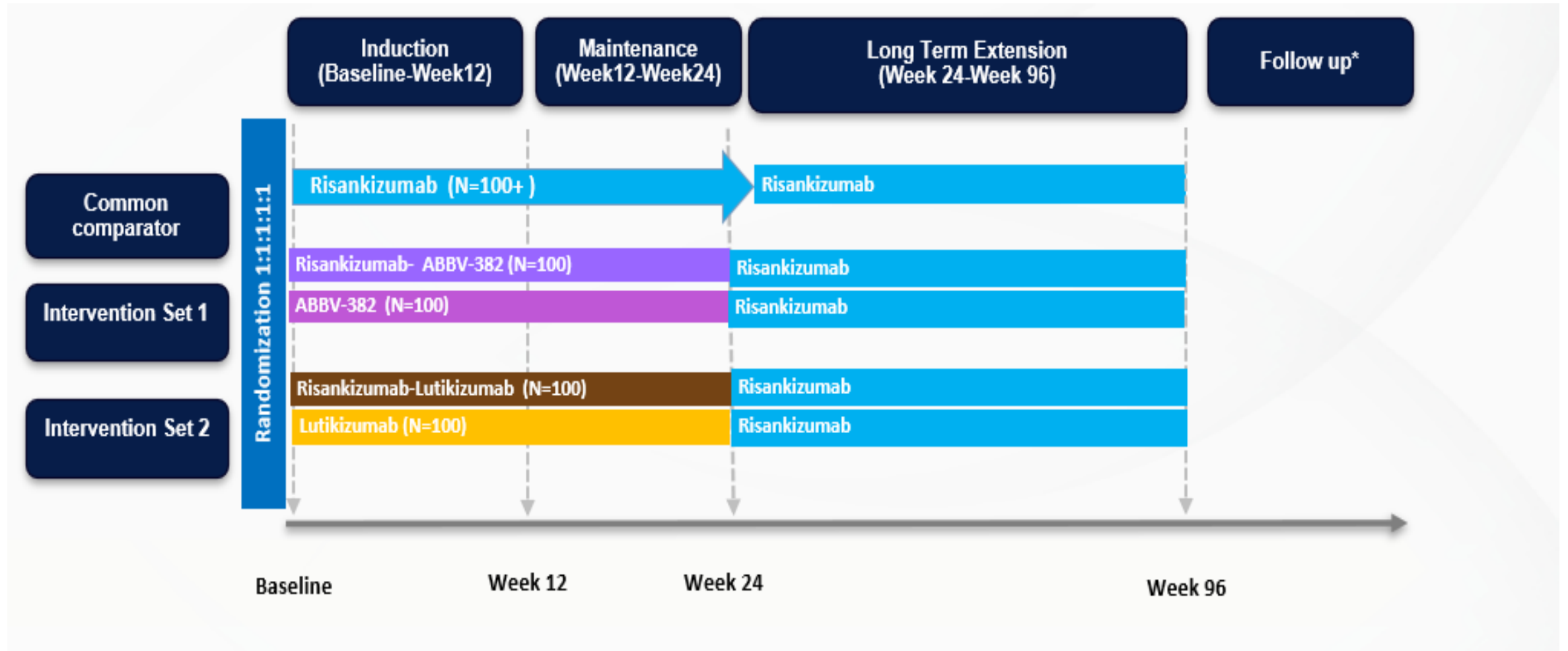
GRAVITI: SC GUS Endoscopic Response at Week 12



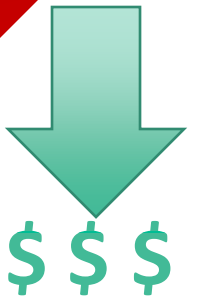
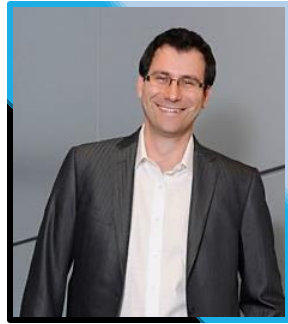
Endoscopic response: $\geq 50\%$ improvement from baseline in SES-CD score

BIO-IR= history of inadequate response or intolerance to previous biologic therapy.
Note: Endoscopic response at Week 12 was **multiplicity-controlled** for the overall population, not the BIO-naïve and BIO-IR subpopulations.

Risankizumab Platform Combination Study: Target -CD



University of Calgary: IBD unit evolution



University of Calgary: IBD unit evolution



Research Leadership Award: Who really matters



Prof. Remo Panaccione



Prof. Gil Kaplan



Prof. Cynthia Seow



Prof. Paulo Kotze
Brazil



Assoc. Prof Kerri Novak



Assoc. Prof. Cathy Lu

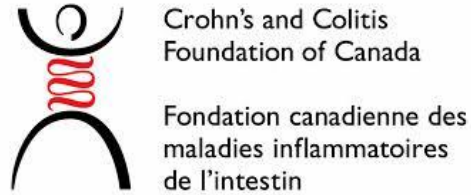


Assoc. Prof Chris Ma



Assist. Prof. Joelle St. Pierre

Build partnerships



Remember the little seed in the Styrofoam cup. The roots go down and the plant goes up and nobody really knows how or why, but we are all like that.

Robert Fulghum



THANK YOU



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BOWEL DISEASE UNIT**
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