



SESSION 5

HOT OFF THE PRESS: CLINICAL TRIALS THAT WILL CHANGE MY PRACTICE NOW!

Beyond Endoscopic Mucosal Healing in Ulcerative Colitis

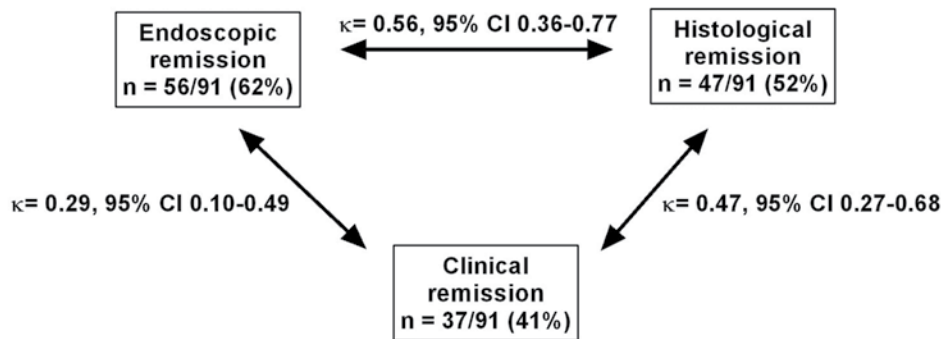
Bryant RV, Burger DC, Delo J, et al. Beyond endoscopic healing in UC: histological remission better predicts corticosteroid use and hospitalisation over 6 years of follow-up. *Gut*. 2016;65:408–14.

Presented by Brian Bressler, MD

Background

- Evolution in recommendations for treatment target in IBD
- Endoscopic mucosal healing not necessarily reflective of histological healing
- Histological remission associated with
 - Higher likelihood of steroid-free remission
 - reduction in hospitalization
 - Reduction in colectomy rates
 - Reduction in colorectal cancer risk

Concordance of measures of disease activity



Measure of remission	Concordance with other measures of remission		
	Clinical	Endoscopic	Histological
Clinical (n=37)	100% (n=37)	81% (n=30)	81% (n=30)
Endoscopic (n=56)	54% (n=30)	100% (n=56)	75% (n=42)
Histological (n=47)	64% (n=30)	89% (n=42)	100% (n=47)

Figure 1 Concordance between clinical, endoscopic and histological measures of remission in UC.

Legend: κ statistical analysis was used to assess concordance of clinical, endoscopic and histological indices of remission.

Overall concordance: 55% (kappa: 0.43 (CI 0.31–0.55))



Table 2 Cox regression multivariate analyses for outcome measures in patients with UC over a median 6-year follow-up

Variable	Corticosteroid requirement		Hospitalisation for acute severe colitis		Colectomy	
	Univariate analysis†	Multivariate analysis†	Univariate analysis†	Multivariate analysis†	Univariate analysis†	Multivariate analysis†
Age‡	0.96 (0.8–1.1), p=0.59		1.16 (0.9–1.5), p=0.29		1.37 (0.9–2.0), p=0.11	
Sex§	0.70 (0.4–1.2), p=0.20		1.05 (0.4–2.6), p=0.91		2.52 (0.7–8.7), p=0.14	
Disease duration¶	0.90 (0.8–1.0), p=0.05*	0.91 (0.8–1.1), p=0.36	0.92 (0.7–1.2), p=0.47		1.06 (0.8–1.4), p=0.65	
Disease extent**	0.94 (0.5–1.8), p=0.86		2.62 (1.0–6.7), p=0.04*	3.21 (1.1–8.6), p=0.02*	3.67 (1.1–12.1), p=0.03*	4.06 (1.3–16.2), p=0.02*
Maintenance therapy††						
5ASA	0.93 (0.4, 2.3), p=0.01††	0.72 (0.3–1.9), p=0.57††	0.78 (0.2–3.9), p=0.03††		0.46 (0.1–2.5), p=0.66††	
Other	2.08 (0.9–5.0)	0.98 (0.4–2.7)	1.70 (0.4–7.7)		0.69 (0.1–3.6)	
Historical remission	0.35 (0.2–0.6), p<0.001*	0.42 (0.2–0.9), p=0.02*	0.22 (0.1–0.7), p=0.007*	0.21 (0.1–0.7), p=0.02*	0.32 (0.1–1.2), p=0.10	0.36 (0.1–1.8), p=0.22
Endoscopic remission	0.47 (0.3–0.8), p=0.005*	0.86 (0.5–1.7), p=0.65	0.48 (0.2–1.2), p=0.12	0.83 (0.3–2.4), p=0.74	0.50 (0.2–1.6), p=0.25	0.71 (0.2–3.0), p=0.64
Endoscopic and histological remission‡‡	0.36 (0.8–0.6), p<0.001	0.38 (0.2–0.9), p=0.02*	0.27 (0.1–0.8), p=0.02*	0.24 (0.1–0.9), p=0.04*	0.41 (0.1–1.5), p=0.19	0.46 (0.1–2.8), p=0.39

†Cox regression univariate and multivariate analyses presented. Data presented: HR (CI), p value. p Value of ≤0.05 considered significant and marked by*.
 ‡HR given per 10-year increase in age.
 §HR for male gender with female gender as comparator.
 ¶HR given per 5-year increase in disease duration.
 **Extensive versus non-extensive disease.
 ††Compared with no therapy as comparator group, overall p value for difference between maintenance groups provided.
 ‡‡Combined endoscopic and histological remission analysed in a separate multivariate model.
 5ASA, 5-aminosalicylic acid.

How will this change practice?

- We need to work with Pathologists to standardize disease activity reporting
- We need to start assessing histologic disease activity, and observe impact this endpoint has on disease outcomes
- We are NOT ready to use histology as the 'TARGET' to reach with medical therapies
- But maybe a target to consider before withdrawing therapy...

