

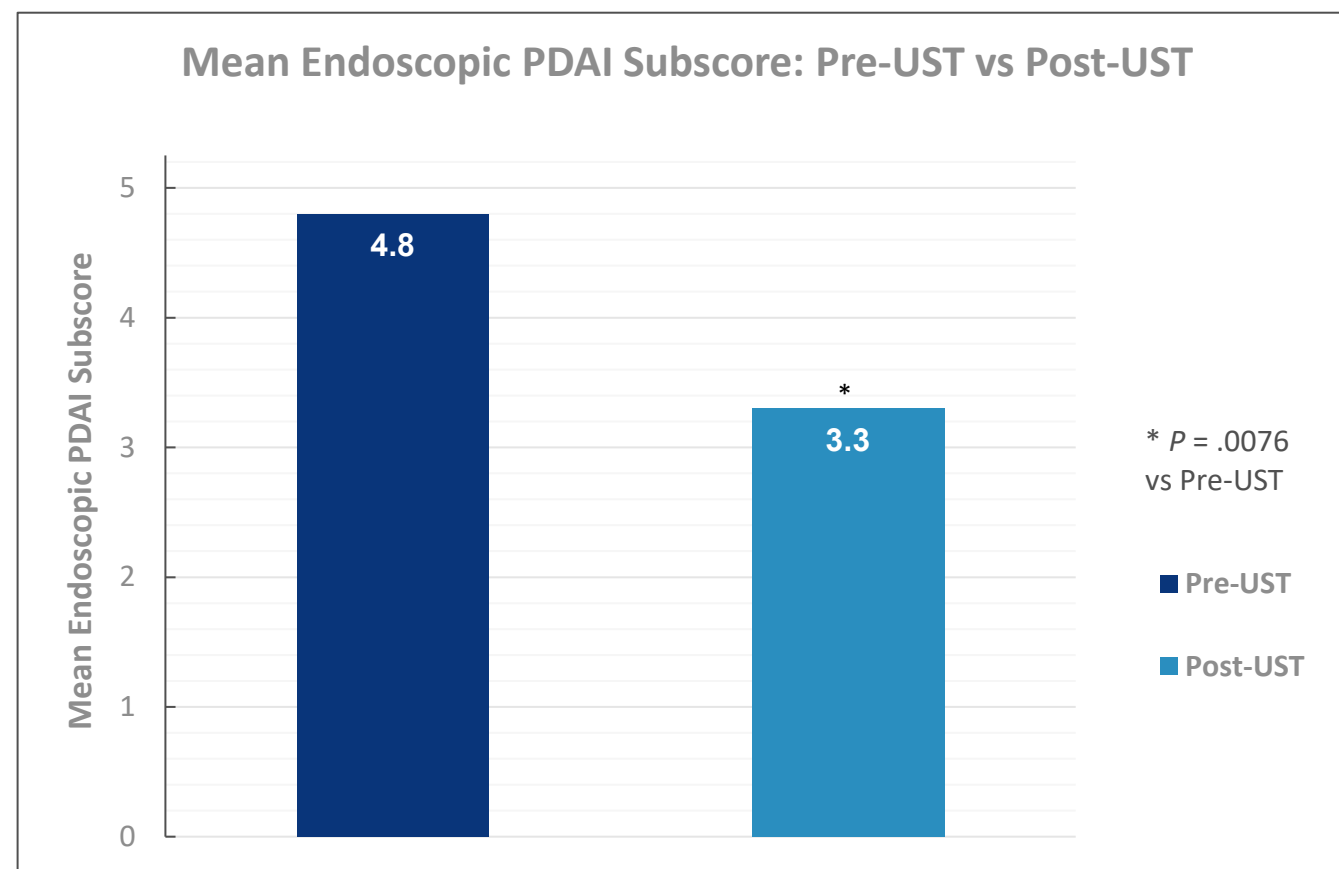
Ustekinumab Improves Endoscopic and Clinical Outcomes in Chronic Antibiotic-Refractory Pouchitis

Study Overview

- Retrospective tertiary-center study (N=24)
- Included UC patients who developed antibiotic-refractory pouchitis after proctocolectomy with IPAA
- Patients received UST with standard Crohn's disease dosing; median time from UST initiation to pouchoscopy of 7.4 months (IQR 4.6–10.6)
- Median follow-up of 12.9 months (IQR 7.9–16)

Primary Endpoint

- Mean endoscopic PDAI subscore decreased from 4.8 to 3.3 ($P = .0076$)



Key: IPAA: ileal pouch-anal anastomosis; IQR: interquartile range; PDAI: Pouchitis Disease Activity Index; UC: ulcerative colitis; UST: ustekinumab

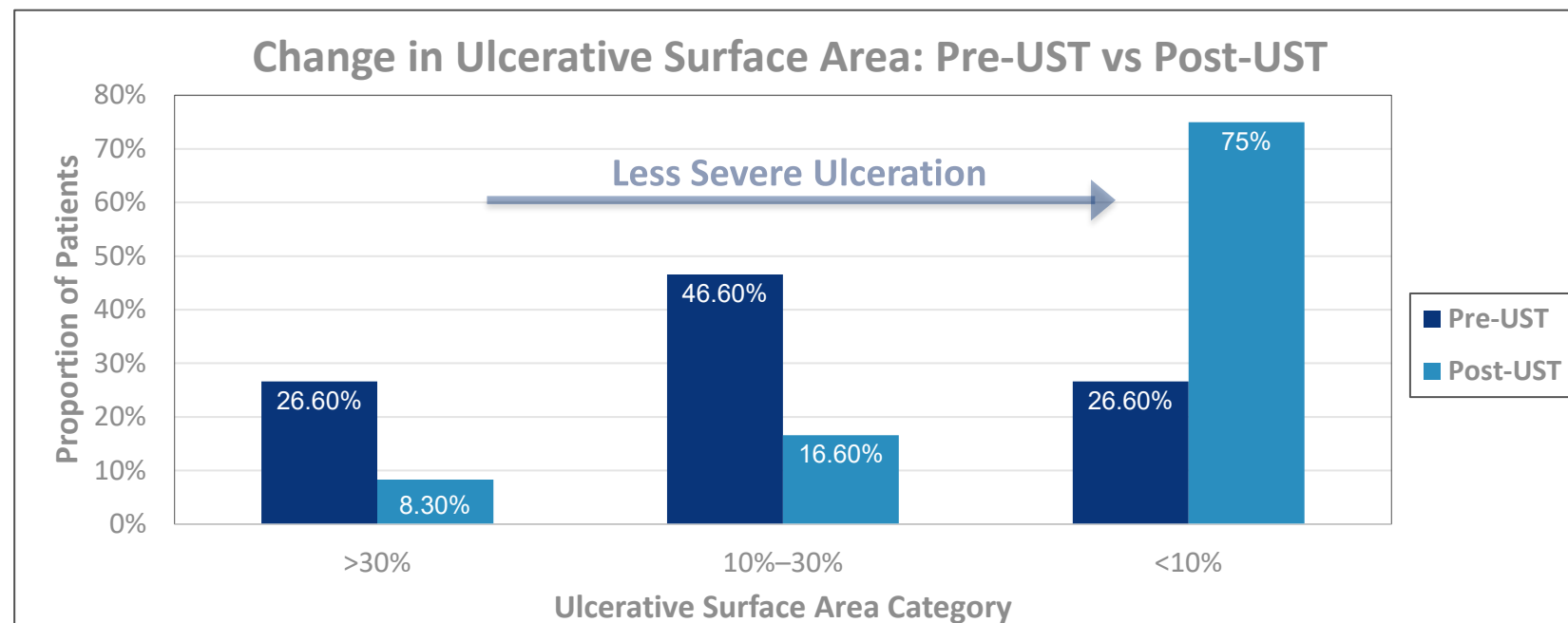
References:

1. Ollech JE, Rubin DT, Glick L, et al. Ustekinumab Is Effective for the Treatment of Chronic Antibiotic-Refractory Pouchitis. *Dig Dis Sci*. 2019;64(12):3596-3601. doi:10.1007/s10620-019-05697-1

Secondary Outcomes & Interpretation

Secondary Endpoints

- The proportion of patients with ulcerative surface area >30% decreased from 26.6% before UST treatment to 8.3% at follow-up
- Clinical response with UST treatment in 12 of 24 patients (50%), with mean bowel movements within 24 hours reduced from 8.4 to 6.5 ($P = .006$)



Interpretation

- Improvements were observed across endoscopic and clinical outcomes in this cohort
- Findings suggest UST may be associated with reductions in inflammation and symptom burden in chronic antibiotic-refractory pouchitis
- These retrospective results warrant further prospective evaluation

Key: UST: ustekinumab

References:

1. Ollech JE, Rubin DT, Glick L, et al. Ustekinumab Is Effective for the Treatment of Chronic Antibiotic-Refractory Pouchitis. *Dig Dis Sci*. 2019;64(12):3596-3601. doi:10.1007/s10620-019-05697-1