

CALM THE CHAOS^{1,a}

PLAY THE WALL

Start here

^aUC can cause a variety of symptoms, such as rectal bleeding, stool frequency, and bowel urgency,² which can be perceived as symptom chaos by the patient. VELSIPITY can help to reduce these symptoms,³ thereby decreasing the perception of chaos that UC symptoms are causing their patients.

UC, ulcerative colitis.

1. VELSIPITY (etrasimod) Summary of Product Characteristics. Berlin, Germany: Pfizer Pharma GmbH; June 2024.

2. Dubinsky M, et al. *Am J Gastroenterol.* 2023;118:1940–1953. 3. Sandborn WJ, et al. *Lancet.* 2023;401:1159–1171.

HELP
CALM
THEIR CHAOS^{1,a}

 **Velsipity**[®]
(etrasimod) 2mg tablets 



Not an actual patient.

VELSIPITY Knowledge Quiz

Climb the leaderboard by competing in the VELSIPITY quiz to improve your time

Leaderboard

Are you still at the top of the leaderboard? Find out here

How to play the wall

About VELSIPITY

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 **Velsipity**[®]
(etrasimod) 2mg tablets

Summary of product characteristics for VELSIPITY is available on the Pfizer booth.
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 **Pfizer**

VELSIPITY Knowledge Quiz

Just played the wall?

Tap below to enter your time
and view the leaderboard

[Quiz & Leaderboard](#)

Haven't played yet?

You can still take the quiz.
Tap below to test your knowledge

[Quiz only](#)

[Home](#)

Player Details

Time

Enter your time from the wall
in mins/seconds/tenths of a second

00:00.0

Initials

Enter up to three characters

ABC

Continue

Home

Player Details

Time

Enter your time from the wall
in mins/seconds/tenths of a second

|00:00.0

Initials

Enter up to three characters

ABC

Continue



**[On screen keyboard – numbers top row,
typical keyboard below]**

VELSIPITY Knowledge Quiz

Q1

Q2

Q3

1. What percentage of VELSIPITY-treated patients who achieved clinical remission^a at Week 52 of ELEVATE UC 52 were also **steroid-free**?^{1,b}

- 29%
- 55%
- 73%
- 100%

Submit

^aClinical remission was defined as a stool frequency subscore of 0 (or of 1 with a ≥ 1 -point decrease from baseline), a rectal bleeding subscore of 0, and an endoscopy score ≤ 1 (excluding friability).^{1,2}

^bCorticosteroid-free clinical remission was defined as clinical remission at Week 52 without receiving corticosteroids for ≥ 12 weeks prior to Week 52.^{1,2}

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Initials

ABC

Time

00:13.4

Home

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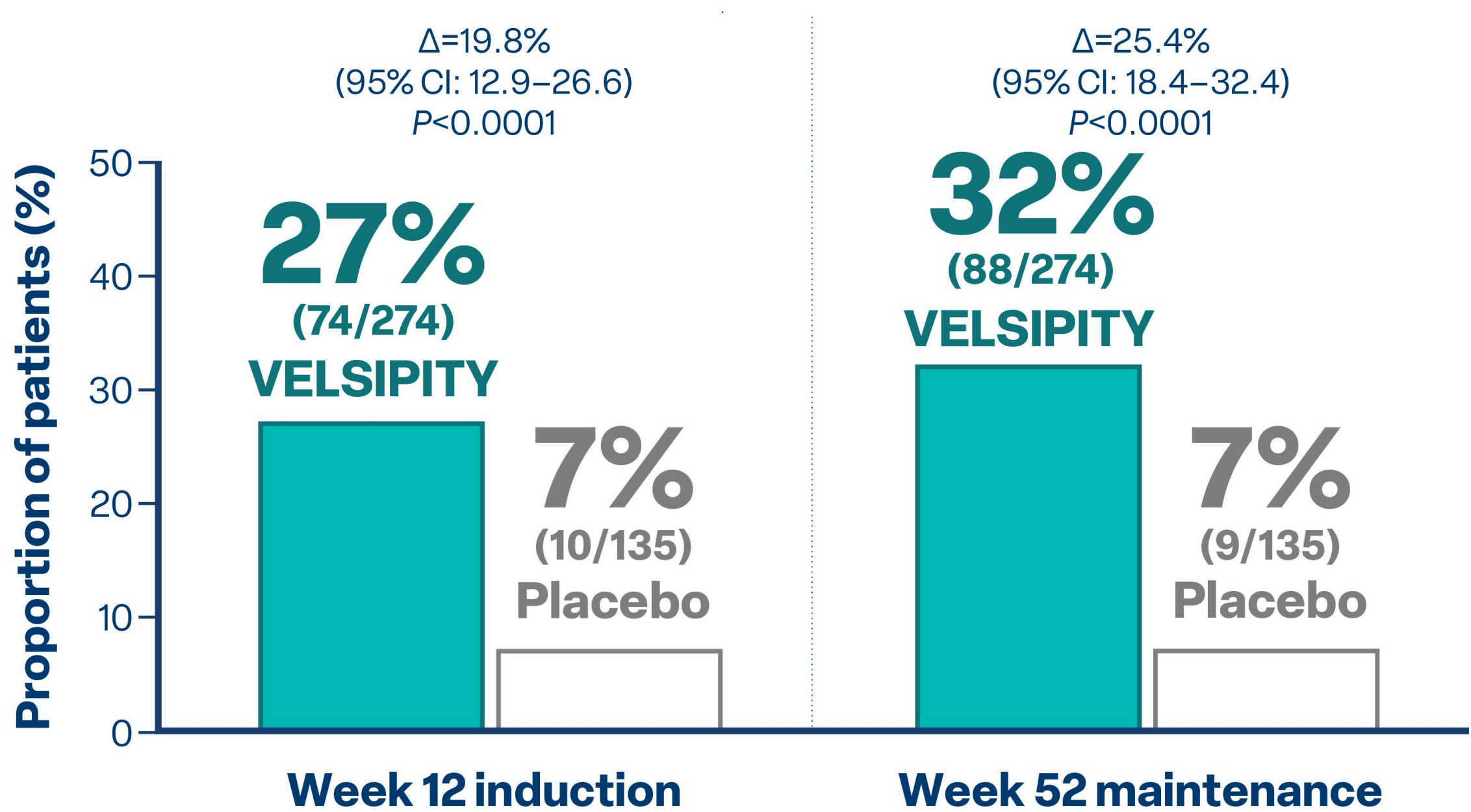
Home

That's correct!

You took 2 seconds off your time

In ELEVATE UC 52, VELSIPITY provided significant and sustained clinical remission.^{1,2,a} All patients who achieved clinical remission at Week 52 with VELSIPITY were steroid-free.^{1,b}

Co-primary endpoints of proportion of patients achieving clinical remission in ELEVATE UC 52 at Week 12 and at Week 52¹



100% steroid-free at 52 weeks

All patients who achieved clinical remission at Week 52 with VELSIPITY were steroid-free^{1,b,c}

Continue

^aClinical remission was defined as a stool frequency subscore of 0 (or of 1 with a ≥ 1 -point decrease from baseline), a rectal bleeding subscore of 0, and an endoscopy score ≤ 1 (excluding friability).^{1,2}

^bCorticosteroid-free clinical remission was defined as clinical remission at Week 52 without receiving corticosteroids for ≥ 12 weeks prior to Week 52.^{1,2}

^cInvestigators were directed to taper corticosteroids in ELEVATE UC 52 after the Week 12 assessment.¹

UC, ulcerative colitis.

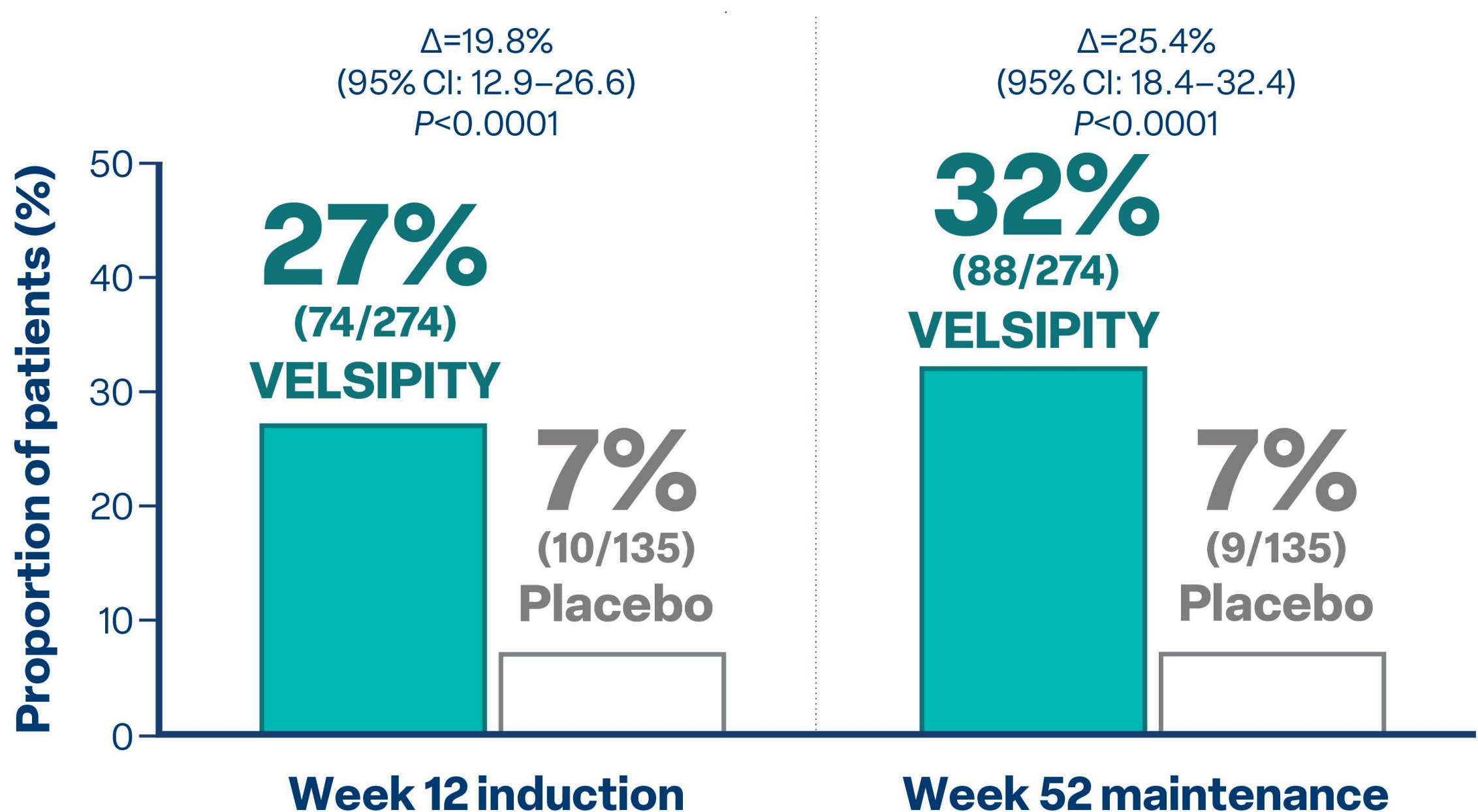
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That's incorrect

Your overall time stays the same

In ELEVATE UC 52, VELSIPITY provided significant and sustained clinical remission.^{1,2,a} All patients who achieved clinical remission at Week 52 with VELSIPITY were steroid-free.^{1,b}

Co-primary endpoints of proportion of patients achieving clinical remission in ELEVATE UC 52 at Week 12 and at Week 52¹



100% steroid-free at 52 weeks

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VELSIPITY Knowledge Quiz



Q2

Q3

2. How soon after initiating treatment with VELSIPITY did some patients achieve **symptomatic response^a** in the pooled ELEVATE UC 52 and ELEVATE UC 12 trials?¹

- At 2 days
- At 5 days
- At 15 days
- At 28 days

Submit

^aSymptomatic response was defined as a $\geq 30\%$ decrease from baseline in a partial modified Mayo score (rectal bleeding and stool frequency subscores).¹

UC, ulcerative colitis.

1. Dubinsky MC, et al. *United European Gastroenterol J.* 2023;11(suppl 8):438–439.

Initials

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Time

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VELSIPITY Knowledge Quiz



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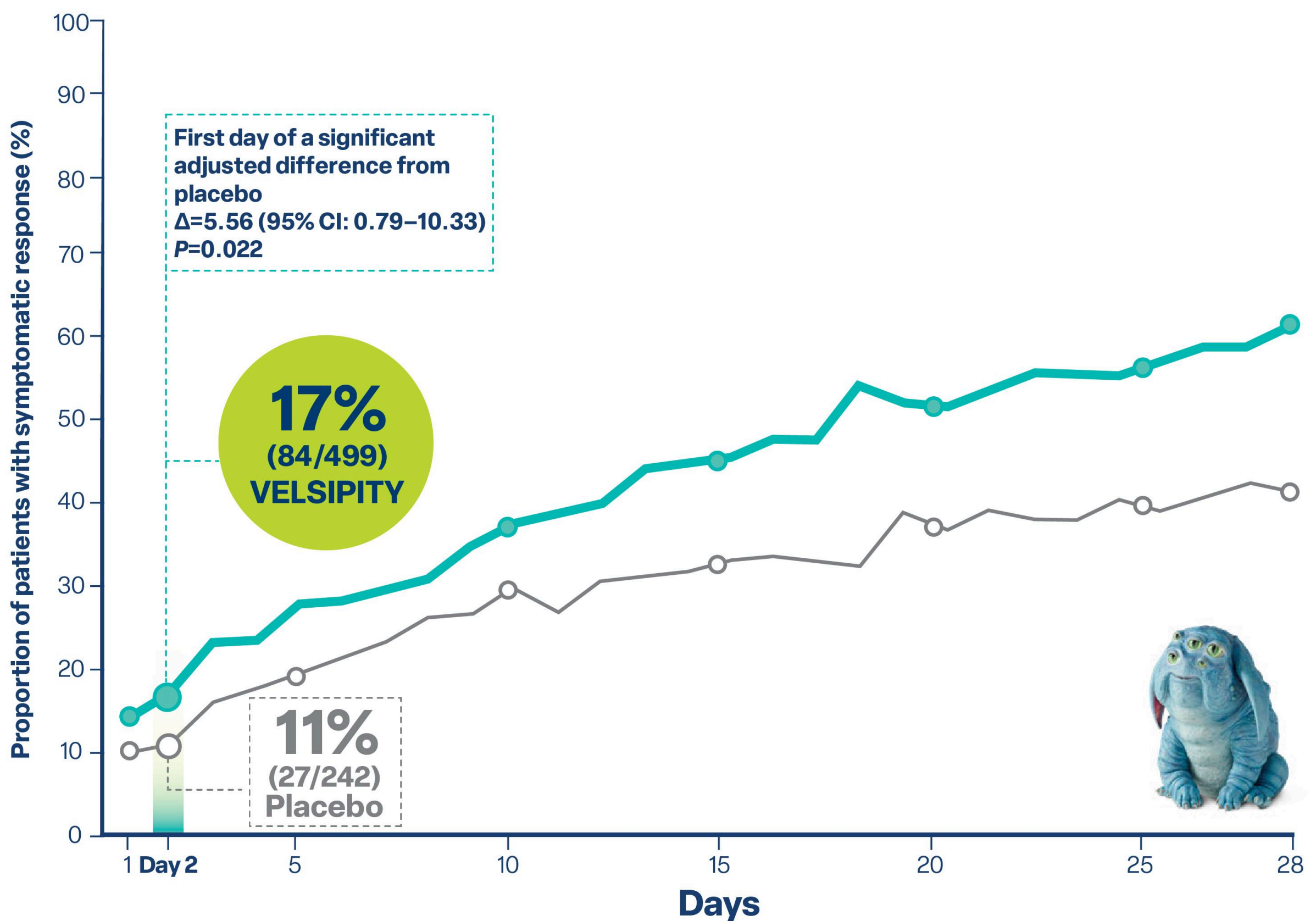
Home

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VELSIPITY helped to quickly alleviate symptoms of UC, with 17% of patients achieving symptomatic response^a as early as Day 2.^{1,2}

Pooled proportion of patients achieving symptomatic response within the first 28 days of ELEVATE UC 52 and ELEVATE UC 12 (post-hoc analysis)^{1,2,b,c,d}



Post-hoc analysis of daily e-diary data collected on rectal bleeding and stool frequency from patients enrolled in the ELEVATE UC 52 and ELEVATE UC 12 trials¹

Continue

^aSymptomatic response was defined as a $\geq 30\%$ decrease from baseline in a partial modified Mayo score (rectal bleeding and stool frequency subscores).^{1,2}

^bAdjusted differences with nominal P values of $P < 0.05$ were considered significant.¹

^cAdjusted differences were based on estimated common risk difference using Mantel-Haenszel weights and stratified by actual naive to biologic/JAKi therapy at study entry, actual baseline corticosteroid use, and actual baseline disease activity (an mMS of 4-6 or 7-9).¹

^dThe Mantel-Haenszel weighted test was used to assess the adjusted risk differences in proportions of responders between treatment groups.^{1,2}

JAKi, Janus kinase inhibitor; mMS, modified Mayo score; UC, ulcerative colitis.

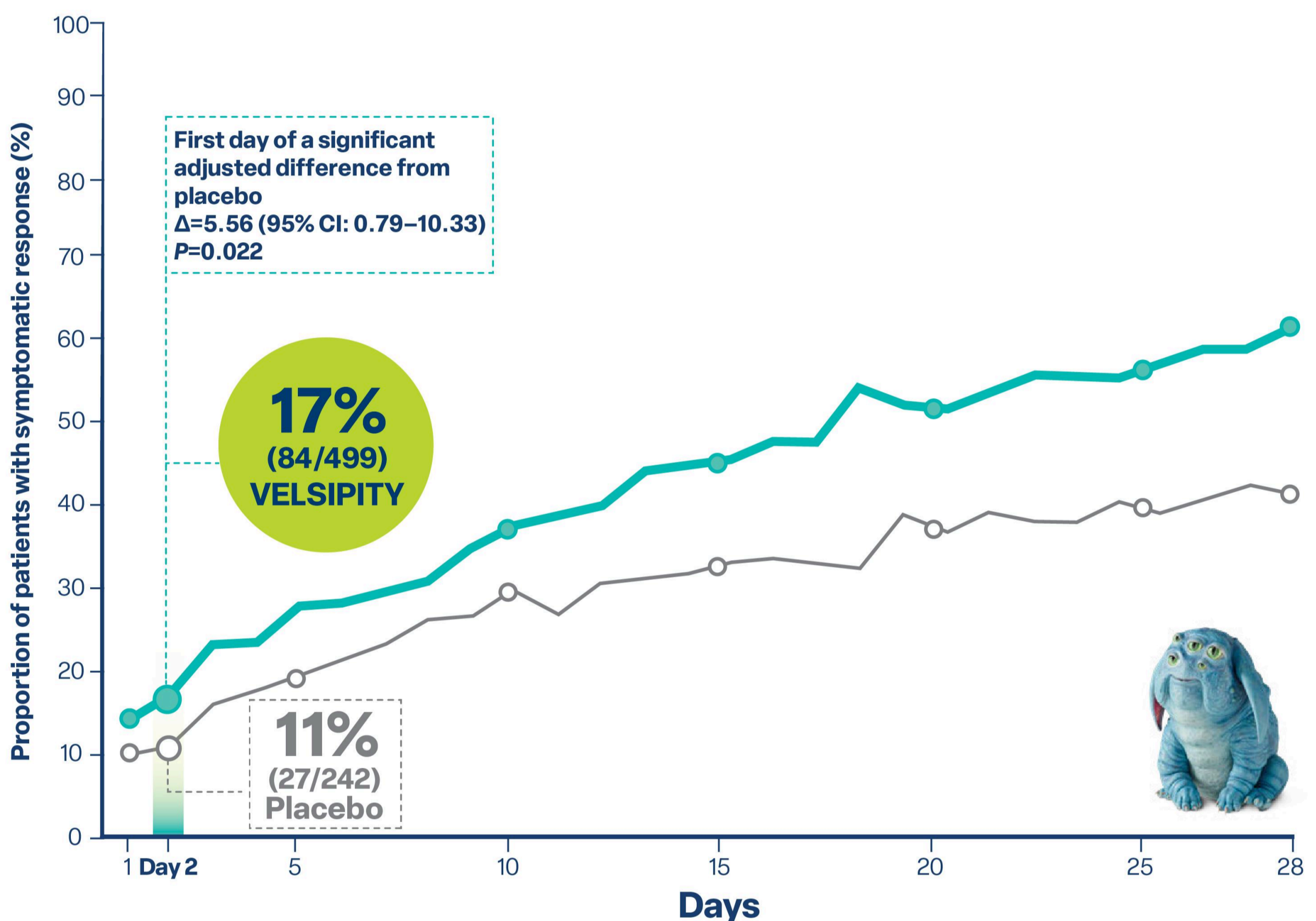
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VELSIPITY Knowledge Quiz



Q3

3. In a **pooled safety analysis** of Phase 2 and Phase 3 studies of VELSIPITY, the incidence rate of **serious infections** among patients with UC was:^{1,2}

- Similar to placebo
- Higher than placebo
- Above 5%
- Not reported

Submit

UC, ulcerative colitis.

1. Sandborn WJ, et al. *Lancet*. 2023;401:1159–1171. 2. Vermeire S, et al. *Gastroenterol*. 2023;164(Suppl);S-207:948.

Initials

ABC

Time

00:13.4

Home

VELSIPITY Knowledge Quiz



Q3

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Initials

ABC

Time

00:13.4

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That's correct!

You took 2 seconds off your time

VELSIPITY demonstrated a favorable safety profile, with no increased risk of herpes zoster or serious or opportunistic infections vs placebo.¹

Pooled analysis of data from three randomized, double-blind, placebo-controlled Phase 2 and Phase 3 trials, and interim data from the ongoing OLE studies²

% of patients with an event (exposure-adjusted incidence rates per 100 PY)	PLACEBO-CONTROLLED COHORT (Phase 2 and Phase 3 studies) ^a		ALL UC COHORT (Phase 2 and Phase 3 OLE) ^{b,c,d}
	VELSIPITY (n=629; 288.1 PY)	Placebo (n=314; 115.1 PY)	VELSIPITY (n=956; 769.3 PY)
Any AE leading to study treatment discontinuation	5% (0.11)	3% (0.07)	7% (0.08)
Serious infections	1% (0.01)	2% (0.04)	2% (0.02)
Herpes zoster	<1% (<0.01)	1% (0.02)	1% (<0.01)
Opportunistic infections	<1% (<0.01)	<1% (<0.01)	<1% (<0.01)
Bradycardia	2% (0.04)	0% (0)	2% (0.02)
AV block, first degree	<1% (<0.01)	0% (0)	<1% (<0.01)
AV block, second degree (Mobitz type I)	<1% (<0.01)	0% (0)	<1% (<0.01)
Hypertension	2% (0.04)	1% (0.03)	2% (0.03)
Macular edema	<1% (<0.01)	<1% (<0.01)	<1% (<0.01)
Malignancies	0% (0)	0% (0)	<1% (<0.01)
Alanine aminotransferase increased	2% (0.04)	1% (0.02)	3% (0.03)
Gamma-glutamyl transferase increased	2% (0.04)	1% (0.02)	3% (0.04)

Adapted from Vermiere S, et al. *Gastroenterol.* 2023;164(Suppl);S-207:948.

Continue

^aPlacebo-controlled cohort: Patients who received either placebo or VELSIPITY as part of one Phase 2 study (VELSIPITY 1 mg or 2 mg for 12 weeks; NCT02447302) or two Phase 3 studies (VELSIPITY 2 mg for 12 weeks or 52 weeks; NCT03945188 and NCT03996369).²

^bAll UC cohort: All patients who received ≥1 dose of VELSIPITY (NCT02447302, NCT03945188, NCT03996369, NCT02536404, NCT03950232, and open-label period of NCT04176588; data cutoff January 31, 2022).²

^cOne event of death occurred in the all UC cohort; this was a serious AE of neuroendocrine tumor resulting in death that was assessed by the investigator as not related to study treatment.²

^dNo events of progressive multifocal leukoencephalopathy were reported.²

AE, adverse event; AV, atrioventricular; OLE, open-label extension; PY, patient-year; UC, ulcerative colitis.

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Are you sure you want to leave the quiz?

All progress will be lost

Leave

Cancel

Leaderboard

You scored X/3

You took X seconds off your time!

Rank	Player	Time
1	ABC	##:##.##
2	DEF	##:##.##
3	GHI	##:##.##
4	JKL	##:##.##
5	MNO	##:##.##
6	PQR	##:##.##
7	STU	##:##.##
8	VWX	##:##.##
9	YZA	##:##.##
10	BCD	##:##.##
11	EFG	##:##.##
12	HIJ	##:##.##
13	KLM	##:##.##
14	NOP	##:##.##
15	QRS	##:##.##
16	TUV	##:##.##
17	WXY	##:##.##
18	ZAB	##:##.##
19	CDE	##:##.##
20	FGH	##:##.##

[Home](#)

Leaderboard

You scored X/3

Unfortunately your time did not make the leaderboard

Rank	Player	Time
1	ABC	##:##.##
2	DEF	##:##.##
3	GHI	##:##.##
4	JKL	##:##.##
5	MNO	##:##.##
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17	WXY	##:##.##
18	ZAB	##:##.##
19	CDE	##:##.##
20	FGH	##:##.##

[Home](#)

Results

You scored X/3

You could have taken X seconds off your time!

Play the game and take the quiz to earn this bonus and appear on the leaderboard

[Return home](#)

[Home](#)

Leaderboard

Rank	Player	Time
1	ABC	##:##.##
2	DEF	##:##.##
3	GHI	##:##.##
4	JKL	##:##.##
5	MNO	##:##.##
6	PQR	##:##.##
7	STU	##:##.##
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17	WXY	##:##.##
18	ZAB	##:##.##
19	CDE	##:##.##
20	FGH	##:##.##

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“**CALM THE CHAOS**^{1,*}”

Instructions

1 player game

Aim: tap the chaotic^{1,a} red lights to turn them calm blue in the quickest time possible.

- Stand in front of the wall
- 80 red lights will appear on the wall
- Tap all the red lights to turn them blue
- Once you have “calmed the chaos^{1,a}”, the timer above the wall will show your time

2 player game

Aim: race your opponent! Tap the chaotic^{1,a} red or pink lights to turn them calm blue in the quickest time possible.

- Stand side by side in front of the wall
- Player 1 will turn 80 red lights to blue and Player 2 will turn 80 pink lights to blue
- Tap all the lights to turn them blue
- The person to “calm the chaos^{1,*}” fastest wins!

After playing don't forget to **input your score** to discover where you are on the **leaderboard!**

Want to climb the leaderboard?

Complete the **VELSIPITY knowledge quiz** to improve your time with every correct answer!

Are you ready to Calm the Chaos^{1,a}?

Ask a member of the booth team to help you start the game.

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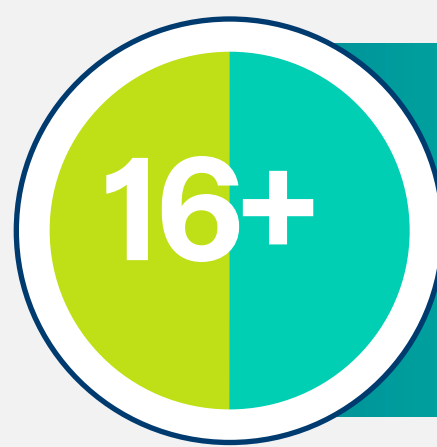
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Home

VELSIPITY: a once-daily, oral, advanced therapy^{1a}

VELSIPITY is an S1P receptor modulator for patients with moderately to severely active UC

VELSIPITY CAN OFFER YOUR PATIENTS:



The first and only oral advanced UC therapy^a indicated for patients 16 years of age and older^{1b}



A favourable safety profile, with up to 2.5 years of pooled clinical trial data demonstrating mostly mild to moderate adverse events, with a similar incidence rate of infections to placebo^{2,c}



The same dose right from the start —no titration required¹



Explore the booth and ask a Pfizer rep for more information



^aAdvanced therapies include S1P receptor modulators, biologics, and JAK inhibitors.³
^bPatients 16 years of age and older with moderately to severely active UC who have had an inadequate response, lost response, or were intolerant to either conventional therapy, or a biological agent.¹
^cSafety signals should be monitored during treatment and managed appropriately, as recommended in the Summary of Product Characteristics for VELSIPITY (etrasimod).¹
JAK, Janus kinase; S1P, sphingosine-1-phosphate; UC, ulcerative colitis.
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Not an actual patient.

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Still there?

CONTINUE

EXIT