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Summary

# Combining therapies in ulcerative colitis

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**Advanced combination therapy (ACT) in ulcerative colitis—combining two biologics or a biologic with a small molecule—shows promise for refractory disease and extra-intestinal manifestations, with no major safety signals in early studies, though the approach remains off-label and largely empirical.**

## KEY POINTS

- The speaker reported that current monotherapies achieve clinical remission at one year in under 50% of advanced-therapy-naive patients and even lower rates in bio-exposed patients, according to data from Mount Sinai.
- The Vega trial randomised patients to golimumab monotherapy, guselkumab monotherapy, or combination; the speaker stated that combination was numerically better than guselkumab and significantly better than golimumab for the primary endpoint of clinical response at week 12, and outperformed monotherapy for stricter endpoints like endoscopic improvement.
- Real-world evidence from retrospective studies shows roughly 60% clinical remission and 30% endoscopic remission with ACT, with infections reported but serious infections not occurring at higher rates than with monotherapy, the speaker stated.
- The speaker noted that ACT has been used mostly for refractory disease or concomitant extra-intestinal manifestations, with ustekinumab, IL-23 inhibitors, or vedolizumab as common backbones, and that recycling previously failed agents is attempted with reasonable success.
- The speaker suggested that ACT could be considered for patients with partial responses to achieve deeper remission, for high-risk patients via co-induction strategies, and potentially earlier to prevent therapeutic resistance, though this should be done in centres with adequate monitoring and safety resources.
- The speaker stated that ACT remains off-label and largely empirical, as validated biomarkers to guide combination therapy do not exist, and emphasised the need for appropriately powered randomised controlled trials and large observational studies to assess long-term safety including malignancy risk.

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