ACG Clinical Guideline: Management of Ulcerative Colitis Disease in Adults

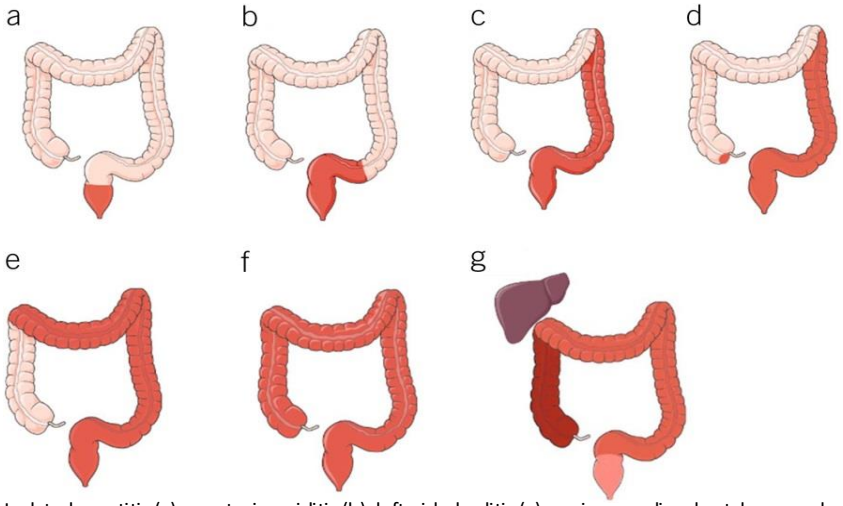
By Andres Rodriguez, DO, MBA

Ulcerative Colitis - Background

- Incidence: **6.3** per 100,000 person-years
- Age/sex/insurance standardized is **305** per 100,000
- Therapeutic means is achievement of endoscopic mucosal healing (Mayo 0 or 1) along with disease modification

Diagnostic Evaluation / Infection Exclusion

- ✓ Recommend stool testing to rule out *Clostridioides difficile* in patients suspected of having UC
- ✓ Recommend *against* serologic antibody testing (p-ANCA) to establish or rule out UC diagnosis
- ✓ Recommend *against* serologic antibody testing to determine prognosis of UC



Isolated proctitis (a), proctosigmoiditis (b), left-sided colitis (c), peri-appendiceal patch or cecal patch phenotype (d), extensive colitis (e), pancolitis (f), primary sclerosing cholangitis phenotype (g)

ACG Ulcerative Colitis Disease Activity Index

	Remission	Mild	Moderate - Severe	Fulminant
Stools (#/day)	Formed stool	<4	>6	>10
Blood in stools	None	Intermittent	Frequent	Continuous
Urgency	None	Mild, occasional	Often	Continuous
Hemoglobin	Normal	Normal	<75% of normal	Transfusion required
CRP (mg/dL)	Normal	Elevated	Elevated	Elevated
Fecal calprotectin (microgram/g)	<150-200	>150-200	>150-200	>150-200
Endoscopy Mayo sub-score	0-1	1	2-3	3
Ulcerative Colitis Endoscopic Index of Severity (vascular pattern, bleeding, erosions/ulcers)	0-1	2-4	5-8	7-8

Rubin, David T. MD, FACG1; Ananthakrishnan, Ashwin N. MBBS, MPH, FACG2; Siegel, Corey A. MD, MS3; Barnes, Edward L. MD, MPH, FACG4; Long, Millie D. MD, MPH, FACG4. ACG Clinical Guideline Update: Ulcerative Colitis in Adults. The American Journal of Gastroenterology 120(6):p 1187-1224, June 2025. | DOI: 10.14309/ajg.0000000000003463

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Role of Intestinal Ultrasound (IUS)

- Defined for monitoring disease activity, response to therapy and early relapse detection.
- Measure UC disease activity and monitor response to therapy or disease relapse.
- Point-of-care test that measures bowel wall thickness, color flow Doppler (hyperemia) as measures of active and chronic colitis.
- In a systematic review and meta-analysis of 16 studies in IBD comparing **IUS** with **endoscopy and with biochemical markers**, IUS had high pooled sensitivity (85%) and specificity (92%).
- Low yield for endoscopically mild UC
- For moderate to severe active UC→ moderate wall thickening (>3 mm) is found along with submucosal edema and hyperperfusion.
- IUS can detect response to therapy as soon as **2 weeks.**

Ulcerative Colitis Treatments

- 5-ASA is foundation for mild UC (oral and rectal) depending on location
- Systemic corticosteroids strongly discouraged for maintenance
- Biologics and JAK inhibitors are supported for ongoing maintenance after induction therapy

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Ulcerative Colitis Treatments

- Oral budesonide MMX (moderately active UC)
- Systemic corticosteroids (moderate to severe UC)
- Thiopurines/methotrexate is NOT recommended for induction
- Advanced therapies
  - S1P modulators (ozanimod, etrasimod)
  - IL12/23 p40 antibody (ustekinumab)
  - IL-23 p19 inhibitors (guselkumab, mirikizumab, risankizumab)
  - Anti-integrin (vedolizumab)
  - Anti-TNF biologics (ainfliximab, adalimumab, golimumab)
  - JAK inhibitors (tofacitinib, upacitinib)
- *Combining 5-ASA with advanced therapies is not beneficial in those already escalated beyond 5-ASA*

Therapy Sequencing / Advanced Therapy Selection

- Non-responsive to anti-TNF→ assess drug levels to decide on optimizing vs. switching class
- Primary anti-TNF non-responders → switch to another class
- Use of biosimilars is acceptable **without delay**
- Subcutaneous infliximab/vedolizumab is equivalent to IV maintenance dosing (induction equivalence not yet established)
- Moderate to severe UC: **early initiation of advanced therapies** is key vs. escalating slowly after steroids

Acute Severe Ulcerative Colitis