EFFICACY AND SAFETY OF GRANULOCYTOAPHERESIS IN THE TREATMENT OF STEROID-DEPENDENT AND STEROID-REFRACTORY INFLAMMATORY BOWEL DISEASE

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UEG Week Copenhagen 2023 | Poster

IBD

October 15, 2023

A retrospective cohort study of 49 patients with steroid-dependent or steroid-refractory IBD treated with granulocytoapheresis found response rates of 75% after induction in ulcerative colitis and 58% in Crohn's disease, with no major adverse events.

KEY POINTS

- In 37 ulcerative colitis patients, 75% responded after induction (5 cycles over 3 weeks), and 67% of those continuing maintenance (at least 10 cycles over 6 months) responded, with mean CRP declining from 3.16 to 1.15 mg/dl and calprotectin from 2038 to 900 mg/dl.
- In 12 Crohn's disease patients, 58% responded after induction and 50% of those on maintenance responded, with mean CRP declining from 3.16 to 1.14 mg/dl and calprotectin from 3645 to 623 mg/dl.
- Most patients (67.7% of UC, 67.7% of CD) had received at least one prior biologic treatment, and response was not significantly related to smoking, disease extent, disease duration, or prior treatment failures.
- No major adverse events were recorded in any patient during the study period.
- The authors conclude that granulocytoapheresis appears safe and effective for induction and maintenance in steroid-refractory or steroid-dependent IBD, particularly in ulcerative colitis.

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