ISRCTN13017615 https://doi.org/10.1186/ISRCTN13017615

Study evaluating the efficacy of icotrokinra in ulcerative colitis

Submission date
12/08/2025

Recruitment status
Recruiting

Registration date
06/11/2025

Overall study status
Ongoing

Last Edited
26/10/2026

Condition category
Digestive System

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study aims
Ulcerative colitis (UC) is a chronic disease of the large intestine in which the lining of the colon becomes inflamed and develops tiny open ulcers. Although there are approved treatment options, many people do not respond or may not be able to tolerate them due to their side effects. Hence, there is still a need for better therapies. The study treatment, icotrokinra (JNJ-77242113), targets interleukin-23 (IL-23R) to prevent IL-23 (a specific type of protein involved in inflammation) from binding to its receptor, which is a protein that binds to a specific molecule. Blocking this protein helps to reduce the inflammation which causes many of the symptoms of UC. In this study, researchers want to evaluate how well icotrokinra works in inducing and maintaining clinical remission (time when the disease is not active and there is a decrease of signs and symptoms) when compared to placebo in adult participants with moderate to severely active UC and how well icotrokinra works in inducing and maintaining clinical remission in adolescent participants (12 years old or older) with moderate to severely active UC.

Who can participate?
Adult and adolescent patients (12 years old or older) with a diagnosis of UC

What does the study involve?
The protocol will be conducted as 3 separate studies below:
1. A 12-week double-blind induction study in adults
2. A 40-week double-blind maintenance study in adults
3. A 52-week open-label induction and maintenance study in adolescents

The overall program is comprised of the following:
1. Screening: Up to 6 weeks
2. Induction: 12 weeks (daily dosing from induction Week 0 (Week I-0) to Week I-12)
3. Maintenance: 40 weeks (daily dosing from maintenance Week 0 (Week M-0) to Week M-40)
4. Long-term extension: Up to 4 years (daily dosing up to Week M-248)
5. Safety follow-up: 4 weeks after the last dose of study treatment
Safety assessments will include adverse events, physical examinations, vital signs, ECG, clinical laboratory testing, suicide assessments, and TB screening. The overall duration of the study is approximately 5 years.

What are the possible benefits and risks of participating?
There is no established benefit to participants of this study. Based on scientific theory, taking icotrokinra may improve UC. However, this cannot be guaranteed because icotrokinra is still under investigation as a treatment, and it is not known whether icotrokinra will work.
Participants may experience some benefit from participation in the study due to regular visits and assessments, and monitoring overall health. Participation may help other people with UC in the future.
Participants may have side effects from the drugs or procedures used in this study that may be mild to severe and even life-threatening, and they can vary from person to person. Potential risks include hypersensitivity reaction, anti-drug antibody (ADA) production, and infection after getting the study drug or placebo. Risk due to study procedure is risks associated with video endoscopy (flexible sigmoidoscopy/full colonoscopy), including bleeding, post-procedure discomfort or intestinal perforation. There are other, less frequent risks. The participant information sheet and informed consent form, which will be signed by every participant agreeing to participate in the study, include a detailed section outlining the known risks of participating in the study.
Not all possible side effects and risks related to icotrokinra are known at this moment. During the study, the sponsor may learn new information about icotrokinra. The study doctor will tell participants as soon as possible about any new information that might make them change their mind about being in the study, such as new risks.
To minimise the risk associated with taking part in the study, participants are frequently reviewed for any side effects and other medical events. Participants are educated to report any such events to their study doctor, who will provide appropriate medical care. Any serious side effects that are reported to the sponsor are thoroughly reviewed by a specialist drug safety team.
There are no costs to participants to be in the study. The sponsor will pay for the study drug and tests that are part of the study. The participant will receive reasonable reimbursement for study-related costs (e.g., travel/parking costs).

Where is the study run from?
Janssen Biologics BV

When is the study starting and how long is it expected to run for?
August 2025 to January 2032

Who is funding the study?
Janssen Research and Development

Who is the main contact?
JanssenUKRegistryQueries@its.jnj.com

Contact information

Type(s)
Principal investigator

Contact name
Prof Jimmy Limdi

Contact details

Rochdale Old Road
Bury
United Kingdom
BL9 7TD

Type(s)
Principal investigator

Contact name
None Medical Information and Product Information Enquiry

Contact details
Janssen Research & Development (Janssen-Cilag Ltd), 20 Grenfell Road
Maidenhead
United Kingdom
SL6 1EH
+44 (0)800 731 8450 / 10494 567 444
JanssenUKRegistryQueries@its.jnj.com

Additional identifiers

ClinicalTrials.gov (NCT)
NCT0719674

Clinical Trials Information System (CTIS)
2025-521381-10

Integrated Research Application System (IRAS)
1012594

Central Portfolio Management System (CPMS)
67570

Protocol serial number
77242113UCO3001

Study information

Scientific Title
A Phase III randomized, double-blind, placebo-controlled, parallel group, multicenter protocol in adults with an open-label study in adolescents to evaluate the efficacy and safety of induction and maintenance therapy with icotrokinra in participants with moderately to severely active ulcerative colitis

Acronym
ICONIC-UC

Study objectives
Primary objectives:
1. To evaluate the efficacy of icotrokinra versus placebo in inducing clinical remission

Secondary objectives:
1. To evaluate the efficacy of icotrokinra versus placebo in inducing a range of outcomes
2. To evaluate the safety of icotrokinra versus placebo

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 23/10/2025, North West - Greater Manchester Central Research Ethics Committee (3 Piccadilly Place, London Road, Manchester, M1 3BN, UK; +44 (0)2071048057, +44 (0) 2071048244, +44 (0)2071048023; gmcentral.rec@hra.nhs.uk), ref: 25/NW/0265

Primary study design
Interventional

Study design
Placebo-controlled randomized double-blind parallel-group crossover study

Study type(s)
Efficacy, Safety

Health condition(s) or problem(s) studied
Ulcerative colitis

Interventions
The protocol will be conducted as three separate studies below:
1. A 12-week double-blind induction study in adults
2. A 40-week double-blind maintenance study in adults
3. A 52-week open-label induction and maintenance study in adolescents

The overall program is comprised of the following:
1. Screening: Up to 6 weeks
2. Induction: 12 weeks (daily dosing from induction Week 0 (Week I-0) to Week I-12)
3. Maintenance: 40 weeks (daily dosing from maintenance Week 0 (Week M-0) to Week M-40)
4. Long-term Extension: Up to 4 years (daily dosing up to Week M-248)
5. Safety follow-up: 4 weeks after the last dose of study treatment
Safety assessments will include adverse events, physical examinations, vital signs, ECG, clinical laboratory testing, suicide assessments, and TB screening. The overall duration of the study is approximately 5 years.

Randomization method is via an Interactive Response Technology (IRT) web-based database management program.

Double-blind (DB) Induction Study:
Experimental: Adult participants will be randomized to receive icotrokinra daily, orally starting at induction Week 0 (Week I-0). At Week I-12, all participants will be evaluated for clinical response and will enter the Maintenance study.
Placebo Comparator: Adult participants will be randomized to receive placebo daily, orally starting at Week I-0. At Week I-12, all participants will be evaluated for clinical response and will enter the Maintenance study.

DB Maintenance Study:
Experimental: Adult participants who are in clinical response to icotrokinra at the end of the Induction study will enter the Maintenance study and be randomized to receive icotrokinra daily, orally starting at maintenance Week 0 (Week M-0) through Week M-40. Participants who are clinical nonresponders to icotrokinra or placebo will also enter the Maintenance study directly and receive icotrokinra daily. After completion of the Maintenance study through Week M-40, eligible participants can participate in a long-term extension (LTE).
Placebo Comparator: Adult participants who are in clinical response to icotrokinra at the end of the Induction study will enter the Maintenance study and be randomized to receive placebo daily, orally starting at Week M-0 through Week M-40. Participants who are clinical responders to placebo will also enter the Maintenance study directly and continue to receive placebo daily. After completion of the Maintenance study through Week M-40, eligible participants can participate in a LTE.

Open-label (OL) Induction Phase:
Experimental: Adolescent participants will enter the Induction phase and receive icotrokinra daily, orally. At Week I-12 all participants will be evaluated for clinical response and will enter the Maintenance phase.

OL Maintenance Phase:
Experimental: Adolescent participants who are in clinical response to icotrokinra will enter the Maintenance phase at Week M-0 and continue to receive icotrokinra daily, orally up to Week M-40. Participants who are nonresponders to icotrokinra will also enter the Maintenance phase to receive icotrokinra daily. After completion of the Maintenance phase through Week M-40, eligible participants can participate in a LTE.

Intervention Type
Drug

Phase
Phase III

Drug/device/biological/vaccine name(s)
Icotrokinra [JNJ-77242113-AAC]

Primary outcome(s)
1. Induction study (adult): Clinical remission, measured using the modified MAYO score with a stool frequency subscore of 0 or 1, a rectal bleeding subscore of 0, and an endoscopy subscore of 0 or 1, at Week 12 (I-12)
2. Maintenance study (adult): Clinical remission, measured using the modified MAYO score with a stool frequency subscore of 0 or 1, a rectal bleeding subscore of 0, and an endoscopy subscore of 0 or 1, at Week 52 (M-40)
3. Adolescent study: Clinical remission, measured using the modified MAYO score with a stool frequency subscore of 0 or 1, a rectal bleeding subscore of 0, and an endoscopy subscore of 0 or 1, at Week 52 (M-40)

Key secondary outcome(s)
Induction:
1. Clinical response at Week 12 (I-12), measured using the modified MAYO score defined as a decrease from baseline in the modified Mayo score by ≥30% and ≥2 points, with either a ≥1-point decrease from baseline in the rectal bleeding subscore or a rectal bleeding subscore of 0

or 1.
2. Endoscopic improvement at Week 12 (I-12) measured by a Mayo endoscopy subscore of 0 or 1.
3. Symptomatic remission at Week 12 (I-12) measured by a Mayo stool frequency subscore of 0 or 1 and a rectal bleeding subscore of 0.
4. Inflammatory Bowel Disease Questionnaire (IBDQ) remission at Week 12 (I-12) measured as an IBDQ total score ≥170.
5. Histologic-endoscopic mucosal improvement at Week 12 (I-12) measured as a combination of histologic improvement (neutrophil infiltration in <5% of crypts, no crypt destruction, and no erosions, ulcerations, or granulation tissue according to the Geboes grading system) and endoscopic improvement: Mayo endoscopy subscore of 0 or 1.
6. Fatigue response at Week 12 (I-12) measured as A ≥7-point reduction in the PROMIS-Fatigue SF-7a total score from baseline.
7. Symptomatic remission at Week 4 (I-4) measured by a Mayo stool frequency subscore of 0 or 1 and a rectal bleeding subscore of 0.
8. Endoscopic remission at Week 12 (I-12) measured as a Mayo endoscopy subscore of 0.
9. No bowel urgency at Week 12 (I-12) measured as a rounded weekly average of daily scores of '0' for question 7 of the UC-PRO/SS.
10. No abdominal pain at Week 12 (I-12) measured as a rounded weekly average of daily scores of '0' for question 8 of the UC-PRO/SS.
11. No bowel incontinence at Week 12 (I-12) measured as a rounded weekly average of daily scores of '0' for question 5 of the UC-PRO/SS.

Maintenance secondary outcome measures are assessed at Week 52 (M-40):
1. Endoscopic improvement measured by a Mayo endoscopy subscore of 0 or 1.
2. Symptomatic remission measured by a Mayo stool frequency subscore of 0 or 1 and a rectal bleeding subscore of 0.
3. 90-day corticosteroid-free clinical remission measured as clinical remission at the visit and not receiving corticosteroids for 90 days prior to the visit.
4. Histologic-endoscopic mucosal improvement measured as a combination of histologic improvement (neutrophil infiltration in < 5% of crypts, no crypt destruction, and no erosions, ulcerations, or granulation tissue according to the Geboes grading system) and endoscopic improvement: Mayo endoscopy subscore of 0 or 1.
5. IBDQ remission measured as an IBDQ total score ≥170
6. Endoscopic remission measured as a Mayo endoscopy subscore of 0
7. Clinical remission among the participants who had achieved clinical remission at maintenance baseline (i.e., maintenance of clinical remission) measured as a Mayo stool frequency subscore of 0 or 1, a rectal bleeding subscore of 0, and an endoscopy subscore of 0 or 1
8. Histologic-endoscopic mucosal remission measured as achieving a combination of histologic remission (absence of neutrophils from the mucosa (both lamina propria and epithelium), no crypt destruction, and no erosions, ulcerations or granulation tissue according to the Geboes grading system), and endoscopic remission (Mayo endoscopy subscore of 0)
9. Fatigue response measured as a ≥7-point reduction in the PROMIS-Fatigue SF-7a total score from baseline
10. Disease clearance measured as a composite of symptomatic remission and histologic-endoscopic mucosal remission
11. No bowel urgency measured as a rounded weekly average of daily scores of '0' for question 7 of the UC-PRO/SS
12. No abdominal pain measured as a rounded weekly average of daily scores of '0' for question 8 of the UC-PRO/SS
13. No bowel incontinence measured as a rounded weekly average of daily scores of '0' for question 5 of the UC-PRO/SS

Completion date
13/01/2032

Eligibility

Key inclusion criteria
1. Adult participants: ≥18 years of age (and at least the legal age of consent in the jurisdiction in which the study is taking place). Adolescent participants: ≥12 to <18 years of age, at the time of signing the informed assent/consent.
2. Diagnosis of UC established at least 12 weeks before screening, including both endoscopic evidence and a histopathology report consistent with a diagnosis of UC.
3. Moderately to severely active UC, defined as baseline (Week I-0) modified Mayo score of 5 to 9, inclusive, using the endoscopy subscore obtained during the central review of the screening video endoscopy.
4. An endoscopy subscore ≥2 as obtained during central review of the screening video endoscopy.
5. A participant who has had extensive UC for ≥8 years, or disease limited to the left side of the colon for ≥ 10 years before the first dose of study intervention, must undergo a complete colonoscopy to assess for the presence of dysplasia within 1 year before the first dose of study intervention. Completion of the colonoscopy with dysplasia assessment is allowed during the screening period prior to the first dose of study intervention.

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
12 Years

Upper age limit
99 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
1. Participants with current known complications of UC such as fulminant colitis, toxic megacolon, or any other manifestation that might require colonic surgery while enrolled in the study.
2. Presence of a stoma.
3. Presence or history of fistula.
4. Colonic resection within 24 weeks before baseline or any other intra abdominal or other major

surgery performed within 12 weeks before baseline.
5. History or screening colonoscopy finding of high- or low-grade colonic mucosal dysplasia in an area of known colitis (active or historic).

Date of first enrolment
01/10/2025

Date of final enrolment
08/12/2026

Locations

Countries of recruitment
United Kingdom

England

Scotland

Argentina

Australia

Belgium

Brazil

Canada

China

France

Germany

Greece

Hungary

India

Israel

Italy

Japan

Malaysia

Netherlands

Poland

Portugal

Romania

Spain

Sweden

Switzerland

Taiwan

Study participating centre
Fairfield General Hospital
Rochdale Old Road
Bury
England
BL9 7TD

Study participating centre
St George's University Hospital NHS Foundation Trust
Blackshaw Road
London
England
SW17 0QT

Study participating centre
Addenbrooke's Hospital
Hills Road
Cambridge
England
CB2 0QQ

Study participating centre
Kings College Hospital
Denmark Hill
London
England
SE5 9RS

Study participating centre
Whiston Hospital
Warrington Road
Prescot
England
L35 5DR

Study participating centre
Whipps Cross University Hospital
Whipps Cross Road
Leytonstone
London
England
E11 1NR

Study participating centre
Stepping Hill Hospital
Stockport NHS Foundation Trust
Stepping Hill Hospital
Poplar Grove
Stockport
England
SK2 7JE

Study participating centre
Sheffield Children's Hospital
Western Bank
Sheffield
England
S10 2TH

Study participating centre
Royal Hospital for Children and Young People
50 Little France Crescent
Edinburgh
Lothian
Scotland
EH16 4TJ

Sponsor information

Organisation
Janssen-Cilag International N.V.

Funder(s)

Funder type
Industry

Funder Name
Janssen Research and Development

Alternative Name(s)
Janssen R&D, Janssen Research & Development, Janssen Research & Development, LLC, Janssen Research & Development LLC, Janssen Pharmaceutical Companies of Johnson & Johnson, Research & Development at Janssen, JRD, J&J PRD

Funding Body Type
Private sector organisation

Funding Body Subtype
For-profit companies (industry)

Location
United States of America

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Data sharing statement to be made available at a later date