

561 Successive Treatments with Cyclosporine and Infliximab in Severe Ulcerative Colitis (UC)

Sarah Leblanc, Matthieu Allez, Philippe Seksik, Bernard Flourie, Harald Peeters, JeanLouis Dupas, Guillaume Bouguen, Laurent Peyrin Biroulet, Arnaud Bourreille, Olivier Dewit, Yoram Bouhnik, Pierre F. Michetti, Stanislas Chaussade, Philippe de Saussure, Jean-Frederic Colombel, Marc Lemann and the GETAID.

INTRODUCTION: In patients (pts) with severe, steroid resistant UC, a second line therapy with either cyclosporine (CYS) or infliximab (IFX) is considered as appropriate before colectomy (1). In pts who fail, a third line therapy with IFX or CYS (or vice versa) is generally not recommended because serious adverse events (including one death) have been reported in a series of 19 pts (2). We here report our experience of patients with severe UC successively treated with IFX and CYS.

AIMS & METHODS: Cases of severe UC or indeterminate colitis (IC) treated successively with CYS and IFX (or vice versa) were collected and retrospectively analysed. Inclusion criteria included a delay between CYS (when used first) and IFX of less than 1 month, and a delay between IFX and CYS of less than 2 months. A follow-up of 3 months was necessary. Time-to-colectomy and occurrence of serious adverse events were analyzed.

RESULTS: Eighty six pts (median age 34 yr; 49 males; 71 UC and 15 IC) were treated with CYS+IFX in 16 of the 36 GETAID centres between 2000 and 2008 (1-24 pts/centre); 28 of them (33%) refused colectomy after failure of CYS or IFX. CYS was given first in 65 pts (76%) and IFX was then introduced after a median time following CYS withdrawal of 2 days (0-31); IFX was given first in 21 pts (24%) with a median time between the last IFX infusion and CYS of 17 days (0-58). Corticosteroids and immunosuppressants (azathioprine or methotrexate) were given in combination in 74 (86%) and 63 pts (73%), respectively. Thirty three pts came to colectomy within 3 months. Probability of colectomy was 61% at 3 mo, 41% at 1 yr and 37% at 3 yr (Kaplan Meier). One death occurred in a 45-yr old man who first failed CYS and was operated 1 mo after the second IFX infusion; he died the day after surgery from pulmonary embolism. Rate of adverse events was 27% (32 events, 23 pts). Sixteen infections occurred in 14 pts (16%) including 4 sepsis on central line, 3 abscesses including 2 liver abscess, 3 CMV colonic infections, 2 pneumonias, 2 Clostridium difficile infection, 1 oesophageal candidiasis, and 1 viral pericarditis. Five of the 16 infections occurred in the post-operative period.

CONCLUSION: In pts with severe UC who failed CYS or IFX, the alternative treatment avoided short term colectomy in 2/3 of patients. Mortality, morbidity and infection rate appeared similar to those previously reported with IFX or CYS alone.

REFERENCE(S): 1. ECCO UC Consensus, JCC 2008; 2. Maser, Clinical Gastroenterology and Hepatology, 2008