619 Cyclosporin Versus Infliximab in Severe Acute Ulcerative Colitis Refractory to Intravenous Steroids: A Randomized Trial

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INTRODUCTION: Intravenous (i.v.) corticosteroids remain the mainstay of conventional therapy for acute severe ulcerative colitis (ASUC). Cyclosporin (Cys) and Infliximab (IFX) are effective rescue therapy for i.v. steroid-resistant ASUC. We here report the first randomized controlled study comparing Cys to IFX in i.v. steroid-resistant ASUC.
METHODS: Patients with ASUC were included between June 2007 and August 2010 in 23 GETAID and 6 ECCO centres. They were randomized to either i.v. Cys (2mg/kg/d for one week, then switched orally during 98 days), or IFX (5mg/kg at weeks 0-2-6) if they fulfilled the criteria for i.v. steroid failure: Lichtiger score>10 after at least 5 days of i.v. methyl-prednisolone ≥ 0.8mg/kg/d. In patients with clinical response at day 7 (D7), as defined by a Lichtiger score <10 with a decrease of at least 3 points compared with baseline, azathioprine was started at a dose of 2.5mg/kg/d and steroids were decreased according to a fixed regimen. The primary end-point was the rate of treatment failure defined by: i) absence of clinical response at D7; ii) absence of remission (Mayo score ≤2 without any subscore>1) without steroids at D98; iii) relapse between D7 and D98 (increase of the Lichtiger score of at least 3 points compared with the previous visit leading to treatment modification); iv) severe adverse event (SAE) leading to treatment interruption; v) colectomy; vi) fatality. It was assumed that 60% in the IFX group would fail compared to 30% with Cys. Fifty patients in each group would provide a 80% power in a two-sided test with 5% type-I error. An interim analysis was planned after 30 patients were treated by IFX and led to increase from 100 to 116 the number of patients planned to enter the study.
RESULTS: Four randomized patients who did not fulfill inclusion criteria before randomization were excluded. Thus, 111 patients were included in the modified ITT analysis (54 women, median age: 37 years; median Lichtiger score: 12); 55 received Cys and 56 IFX. Rates of treatment failure were 60% with Cys and 54% with IFX (p=0.49). Response rates at D7 were 84% with Cys and 86% with IFX (p=0.76). At D98, 10 patients treated with Cys and 13 with IFX were colectomized. During the study period, 10 severe adverse events were observed in 9 patients with Cys and 16 in 16 patients with IFX; no death occurred.
CONCLUSION: In ASUC-patients refractory to i.v. steroids, Cys is not more effective than IFX to achieve short-term remission and avoid urgent colectomy.
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