Cyclosporine A (CsA) and infliximab (IFX) are similarly effective in preventing short-term colectomy in patients with moderate to severe ulcerative colitis (UC), but long-term outcomes are scarce. The aim of this study was to compare long-term efficacy of CsA and IFX in moderate to severe UC by analyzing colectomy rates as outcome parameter for treatment success.

A total of 174 patients were studied (42 hospitalized CsA patients, 25 hospitalized IFX patients, and 107 non-hospitalized IFX patients). Follow-up of at least 6 months was available for all patients. Hospitalized patients had comparable patient and disease characteristics (age, gender, and disease duration, extent and severity), with the exception that the mean follow-up was significantly longer in CsA treated patients (months + SD; IFX 53.9 + 34.8 vs CsA 124.9 + 42.0). As can be seen in fig.1, IFX use has increased over time, whereas the prescription rate of CsA has decreased.

Non-hospitalized IFX-treated patients suffer from less severe disease as indicated by the MAYO endoscopic subscore (p=0.03). Their colectomy rates were lower. Factors that were protective for undergoing colectomy were younger age (HR=0.97 per year; p=0.021) and concomitant thiopurine therapy (HR 0.45; p=0.019).

The risk of undergoing a colectomy was lower in younger patients, and when thiopurines were used concomitantly. The protective effect of thiopurines was most pronounced in CsA-treated patients.

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