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## ***Press Release***

### **New Analysis Shows CIMZIA™ (Certolizumab Pegol) Maintained Remission and Response in Recent Onset Crohn's Disease**

**BRUSSELS, BELGIUM, October 23, 2006 - 2:00 pm CET** — UCB today announced a new post hoc analysis of the PRECiSE 2 clinical trial program for the anti-TNF CIMZIA™ (certolizumab pegol). This demonstrated that remission and response was maintained in moderate to severe Crohn's disease, irrespective of disease duration. The higher response and remission rates with CIMZIA™ (certolizumab pegol) were observed in patients who had been diagnosed with Crohn's disease for less than one year.

These data will be presented this week at both the 14<sup>th</sup> United European Gastroenterology Week (UEGW) in Berlin, Germany, and the 2006 American College of Gastroenterology (ACG) Annual Scientific Meeting in Las Vegas, Nevada, USA. The UEGW data presentation will be by PRECiSE 2 principal investigator Professor Stefan Schreiber, Professor of Medicine and Gastroenterology at the Christian-Albrechts University, Kiel, Germany, and the ACG data presentation by lead study author William J. Sandborn, M.D., Professor of Medicine at the Mayo Clinic College of Medicine, USA.

These results build on those of PRECiSE 2 previously presented, which showed that subcutaneous administration of CIMZIA™ (certolizumab pegol), given every four weeks with an additional induction dose at week 2, gave statistically significant rates of response and remission at Week 26 compared to placebo in patients responding at Week 6.<sup>1</sup> CIMZIA™ (certolizumab pegol) may offer an alternative to currently available therapies.

“The PRECiSE program provides valuable information on the effect of a once-monthly, subcutaneous CIMZIA injection following an induction phase with an additional dose at week 2. These new data in early Crohn’s disease may change the way we use anti-TNF therapy in the future, and support studies investigating early intervention. I am confident that these studies will establish that Crohn’s patients should begin CIMZIA therapy as early as possible after being diagnosed, in order to achieve the greatest possible treatment benefits,” commented Professor Schreiber.

### **New Analyses and Early Intervention in Crohn’s Disease Treatment**

The new data showed that in patients with disease duration of less than one year, 89.5% of CIMZIA™ (certolizumab pegol) patients maintained their clinical response at Week 26 vs. 37.1% on placebo ( $p < 0.01$ ). Clinical response was defined as a  $\geq 100$  point decrease in Crohn’s Disease Activity Index (CDAI).<sup>2</sup>

In patients with disease duration of less than three years, clinical response was maintained at Week 26 in 75.9% of patients, and in patients with disease duration of five years or more, the response rate was 57.3% (both statistically significantly greater than with placebo). A similar pattern was observed for remission rate at Week 26, defined as  $\text{CDAI} \leq 150$  points<sup>2</sup>; 68.4% of CIMZIA™ (certolizumab pegol) patients with less than one year’s disease duration were in remission, compared to 58.6% with less than three years disease duration, and 44.3% with five years or more disease duration (all greater than corresponding placebo rates).

### **PRECiSE Clinical Trials Program**

The PRECiSE Program, composed of four studies (PRECiSE 1, 2, 3, and 4), represents an innovative, large, comprehensive development program for CIMZIA™ (certolizumab pegol) in Crohn’s disease, including over 1,300 patients, with a planned follow-up phase of up to five years.

**PRECiSE 1** is a unique trial in patients with active Crohn’s disease — the first reported Phase III double-blind, placebo-controlled study of an anti-TNF extending to 26 weeks, in which eligible patients were randomized at study baseline without pre-selection of responders. Both co-primary endpoints were met with statistical significance.<sup>3</sup>

In the previously reported **PRECiSE 2** study, patients responding at Week 6 to open-label induction therapy with CIMZIA™ (certolizumab pegol) were randomized to either placebo (n=210) or CIMZIA™ (certolizumab pegol) (n=215) and followed for a total of 26 weeks. In this trial, 62.8% of CIMZIA™ (certolizumab pegol) patients, compared to 36.2% of placebo patients, maintained clinical response at Week 26 (p<0.001). Clinical response was defined as a ≥100 point decrease in CDAI.

Similarly, 47.9% of CIMZIA™ (certolizumab pegol) patients were in clinical remission at week 26 compared to 28.6% on placebo (p<0.001).<sup>1</sup> Remission was defined as CDAI ≤ 150 points.

Serious adverse events occurred in 5.6% of CIMZIA™ (certolizumab pegol) patients during the double blind phase. One case of tuberculosis, which responded well to anti-tuberculosis therapy, was observed in the CIMZIA™ (certolizumab pegol) arm of the PRECiSE 2 trial. Local injection reactions were low in PRECiSE 2 (2.8%), and less frequent than seen with placebo. The percentage of patients who tested positive for auto-antibody formation at Week 26 (and were negative at baseline) was only 8.3% for anti-nuclear antibodies and 1.0% for anti-double-stranded DNA antibodies in PRECiSE 2. No cases of lupus were reported.<sup>1</sup>

**PRECiSE 3 and 4** are both long-term (up to five years) open-label trials assessing the longer-term efficacy, safety and tolerability of CIMZIA™ (certolizumab pegol) in patients from PRECiSE 1 and PRECiSE 2, and are currently ongoing.

### **New Studies Initiated**

UCB continues to study the clinical profile of CIMZIA™ (certolizumab pegol) in Crohn's disease. Enrollment has commenced in a new clinical trial involving 600 patients called WELCOME. The study will further examine the effects of CIMZIA™ (certolizumab pegol) in patients failing or intolerant to infliximab. In addition, the MUSIC study will investigate the impact of CIMZIA™ (certolizumab pegol) on endoscopic and mucosal healing, and the CONCISE trial will examine the corticosteroid-sparing effect of CIMZIA™ (certolizumab pegol) in Crohn's disease.

### ***About CIMZIA™ (certolizumab pegol)***

UCB filed a BLA with the Food and Drug Administration (FDA) for CIMZIA™ (certolizumab pegol) in the treatment of Crohn's disease on February 28<sup>th</sup>, 2006 and on April 28, 2006 submitted a Marketing Authorization Application (MAA) to the European Medicines Agency (EMA) for the same indication. CIMZIA™ (certolizumab pegol) is the first and only PEGylated Fab' fragment of a humanized anti-TNF-alpha antibody (TNF-alpha; Tumour Necrosis Factor), evaluated as once-monthly dosing administered subcutaneously. The engineered Fab' fragment retains the biologic potency of the original antibody without the cytotoxicity mediated by the Fc portion present in the original monoclonal antibodies. CIMZIA™ (certolizumab pegol) has a high affinity for human TNF-alpha, selectively neutralizing the pathophysiological effects of TNF-alpha. Over the past decade, TNF-alpha has emerged as a major target of basic research and clinical investigation. This cytokine plays a key role in mediating pathological inflammation, and excess TNF-alpha production has been directly implicated in a wide variety of diseases.

### ***About Crohn's Disease***

Crohn's disease is a chronic, progressive and debilitating inflammatory disease of the gastrointestinal tract, most commonly affecting the end of the small intestine (the ileum) and beginning of the large intestine (the colon). Together with ulcerative colitis, Crohn's disease belongs to the group of illnesses known as inflammatory bowel disease. Crohn's disease affects nearly one million people worldwide, including an estimated 500,000 people in the United States and a further 500,000 people in Europe<sup>4</sup>. People with Crohn's disease may suffer an ongoing cycle of "flare-up" and remission. Symptoms of the disease include persistent diarrhoea, abdominal pain, and loss of appetite/weight, fever or rectal bleeding. Severe symptoms may result in the need for surgical intervention. In an effort to provide Crohn's disease patients with disease management information and resources designed expressly with their needs in mind, UCB has launched patient Web sites in the U.S (*CrohnsandMe.com*) and Europe (*CrohnsandMe.eu*). Both are dynamic, cutting-edge Web sites focused on helping patients thoroughly understand Crohn's disease and live with it every day.

## About UCB

UCB ([www.ucb-group.com](http://www.ucb-group.com) <<http://www.ucb-group.com>>) is a leading global biopharmaceutical company dedicated to the research, development and commercialisation of innovative pharmaceutical and biotechnology products in the fields of central nervous system disorders, allergy/respiratory diseases, immune and inflammatory disorders and oncology. UCB focuses on securing a leading position in severe disease categories. Employing over 8,300 people in over 40 countries, UCB achieved revenue of 2.3 billion euro in 2005. UCB is listed on the Euronext Brussels Exchange and its worldwide headquarters are located in Brussels, Belgium.

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<sup>1</sup> Schreiber S et al. Certolizumab pegol, a humanised anti-TNF PEGylated Fab' fragment is safe and effective in the maintenance of response and remission following induction in active Crohn's disease: a Phase III study (PRECiSE). *Gut* 2005; **54** (Suppl VII) A82.

<sup>2</sup> The CDAI score, or Crohn's Disease Activity Index, measures the severity of Crohn's disease by taking into account a number of factors such as intensity of symptoms, medication and general well-being. Patients with high scores have highly active Crohn's disease, while low scores indicate the disease is less active.

<sup>3</sup> Sandborn WJ, Feagan BG, Stoinov S *et al.* Certolizumab pegol administered subcutaneously is effective and well tolerated in patients with active Crohn's disease: results from a 26-week, placebo-controlled Phase III study (PRECiSE 1). Presented at Digestive Disease Week, Los Angeles, California, USA, 23<sup>rd</sup> May 2006.

<sup>4</sup> Source: Crohn's and Colitis Foundation of America. Disease Information page:  
<http://www.ccfa.org/info/about/crohns> Accessed October 3, 2006.