

Appendectomy versus switching to a JAK inhibitor in inducing remission in patients with active ulcerative colitis after biologic therapy failure (COSTA): 1-year results of a multicentre, prospective, cohort study

Multicenter patient-preference, interventional cohort study. Adult patients with UC with a total Mayo score of 5-12 and an endoscopic subscore of 2 or higher despite treatment with an advanced therapy were offered one of three treatments: laparoscopic appendectomy while continuing their advanced therapy vs switching their advanced therapy to a JAK inhibitor vs colectomy. This analysis focuses on patients who chose appendectomy vs JAK inhibitor.

Primary endpoint: Clinical remission (TMS ≤ 2 , no subscore >1) at 12 months without therapy failure.

Results: N=125

- At 12 months clinical remission without therapy failure was 32.8% appendectomy vs 12.2% JAK inhibitor, $p=0.016$.
- Endoscopic response 48.4% appendectomy vs 25.6% JAK inhibitor

Conclusion:

Appendectomy as an adjunct to advanced therapy in biologic-exposed patients with active UC was associated with higher clinical remission rates at 12 months vs switching to a JAK inhibitor.

Clinical remission at 12 months

