

# EFFECTIVENESS AND SAFETY OF A SECOND-LINE RESCUE THERAPY IN HOSPITALISED PATIENTS WITH ACUTE SEVERE ULCERATIVE COLITIS STEROID-REFRACTORY AFTER FAILING INFLIXIMAB OR CICLOSPORIN (REASUC STUDY)

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Poster

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**In a multicentre European study of 78 patients with acute severe ulcerative colitis refractory to corticosteroids and first-line rescue therapy, second-line salvage treatment avoided colectomy in 63% during one-year follow-up, though serious adverse events occurred in 18% of patients.**

## KEY POINTS

- Among patients who failed infliximab or ciclosporin as first-line rescue, 37% underwent colectomy during follow-up, with 93% of colectomies occurring within the first eight weeks and a median time of 14 days after starting second-line therapy.
- Older age at admission, use of ciclosporin as rescue therapy (OR 8.0), and severe disease before rescue therapy initiation (OR 8.7) were independently associated with increased likelihood of colectomy in multivariate analysis.
- Clinical remission was achieved in 44% of patients at week 12 and 30% at week 52, while corticosteroid-free remission was maintained in 26% and 19% at these timepoints, respectively.
- Adverse events occurred in 32% of patients, with serious adverse events in 18%; infections were most common (15%), and two deaths occurred, both in patients receiving ciclosporin.
- This material is most relevant for gastroenterologists managing hospitalized patients with acute severe ulcerative colitis who have failed first-line rescue therapy.

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