ACG GUIDELINE *Highlights*

Management of Ulcerative Colitis in Adults

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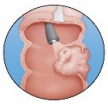
Diagnosis, Assessment, Monitoring, and Prognosis

- Stool testing to rule out *C. diff* in those suspected of having UC
- Do NOT use serologic antibody testing to establish, rule out, or determine prognosis of UC

Goals for Management

- Utilize treat-to-target with a goal of endoscopic improvement [Mayo endoscopic score 0 to 1]
- Use non-invasive markers such as fecal calprotectin and/or intestinal ultrasound to assess clinical response



Induction

Mildly to Moderately Active UC

Proctitis (within 18 cm of anal verge, distal to rectosigmoid junction)
- Rectal 5-ASA therapies (1 g/day)
  - Intolerant or nonresponsive? Tacrolimus suppository or topical steroid (suppository, budesonide foam)

Left-Sided Colitis (sigmoid to splenic flexure)
- Rectal 5-ASA enemas (at least 1 g/day) + oral 5-ASA (2 g-4.8 g/day) compared to oral 5-ASA alone
- Intolerant or nonresponsive? Oral budesonide MMX 9 mg/day for induction
- Rectal 5-ASA enemas (at least 1 g/day) preferred over rectal steroids

Extensive Colitis (beyond splenic flexure, includes those with pancolitis or involvement of entire colorectum)
- Oral 5-ASA (at least 2 g/day) is recommended
  - Fail to respond? Oral systemic steroids
  - In those who fail to reach remission with 5-ASA, pursue alternative therapies rather than alternating 5-ASA class.

Moderately to Severely Active UC

Moderate UC:
- Oral budesonide MMX is recommended

Moderate to Severe UC:
- Oral systemic steroids
- S1P receptor modulators (ozanimod, etrasimoid)
- IL-12/23 p40 antibody (ustekinumab)
- IL-23 p19 inhibitor (guselkumab, mirikizumab, risankizumab)
- Anti-integrin (vedolizumab)
- Anti-TNF (infliximab, adalimumab, golimumab)
- JAK inhibitor (tofacitinib, upadacitinib)

★ **Positioning Considerations**
- Loss of response to anti-TNF? Measure serum drug levels and anti-drug antibodies to assess.
- Vedolizumab >> adalimumab for induction and maintenance
- Infliximab is the preferred anti-TNF therapy for patients with moderately to severely active UC.

★ If infliximab is used in induction, recommend combo therapy with a thiopurine

AVOID:
- Monotherapy with thiopurines or methotrexate
- Adding 5-ASA for clinical efficacy if previously failed 5-ASA and now on advanced therapies

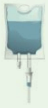
Management of the Hospitalized Patient with Acute Severe UC

- Test for *C. diff*
- Pharmacologic DVT

For Induction
- Methylprednisolone (60 mg/day)
  or
- Hydrocortisone (100 mg 3-4x/day)

Medical Rescue
- If failing to responsd to IVCS by day 3, recommend infliximab or cyclosporine

AVOID:
- Routine broad spectrum antibiotics
- TPN for purpose of bowel rest



Maintenance

Proctitis
- Rectal 5-ASA therapies (1 g/day)
- Left Sided Colitis/Extensive Colitis
- Oral 5-ASA therapy (at least 1.5 g/day)

★ Low-dose (2-2.4 g) of 5-ASA should be used, as compared to the higher dose (4.8 g). No difference in remission rate! Dose based on patient preference!

Thiopurines for maintenance of remission >> no treatment or steroid

If induction was achieved using the same therapy, can continue the following:
- Oral systemic steroids
- S1P receptor modulators (ozanimod, etrasimoid)
- IL-12/23 p40 antibody (ustekinumab)
- IL-23 p19 inhibitor (guselkumab, mirikizumab, risankizumab)
- Anti-integrin (vedolizumab)
- Anti-TNF (infliximab, adalimumab, golimumab)
- JAK inhibitor (tofacitinib, upadacitinib)

Remission with infliximab
- Continue infliximab

Remission with cyclosporine
- Suggest maintenance with thiopurines OR vedolizumab

Recommend against systemic, budesonide MMX, or topical steroids for maintenance
Do not use methotrexate for maintenance

5-ASA = 5-aminosalicylic acid
Anti-TNF = anti-tumor necrosis factor therapy
C. diff = *Clostridioides difficile*
cm = centimeter
DVT = deep vein thrombosis
g = gram
IL-12/23 p40 = anti-interleukin 12/23 p40
IL-23 p19 = anti-interleukin 23 p19
IVCS = intravenous corticosteroids
JAK = Janus kinases
mg = milligram
MMX = multimatrix system
S1P = sphingosine 1-phosphate
TPN = total parenteral nutrition
UC = ulcerative colitis

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