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Summary

COMPARATIVE EFFICACY OF BIOLOGIC AND SMALL MOLECULE AS RESCUE THERAPY FOR STEROID-REFRACTORY ACUTE SEVERE ULCERATIVE COLITIS - A SYSTEMATIC REVIEW AND NETWORK META-ANALYSIS

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Network meta-analysis of 18 studies (1,706 patients) found tofacitinib and accelerated-dose infliximab most effective for improving colectomy-free survival in steroid-refractory acute severe ulcerative colitis.

KEY POINTS

- Compared to placebo, standard-dose infliximab (HR 0.34, p<0.001), accelerated-dose infliximab (HR 0.38, p=0.001), and tofacitinib (HR 0.36, p=0.002) significantly improved colectomy-free survival at 4 and 12 weeks.
- Cyclosporine showed a trend toward reduced colectomy risk but did not reach statistical significance (HR 0.57, p=0.056).
- SUCRA rankings for colectomy-free survival were highest for tofacitinib (0.90 at 4 weeks, 0.87 at 12 weeks) and accelerated-dose infliximab (0.95 at 4 weeks, 0.85 at 12 weeks).
- No significant differences were observed in overall adverse events or infection rates among the rescue therapies.
- This analysis is relevant for clinicians managing steroid-refractory acute severe ulcerative colitis, a life-threatening emergency resulting in colectomy in approximately 40% of cases.

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