

Meta-analysis: Should medical therapy be withdrawn after achievement of STRIDE-II treatment targets in ulcerative colitis?

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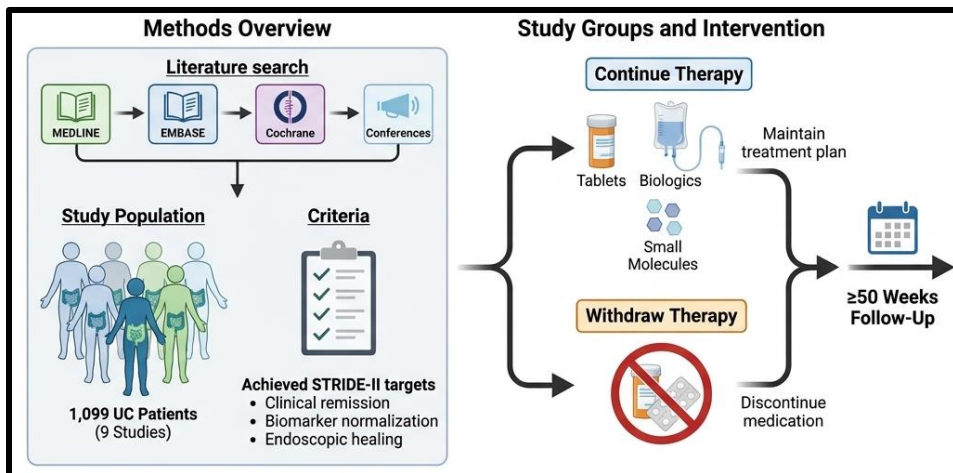
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1. Background

Ulcerative colitis (UC) management has evolved from symptom-based treatment to a treat-to-target (T2T) strategy, with the STRIDE-II recommendations advocating objective therapeutic targets including clinical, biomarker, endoscopic, histological and transmural remission. Advanced inflammatory bowel diseases (IBD) therapies are frequently required to achieve these targets. However, data informing whether these therapies should be continued once treatment targets are achieved remain limited. This meta-analysis evaluated the impact of continuing versus withdrawing advanced IBD therapy following achievement of STRIDE-II treatment targets in UC.



2. Methods

A systematic review and meta-analysis was performed in accordance with PRISMA guidelines. MEDLINE, EMBASE, Cochrane CENTRAL, and major gastroenterology conference proceedings were searched from inception for prospective cohort studies, post-hoc analyses, and interventional trials evaluating outcomes following achievement of STRIDE-II treatment targets in UC. Eligible studies included adult UC patients either continuation or withdrawal of advanced medical therapy, with who achieved clinical remission, biomarker normalisation, and/or endoscopic healing, and subsequently underwent at least 50 weeks follow-up. The primary outcome of sustained clinical remission, biomarker normalisation, and/or endoscopic healing, was assessed at least 50 weeks following treatment withdrawal or continuation. Secondary/Subgroup analysis anti-TNF etc. Random-effects meta-analysis was performed using pooled risk ratios (RR) with 95% confidence intervals (CI).



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3. Results

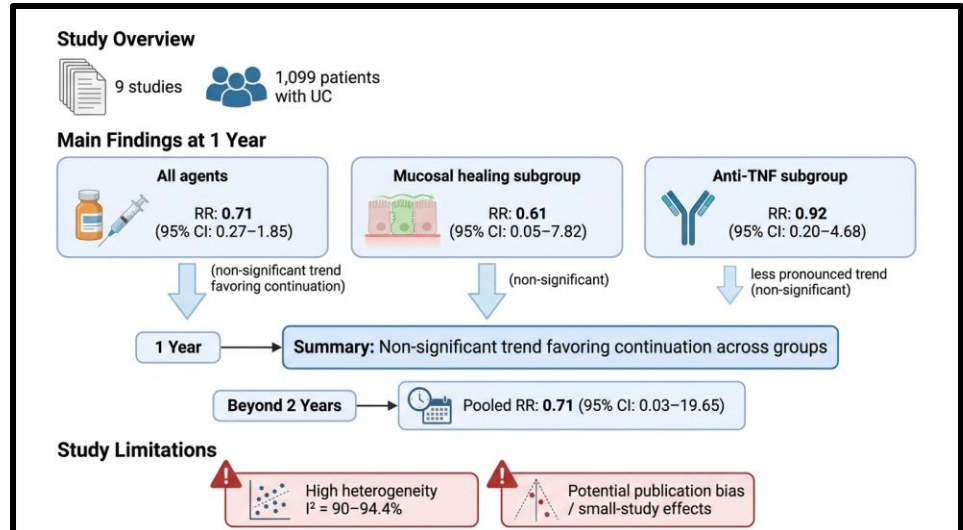
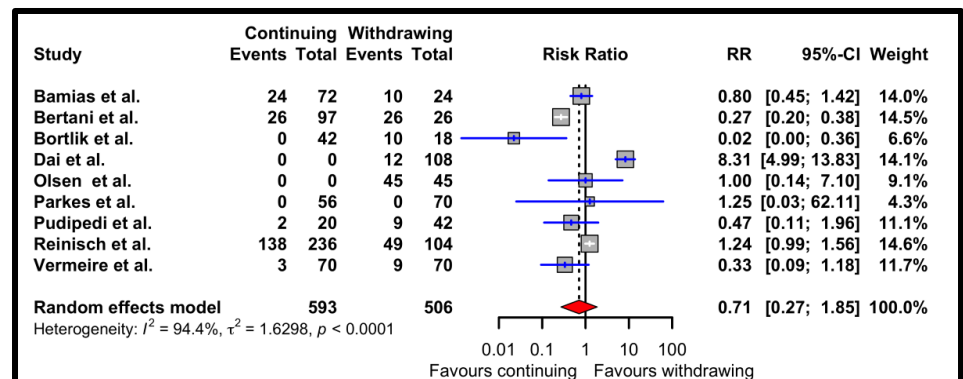


Figure 1. All therapies: continuation versus withdrawal.

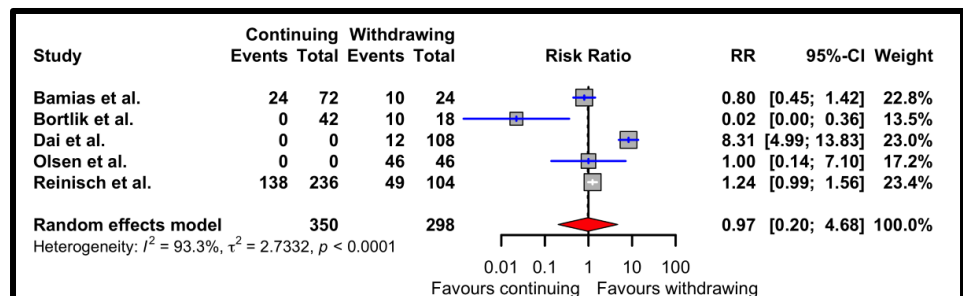


Figure 2. Anti-TNF therapy: continuation versus withdrawal. TNF, tumour necrosis factor.

4. Conclusion

Current evidence does not clearly support routine withdrawal of advanced IBD therapy following achievement of STRIDE-II treatment targets in UC. Although pooled analyses demonstrated a non-significant trend favouring continuation of therapy for maintenance of treatment targets, interpretation is limited by substantial heterogeneity, and small-study effects. Prospective controlled studies are needed to determine whether treatment withdrawal is appropriate following achievement of STRIDE-II treatment targets in UC, and to identify patients in whom de-escalation may be safely considered.