## **Supporting Information**

Additional Supporting Information may be found in the online version of this article:

**Table S1**: Primary outcome measures in patients with UC aged <65 years and ≥65 years

**Table S2**: Primary outcome measures in patients with CD aged <65 years and ≥65 years

**Table S3**: Mean change from baseline CRP levels at week 6 in CD induction ITT patients

**Table S4:** Common adverse events in patients aged <65 years and ≥65 years

**Table S5**: Adverse hematological events in patients with UC and CD

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Figure S2: Secondary endpoints in the UC induction phase

Figure S3: Secondary endpoints in the UC maintenance phase

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Table S1. Primary outcome measures in patients with UC aged <65 years and ≥65 years

Outcome	Age	F	atients, n/N (%	%-Point difference from PBO (95% CI)		
Week 6		PBO (n=149)	VDZ (n=225)		VDZ	
Clinical	<65 years	37/142 (26) 103/217 (48)		21.4 (11.6, 31.2)		
response	≥65 years	1/7 (14)	3/8 (38)		23.2 (-26.3, 67.5)	
Week 52		VDZ/PBO <sup>b</sup> (n=126)	VDZ/VDZ (Q8W) <sup>c</sup> (n=122)	VDZ/VDZ (Q4W) <sup>d</sup> (n=125)	VDZ/VDZ (Q8W) <sup>c</sup>	VDZ/VDZ (Q4W) <sup>d</sup>
Clinical remission <sup>e</sup>	<65 years	19/121 (16)	50/117 (43)	54/119 (45)	27.0 (16.0, 38.1)	29.7 (18.6, 40.7)
	≥65 years	1/5 (20)	1/5 (20)	2/6 (33)	0.0 (-62.6, 62.6)	13.3 (-45.1, 66.7)

CI, confidence interval; PBO, placebo; Q4W, every 4 weeks; Q8W, every 8 weeks; UC, ulcerative colitis; VDZ, vedolizumab.

<sup>&</sup>lt;sup>a</sup>Defined as reduction in complete Mayo score of ≥3 points and ≥30% from baseline with an accompanying decrease in rectal bleeding subscore of ≥1 point or absolute rectal bleeding subscore of ≤1 point.

<sup>&</sup>lt;sup>b</sup>Patients received VDZ during induction and PBO during maintenance.

<sup>&</sup>lt;sup>c</sup>Patients received VDZ during induction and VDZ Q8W during maintenance.

<sup>&</sup>lt;sup>d</sup>Patients received VDZ during induction and VDZ Q4W during maintenance.

<sup>&</sup>lt;sup>e</sup>Defined as complete Mayo score of ≤2 points and no individual subscore >1 point.

Table S2. Primary outcome measures in patients with CD aged <65 years and ≥65 years

Outcome	Age	P	atients, n/N (%	%-Point difference from PBO (95% CI)		
Week 6		PBO (n=148)	VDZ (n=220)		VDZ	
Clinical <65 years		9/142 (6)	31/218 (14)		7.9 (1.8, 14.0)	
remission <sup>a</sup>	≥65 years	1/6 (17)	1/2 (50)		33.3 (-53.4, 90.6)	
Enhanced <65 years		37/142 (26)	68/218 (31)		5.1 (-4.3, 14.6)	
clinical response <sup>b</sup>	≥65 years	1/6 (17)	1/2 (50)		33.3 (-53.4, 90.6)	
Week 52		VDZ/PBO° (n=153)	VDZ/VDZ VDZ/VDZ (Q8W) <sup>d</sup> (Q4W) <sup>e</sup> (n=154) (n=154)		VDZ/VDZ (Q8W) <sup>d</sup>	VDZ/VDZ (Q4W) <sup>e</sup>
Clinical remission <sup>a</sup>	<65 years	30/149 (20)	58/151 (38)	56/152 (37)	18.3 (8.2, 28.4)	16.7 (6.7, 26.7)
	≥65 years	3/4 (75)	2/3 (67)	0/2 (0)	-8.3 (-75.5, 63.4)	-75.0 (-99.4, 22.9)

CD, Crohn's disease; CDAI, Crohn's Disease Activity Index; CI, confidence interval; PBO, placebo; Q4W, every 4 weeks; Q8W, every 8 weeks; VDZ, vedolizumab.

<sup>&</sup>lt;sup>a</sup>Defined as CDAI score ≤150.

<sup>&</sup>lt;sup>b</sup>Defined as a ≥100-point reduction in CDAI score from baseline.

<sup>&</sup>lt;sup>c</sup>Patients received VDZ during induction and PBO during maintenance.

<sup>&</sup>lt;sup>d</sup>Patients received VDZ during induction and VDZ Q8W during maintenance.

<sup>&</sup>lt;sup>e</sup>Patients received VDZ during induction and VDZ Q4W during maintenance.

**Table S3.** Mean change from baseline CRP levels at week 6 in CD induction ITT patients

	Age <35 years		Age 35 to	<55 years	Age ≥55 years	
	PBO (n = 67)	VDZ (n = 111)	PBO (n = 63)	VDZ (n = 96)	PBO <sup>a</sup> (n = 18)	VDZ (n = 13)
Patients with CRP data, n	67	111	62	96	18	13
Mean change from baseline serum CRP, mg/L (SD)	-3.2 (33.9)	-3.0 (15.8)	-2.2 (27.2)	-2.7 (17.7)	-10.3 (24.0)	-4.3 (7.8)

CD, Crohn's disease; CRP, C-reactive protein; ITT, intent-to-treat; PBO, placebo; SD, standard deviation; VDZ, vedolizumab.

Table S4. Adverse events by age <65 years and ≥65 years

		Patients, n (%)					
	Age <6	5 years	Age ≥65 years				
Adverse event <sup>a</sup>	PBO/PBO <sup>b</sup> (n = 284)	VDZ/VDZ <sup>c</sup> (n = 1400)	PBO/PBO <sup>b</sup> (n = 13)	VDZ/VDZ <sup>c</sup> (n = 34)			
Nasopharyngitis	19 (7)	177 (13)	2 (15)	3 (9)			
Headache	28 (10)	171 (12)	4 (31)	6 (18)			
Crohn's disease	33 (12)	161 (12)	3 (23)	3 (9)			
Arthralgia	26 (9)	158 (11)	3 (23)	8 (24)			
Pyrexia	21 (7)	127 (9)	1 (8)	0			
Nausea	22 (8)	126 (9)	1 (8)	2 (6)			
Dizziness	7 (2)	45 (3)	1 (8)	3 (9)			
Edema peripheral	9 (3)	35 (3)	3 (23)	3 (9)			

PBO, placebo; VDZ, vedolizumab.

<sup>&</sup>lt;sup>a</sup>Only adverse events occurring in ≥9% of vedolizumab-treated patients in any group are listed. <sup>b</sup>Patients received PBO during induction and maintenance periods.

<sup>&</sup>lt;sup>c</sup>Patients received VDZ during induction and maintenance periods.

Table S5. Adverse hematological events in patients with UC and CD

	Patients, n (%)					
Advanas	Age <35 years		Age 35 to <55 years		Age ≥55 years	
Adverse hematological event <sup>a</sup>	PBO/PBO <sup>b</sup> (n = 120)	VDZ/VDZ <sup>c</sup> (n = 688)	PBO/PBO <sup>b</sup> (n = 141)	VDZ/VDZ <sup>c</sup> (n = 599)	PBO/PBO <sup>b</sup> (n = 36)	VDZ/VDZ <sup>c</sup> (n = 147)
Any hematological AE	6 (5)	28 (4)	4 (3)	16 (3)	0	3 (2)
Lymphopenia	4 (3)	14 (2)	2 (1)	11 (2)	0	1 (<1)
Lymphocyte count decreased	2 (2)	7 (1)	0	3 (<1)	0	1 (<1)
Leukopenia	0	4 (<1)	0	1 (<1)	0	1 (<1)
Monocytopenia	0	1 (<1)	0	0	0	0
Neutropenia	0	1 (<1)	0	0	0	0
Febrile neutropenia	0	1 (<1)	0	0	0	0
Thrombocytopenia	0	1 (<1)	0	0	0	0
White blood cell count decreased	1 (<1)	2 (<1)	0	2 (<1)	0	0
Cyclic neutropenia	0	0	0	0	0	0
Neutrophil count decreased	1 (<1)	0	2 (1)	1 (<1)	0	0

AE, adverse event; CD, Crohn's disease; PBO, placebo; UC, ulcerative colitis; VDZ, vedolizumab.

<sup>&</sup>lt;sup>a</sup>Ranked from highest to lowest incidence in patients aged <35 years who were treated with VDZ.

<sup>&</sup>lt;sup>b</sup>Patients received PBO during induction and maintenance periods.

<sup>&</sup>lt;sup>c</sup>Patients received VDZ during induction and maintenance periods.

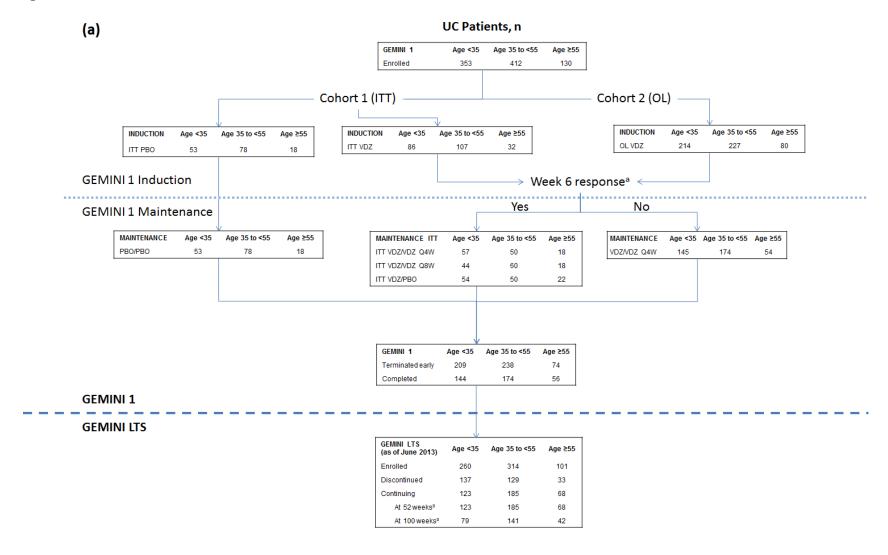
Table S6. Deaths reported in patients with UC and CD

Age	No. of events	Age/ Sex	Indications	Cause of death (preferred term <sup>a</sup> )	Treatment group (induction/ maintenance)	No. of VDZ doses	
		23/M	CD	Myocarditis	VDZ/VDZ (Q4W)	2	
<35 years	3	28/M	CD	CD, sepsis	VDZ/VDZ (Q8W)	8	
		30/M	CD	Septic shock	VDZ/VDZ (Q4W)	4	
35 to <55 years	1	46/F	CD	Intentional overdose	VDZ/VDZ (Q4W)	5	
≥55 years	2		66/M	UC	Arteriosclerosis coronary artery	Cohort 2 VDZ (induction only)	1
		75/M	CD	Bronchopneumonia	PBO/PBO	0	

CD, Crohn's disease; ITT, intent-to-treat; PBO, placebo; Q4W, every 4 weeks; Q8W, every 8 weeks; UC, ulcerative colitis; VDZ, vedolizumab.

<sup>&</sup>lt;sup>a</sup>Medical Dictionary for Regulatory Activities preferred term.

Figure S1.



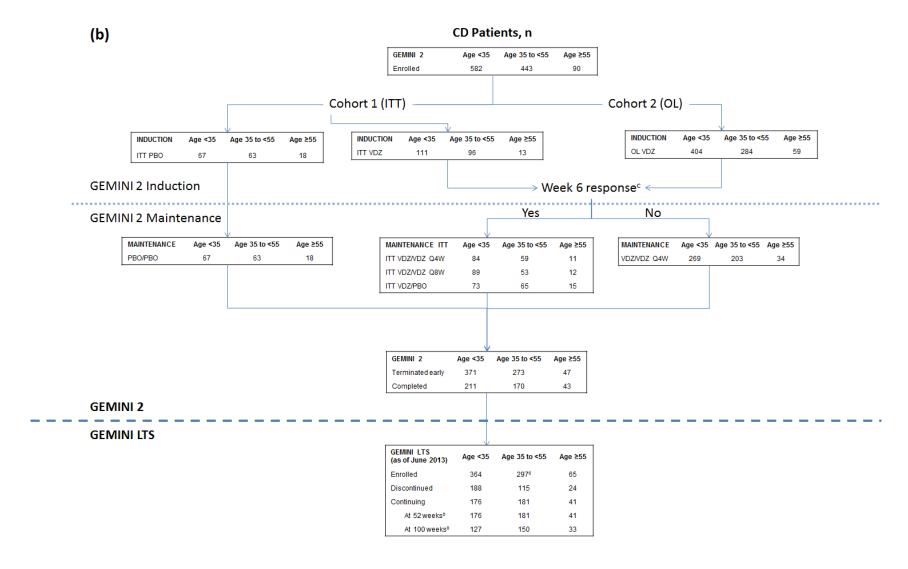


Figure S1. Disposition of UC and CD patients in the GEMINI studies. Patients were randomized for (A) GEMINI 1 and (B) GEMINI 2 induction therapy to receive intravenous vedolizumab (300 mg, ITT VDZ) or placebo (ITT PBO). An additional

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group of patients were enrolled in the open-label vedolizumab (300 mg) treatment group (OL VDZ). Patients who demonstrated clinical response to vedolizumab at week 6 were randomly assigned to receive vedolizumab (300 mg) every 4 weeks (ITT VDZ/VDZ Q4W) or every 8 weeks (ITT VDZ/VDZ Q8W) or placebo (ITT VDZ/PBO) for up to 52 weeks beginning from week 6. Patients who did not achieve a clinical response at week 6 received vedolizumab (300 mg) every 4 weeks (VDZ/VDZ Q4W). Patients who received placebo during induction continued to receive placebo throughout the maintenance study (PBO/PBO). Patients enrolled in GEMINI LTS received open-label vedolizumab (300 mg) every 4 weeks.

CD, Crohn's disease; CDAI, Crohn's Disease Activity Index; ITT, intent-to-treat; LTS, Long-Term Safety; OL, open-label; PBO, placebo; Q4W, every 4 weeks; Q8W, every 8 weeks; UC, ulcerative colitis; VDZ, vedolizumab.

<sup>a</sup>Clinical response at week 6 was defined as a reduction from baseline (week 0) in the Mayo Clinic score of ≥3 points and ≥30%, with an accompanying decrease of ≥1 point in the rectal bleeding subscore or an absolute rectal bleeding subscore of 0 or 1.

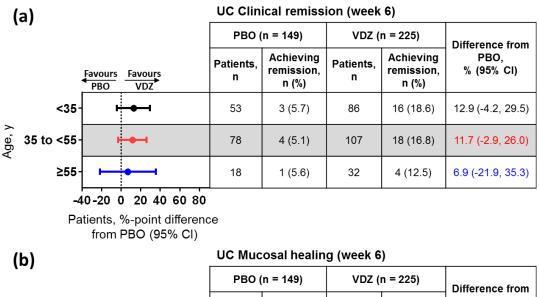
<sup>b</sup>Time from baseline (week 0) of the GEMINI LTS trial.

<sup>c</sup>Clinical response at week 6 was defined as a ≥70-point decrease from baseline CDAI score.

<sup>d</sup>One patient completed study.

Patients, %-point difference from PBO (95% CI)

Figure S2.



Achieving Achieving PBO, Patients, Patients, healing, n healing, n % (95% CI) Favours Favours n n (%) (%) PBO VDZ 36 (41.9) <35 53 12 (22.6) 86 19.2 (3.9, 34.6) 35 to <55 78 24 (30.8) 107 47 (43.9) 13.2 (-0.7, 27.1) ≥55 18 1 (5.6) 32 9 (28.1) 22.6 (-6.6, 49.4) -40-20 0 20 40 60 80

**Figure S2.** Secondary endpoints in the UC induction phase. **(A)** Clinical remission and **(B)** mucosal healing at week 6 in the induction ITT population

CI, confidence interval; ITT, intent-to-treat; PBO, placebo; UC, ulcerative colitis; VDZ, vedolizumab.



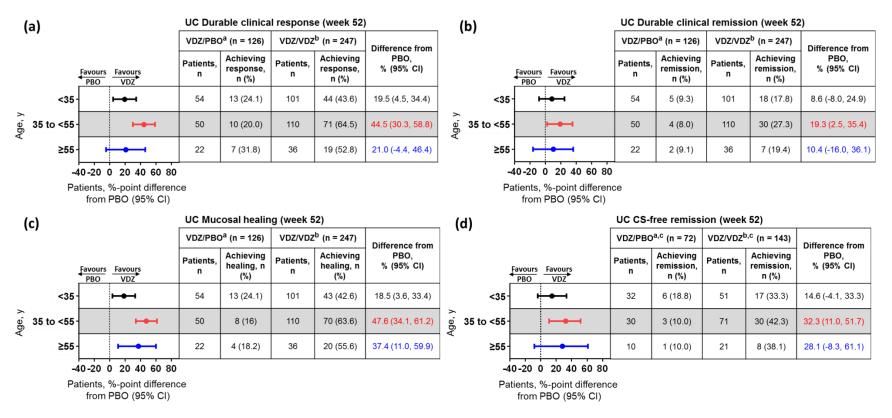


Figure S3. Secondary endpoints in the UC maintenance phase. (A) Durable clinical response, (B) durable clinical remission, (C) mucosal healing, and (D) corticosteroid-free remission at week 52 in the maintenance ITT population.

CI, confidence interval; CS, corticosteroid; ITT, intent-to-treat; PBO, placebo; UC, ulcerative colitis; VDZ, vedolizumab.

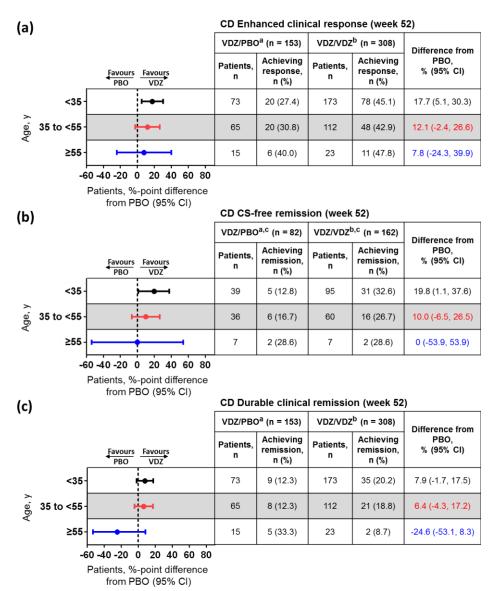
aPatients received VDZ during induction and PBO during maintenance.

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<sup>b</sup>Patients received VDZ during induction and VDZ every 4 weeks or every 8 weeks during maintenance.

<sup>c</sup>Patients were receiving concomitant CS at study enrolment.

## Figure S4.



**Figure S4.** Secondary endpoints in the CD maintenance phase. **(A)** Enhanced clinical response, **(B)** corticosteroid-free remission, and **(C)** durable clinical remission at week 52 in the maintenance ITT population.

CD, Crohn's disease; CI, confidence interval; CS, corticosteroid; ITT, intent-to-treat; PBO, placebo; VDZ, vedolizumab.

<sup>&</sup>lt;sup>a</sup>Patients received VDZ during induction and PBO during maintenance.

Vedolizumab in patients with advancing age and UC or CD

<sup>b</sup>Patients received VDZ during induction and VDZ every 4 weeks or every 8 weeks during maintenance.

<sup>c</sup>Patients were receiving concomitant CS at study enrolment.