Title: THERAPY DECISION TREE—ULCERATIVE COLITIS

Objective: provide direction regarding choice of therapy for patients with ulcerative colitis

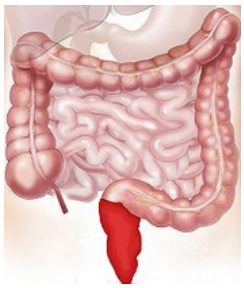
Patient population: adult patients (>18years) with known diagnosis of ulcerative colitis

INTRODUCTION

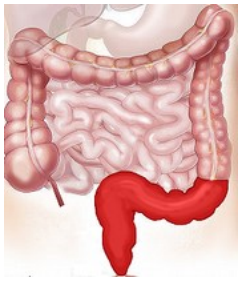
Ulcerative colitis (UC) is a chronic inflammatory condition of the large intestine that is limited to the mucosal layer of the colon extending from the rectum to the proximal colon, in vary extents. UC is diagnosed based on a combination of clinical presentation, endoscopic findings and histological features indicating chronicity. It is important to define the extent and severity of inflammation to guide the selection of appropriate treatment and predict prognosis.

Montreal classification of ulcerative colitis based on disease extent is classified as:

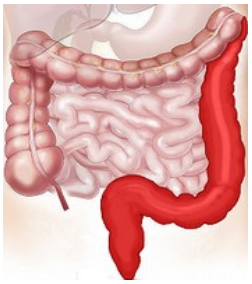
Ulcerative proctitis



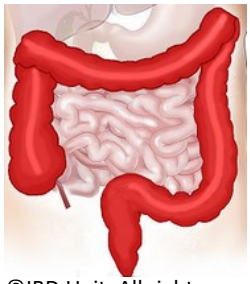
Ulcerative proctosigmoidosis



Left-sided colitis



Extensive colitis/Pancolitis:



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Disease activity in ulcerative colitis based on Partial Mayo Score system

Parameter	Clinical evaluation (single choice)	Score
Stools frequency (per day)	• Normal number of stools • 1-2 more than normal • 3-4 more then normal • ≥5 more than normal	0 1 2 3
Rectal bleeding (indicate the most severe bleeding of the day)	• Normal number of stools • 1-2 more than normal • 3-4 more then normal • ≥5 more than normal	0 1 2 3
Physician's global assessment	• Normal • Mild • Moderate • Severe disease	0 1 2 3

Score	Interpretation
<1	remission
2-4	Mild activity
5-7	Moderate activity
>7	Severe activity

Clinical pathways never replace clinical judgement. Care outlined in this pathway **must be altered** if it is not clinically appropriate for the individual patient

- **Corticosteroid refractory** UC: If there is no clinical response to oral prednisone (40 to 60 mg or equivalent) within 30 days
- **Corticosteroid dependent** UC: If corticosteroids cannot be tapered within three months of starting without disease recurrence, or if relapse occurs within three months of stopping corticosteroids.
- **Laboratory investigation include**: CBC, liver biochemical tests, creatinine, albumin, blood urea nitrogen and CRP
- **Stool studies include**: *Clostridium difficile*, routine stool cultures and fecal calprotectin
- If patient recently travelled to parasitic infection endemic region, consider ova and parasites
- **Goal of therapy:** to achieve endoscopic and clinical remission demonstrated by complete mucosal healing.

The following algorithms are best practice clinical pathways for therapy decision for patients with Ulcerative Colitis.

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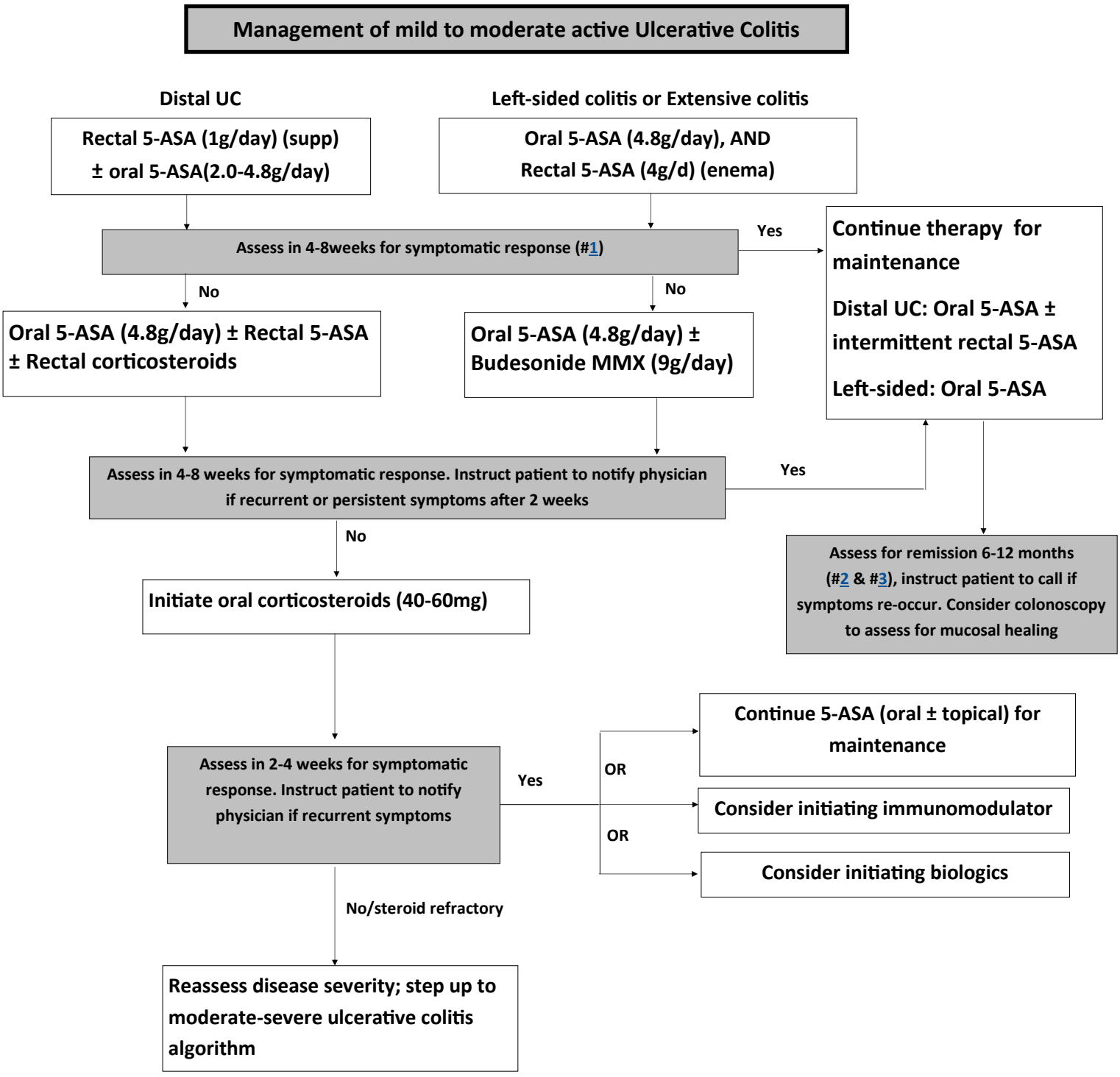

Figure 1: Therapy decision tree for the management of Mild to Moderate active Ulcerative colitis.

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Management of NonHospitalized Moderate to Severe Active Ulcerative Colitis

Consider the following when choosing a biologic (shared-decision making):

- Patient preference and characteristics (e.g. age)
- Risk of adverse events (e.g. infection, malignancy)
- Other medications being used, prior therapy for UC
- Accessibility to an infusion center
- Patient compliance and insurance coverage for medication cost
- **Pre-biologic workup**

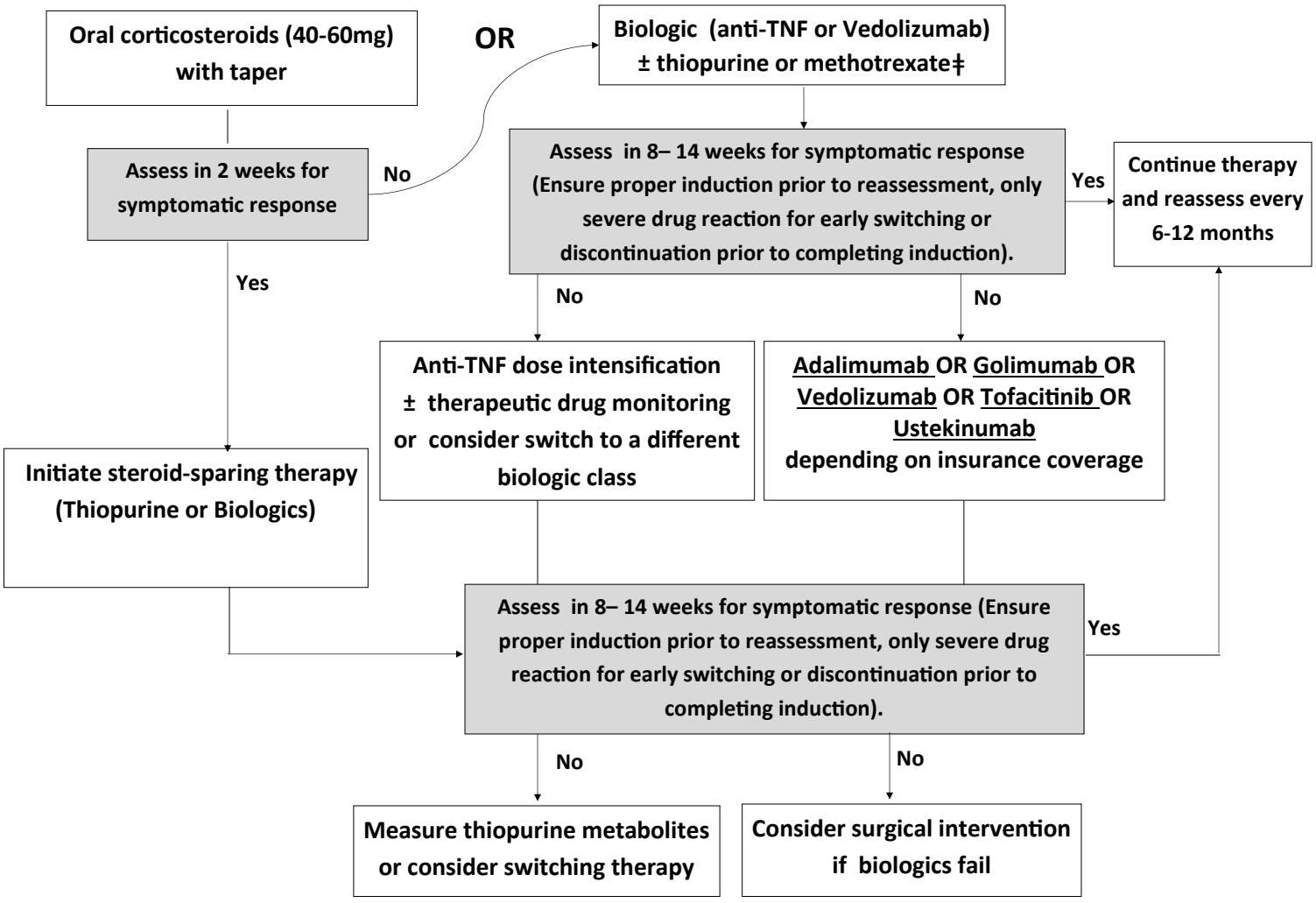

Figure 2: Therapy decision tree for the management of NonHospitalized Moderate to Severe active Ulcerative colitis.

‡Folic acid (1 mg daily) is recommended to reduce gastrointestinal symptoms and transaminase elevations associated with drug

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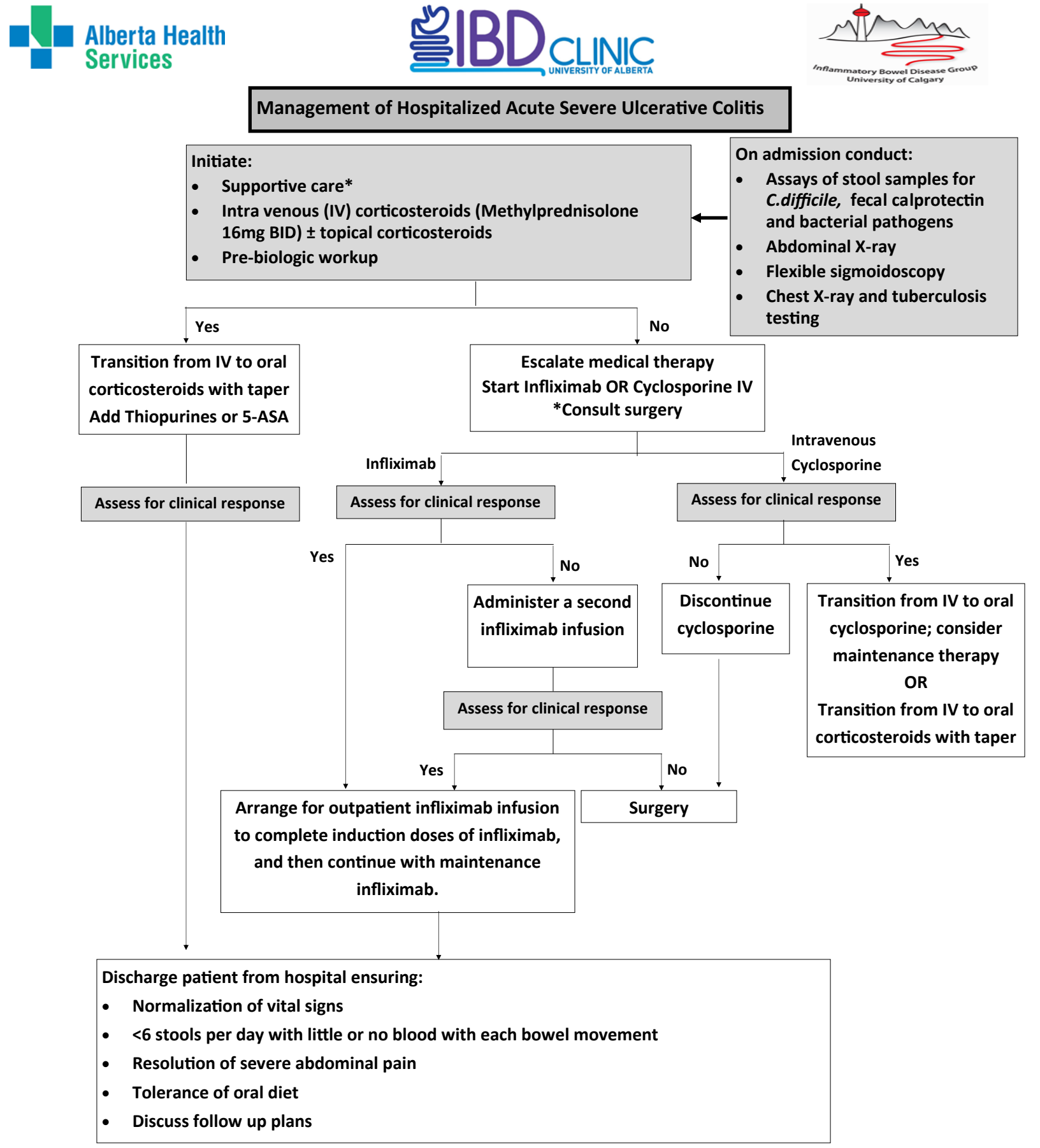

Figure 3: Therapy decision tree for the management of Hospitalized Acute Severe Ulcerative Colitis

* Supportive care includes monitoring vital signs and stool output, intravenous fluid and electrolyte replacement, venous thromboembolism prophylaxis and nutritional support.

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Rubin DT et al. ACG Clinical Guideline: Ulcerative Colitis in Adults. Am J Gastroenterology 2019; 114:384

Bressler and Marshall et al. Clinical Practice Guidelines for the Medical Management of Nonhospitalized Ulcerative Colitis: The Toronto Consensus. Gastroenterology 2015; 148:1035-1058

Bitton A. et al. Treatment of Hospitalized Adult Patients with Severe Ulcerative Colitis: Toronto Consensus Statements. Am J Gastroenterology 2011; 179-194

Additional resources for IBD providers

Inflammatory Bowel Disease: Drug Comparison chart

Links to additional resources for patients

UpToDate® — Patient education: Ulcerative colitis (Beyond the Basics) (freely accessible)

https://www.uptodate.com/contents/ulcerative-colitis-beyond-the-basics?topicRef=2004&source=see_link

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