

IBD

Intensive GMA is more efficacious than weekly GMA for the treatment of ulcerative colitis

Intensive treatment with granulocyte and monocyte adsorptive apheresis (GMA) is more efficacious for ulcerative colitis than routine weekly GMA treatment, according to the results of a new study from Japan.

GMA selectively depletes granulocytes and monocytes from peripheral blood. This reduction in the number of granulocytes and monocytes reduces inflammation and induces remission in patients with ulcerative colitis.

GMA is currently carried out once weekly, and studies have demonstrated its efficacy in the treatment of patients with ulcerative colitis. However, it can take longer to achieve remission compared with other treatment options for these patients. Sakuraba and colleagues hypothesized that a more intensive course of GMA might induce more rapid remission.

The authors conducted an open-label, prospective, randomized, multicenter

study to compare the safety and efficacy of intensive GMA (two sessions per week) with routine GMA (one session per week).

Patients with mild-to-moderate active ulcerative colitis (defined as a clinical activity index score from 5 to 12) were eligible for inclusion. In total, 163 patients were included in the study and were randomly assigned to receive either intensive or routine GMA. 149 patients were available for efficacy evaluations.

The primary end point of the study was clinical remission at the end of the study period (70 days in the weekly GMA group and 35 days in the intensive GMA group—that is, after a maximum of 10 treatments). Secondary end points included time to remission and incidence and severity of adverse effects.

Significantly more patients in the group who received intensive GMA achieved clinical remission during the study period

compared with those who received routine GMA. In addition, the mean time to remission was significantly shorter for those patients who received intensive GMA compared with those patients who received routine GMA. No serious adverse events occurred in either group. The number of adverse events in each group was not significantly different; GMA was well tolerated by both groups of patients.

This study demonstrates that intensive GMA is more efficacious than routine weekly GMA, without an increase in the number of adverse effects. The authors conclude that their results now need to be confirmed in placebo-controlled trials.

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Original article Sakuraba, A. *et al.* An open-label prospective randomized multicenter study shows very rapid remission of ulcerative colitis by intensive granulocyte and monocyte adsorptive apheresis as compared with routine weekly treatment. *Am. J. Gastroenterol.* **104**, 2990–2995 (2009)