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Summary

RISK FACTORS FOR RECURRENCE AFTER A FIRST EPISODE OF IMMUNE-MEDIATED COLITIS AND THE ROLE OF CONCOMITANT BIOLOGIC THERAPY: THE GETECCU-PROMOTED REGIC STUDY

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In a multicenter retrospective study of 181 patients after grade III–IV immune-mediated colitis, 25% experienced recurrence, with resuming immunotherapy increasing risk (OR 2.62) and crypt abscesses on biopsy predicting both any recurrence (OR 2.72) and severe recurrence (OR 3.12).

KEY POINTS

- Among 181 patients discharged after first episode of grade III–IV immune-mediated colitis, 48 recurrences occurred (24.9%, 95% CI 19.3–31.5%), including 20 mild (10.4%) and 28 moderate-to-severe (14.5%) during median follow-up of 349 days.
- Patients who resumed immunotherapy (23% of cohort) had significantly higher recurrence risk compared to those receiving neither immunotherapy nor biologics (OR 2.62, 95% CI 1.1–6.27).
- Crypt abscesses on index biopsy was the only significant predictor in multivariable analysis, with OR 2.72 for any recurrence and OR 3.12 for severe recurrence.
- Among patients who relapsed, maintenance biologic therapy was associated with lower rate of severe recurrence (23% vs 71%, p=0.003), though it did not reduce overall recurrence risk.
- Most patients (76%) had received PD-1/PD-L1 inhibitors, with lung cancer (35%) and melanoma (30%) the most common underlying malignancies; rescue therapy with infliximab was required in 43% during the index episode.

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