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impact of disease clearance on long-term outcomes in patients with UC.

Materials and methods: A multicenter retrospective cohort study was conducted at the Humanitas Research Hospital-IRCCS (Italy) and at the Nancy University Hospital (France) between January 2014 and February 2021. All consecutive adult patients with confirmed UC undergoing colonoscopy with biopsies and available histological reports and clinical data within one month of colonoscopy were eligible for inclusion. Disease clearance was defined as clinical (partial Mayo score ≤ 2 with no subscore >1), endoscopic (endoscopic Mayo score = 0), and histological (Nancy index = 0) remission of disease. The first available endoscopic procedure was considered as baseline. Disease clearance was measured at baseline and during follow-up by comparing the occurrence of negative disease outcomes in patients who achieved or not disease clearance.

Results: A total of 302 patients were included (46.4% female, mean age 44.9 ± 13.7). Disease clearance was detected in 42 patients (13.9%) at baseline. Median follow-up was 32.2 ± 20.2 months. No patient achieving disease clearance underwent surgery during follow-up compared with 22 subjects in the non-disease clearance group (0.0% vs 8.5%, $p=0.1$). Similarly, a lower hospitalization rate was detected in patients with disease clearance at baseline compared with the control group (7.1% vs 25.4%, $p=0.01$). Interestingly, 51/302 patients (16.9%) achieved both endoscopic and histologic remission. This subgroup experienced a significantly lower rate of hospitalization (7.8% vs 25.9%, $p=0.008$) and surgery (0.0% vs 8.8%, $p=0.05$) compared with patients with endoscopic and/or histologic disease activity. The Kaplan Meier curves confirmed that patients with disease clearance at baseline had a lower risk for surgery ($p=0.04$) and hospitalization (hazard ratio (HR)= 0.49, 95% confidence interval (CI) 0.08–2.29, $p=0.009$) (Figs 1 and 2).

Conclusions: Disease clearance is a new outcome that simultaneously takes into account remission of symptoms, endoscopy and histology. Patients with disease clearance are at significant lower risk for hospitalization and surgery and could be the ultimate therapeutic target for full disease control.

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SEVERE ACTIVITY OF INFLAMMATORY BOWEL DISEASE IS A RISK FACTOR FOR SEVERE COVID-19: DATA FROM THE SICILIAN NETWORK FOR INFLAMMATORY BOWEL DISEASE (SN-IBD)

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Background and aim: Data from the first wave of Covid-19 pandemic suggested that patients with inflammatory bowel disease (IBD) are not at higher risk of being infected by Sars-CoV-2 than the general population and that, in case of Covid-19, treatment with immunomodulatory drugs is not associated with worse prognosis, with the possible exception of systemic steroids. Evidence from the second wave of Covid-19 pandemic is required to confirm these findings.

Materials and methods: This retrospective observational study included consecutive IBD patients of the cohort of the Sicilian Network for Inflammatory Bowel Disease (SN-IBD) with Covid-19 diagnosed by PCR-confirmed presence of SARS-CoV-2 genome in a nasopharyngeal swab during the second Covid-19 pandemic wave (15th September 2020–15th January 2021). Data regarding demographics, IBD features and treatments, comorbidities, and symptoms of COVID-19 were related to Covid-19 clinical outcomes.

Results: One hundred twenty-two patients (mean age 43.9 ± 16.7 years; males 50.0%; Crohn's disease 62.3%; ulcerative colitis: 37.7%) were included (estimated cumulative incidence: 122/10,000 IBD patients=0.0122%). Twelve patients developed Covid-19-related pneumonia (9.8%), 4 (3.3%) required respiratory assistance (non-mechanical ventilation or orotracheal intubation), and 4 died (case fatality rate: 3.3%). At multivariate analysis, age (OR 1.034, 95% CI 1.006–1.147, $p=0.03$) and severe IBD activity (OR 13.465, 95% CI 1.104–164.182, $p=0.04$) were independent predictors of Covid-19-related pneumonia, while severe IBD activity (OR 15.359, 95% CI 1.320–178.677, $p=0.03$) was the only independent predictor of severe Covid-19, a composite end-point defined as need for respiratory assistance and/or death. Concomitant IBD treatments were not associated with Covid-19 clinical outcomes, even if a trend toward a protective role of TNF-inhibitors on pneumonia development was reported ($p=0.08$).

Conclusions: In this large cohort of patients with IBD and Covid-19, severe IBD activity was the only risk factor for severe COVID-19, while IBD treatments were not associated with worse outcomes.