

SAGES Congress Abstracts: 2025



Assessment of steroid use in patients with active ulcerative colitis who initiated a new Janus kinase inhibitor or tumour necrosis factor inhibitor using data from a United States claims database

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Background: The US FDA limited Janus kinase inhibitor (JAKi) use to after tumour necrosis factor inhibitors (TNFi). We examined steroid use and treatment failure among patients with ulcerative colitis (UC) initiating JAKi vs TNFi using US claims data.

Methods: This analysis included patients with UC from an adjudicated medical/pharmacy claims database (IQVIA PharMetrics Plus; 2007–2022) who started a new JAKi/TNFi on/after 30/05/2018. Patients were followed from index to study end, event of interest or treatment switch (whichever came first). Assessments included steroid use within 90 days of index, and treatment failure over 6 months post-index, defined as a composite of any: UC/colectomy-related hospitalisation (inpatient/emergency room)/switch to another advanced treatment (AT)/steroid use \geq 90 days after index treatment initiation. Individual components of treatment failure were also analysed. Stabilised inverse probability treatment weights (sIPTW) were calculated using 19 confounders. Cox proportional hazards models with sIPTW were used to calculate hazard ratios (HRs) and 95% confidence intervals (CIs). Additional analyses were conducted in AT-naïve/experienced patients.

Results: Of 6 019 patients, 763/5 256 initiated JAKi/TNFi. More TNFi vs JAKi initiators previously used non-biological conventional treatments and received concomitant conventional treatments at index. Prior AT was higher with JAKi (74.3%) vs TNFi (15.3%); baseline steroid use was generally similar between groups. Overall, there was a significantly lower risk (HR [95% CI]) of steroid use for JAKi vs TNFi (0.75 [0.65, 0.87]), and among AT-naïve/experienced patients (0.79 [0.64, 0.97]/0.69 [0.59, 0.82]). There was a significantly lower risk of treatment failure with JAKi (0.80 [0.68, 0.94]). A significantly lower risk of steroid use \geq 90 days was observed for JAKi overall and AT-naïve/experienced subgroups.

Conclusion: Patients with UC receiving JAKi had significantly less steroid use vs TNFi. Limitations included uncontrollable confounders in claims data.

Study sponsored by Pfizer. Medical writing support provided by C Duncan, CMC Connect; funded by Pfizer.

Optimising recruitment and processing towards the establishment of a Faecal Microbiota Bank at the South African National Blood Service

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Alterations in the gut microbiome have been implicated in different diseases, including chronic *Clostridioides difficile* (*C. difficile*) infection, inflammatory bowel disease and irritable bowel syndrome. Infections with *C. difficile* lead to significant mortality and morbidity globally. Recurrent *C. difficile* infections are complicated to manage due to the antimicrobial resistance of *C. difficile* spores, with recurrence rates of up to 60 % after three courses of antibiotics. In contrast, faecal microbiota transplant (FMT) demonstrated resolution rates of 70–94 %. In South Africa, FMT is limited to selected specialised centres.

This study aimed to optimise the recruitment and processing of samples to establish a Faecal Microbiota Bank at the South African National Blood Service (SANBS). This aim was obtained through (i) the establishment of an appropriate recruitment and

testing process, and (ii) optimising the processing and storage of stool samples.

Internationally published stool donor criteria are stringent, with published literature indicating that 6–8% of the general population qualify, compared to 20% of blood donors. Therefore, blood donors have been identified as a suitable target group. The processing of stool samples requires a dedicated appropriate laboratory space, optimised procedures and storage. The impact of the stool processing and preservation was determined by investigating the microbial diversity and concentration at each step.

A total of 3 donated samples were processed and evaluated, with samples taken at each processing step and analysed. No significant loss in microbial concentration or diversity was observed, indicating that all procedures are optimised.

The successful establishment of a Faecal Microbiota Bank at SANBS will facilitate broader access to FMT in both the public and private health sectors in South Africa.

Prospective cohort: epidemiology of *Helicobacter pylori* at Groote Schuur Hospital

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Background: The highest incidence of gastric cancer (GCA) is seen in East Asia, South America, and Central America. Several factors are associated with the development of GCA. These factors are classified into non-modifiable factors including age, sex, race/ethnicity, and genetics, and modifiable factors which include *Helicobacter pylori* (*H. pylori*) infection (classified as type 1 carcinogen for GCA), the gastric microbiome, obesity, dietary habits, and lifestyle behaviours such as smoking and alcohol intake, radiation and chemical exposure, gastro-oesophageal reflux disease, gastric ulcers, and previous gastric surgery.

Aim: To compare patients positive for *H. pylori* to an *H. pylori* negative control group, in a prospectively collected cohort, where gastric biopsies were collected for molecular and microbiome studies. In this study, we compare their demographic data, clinical risk factors, and endoscopic findings, aimed at understanding the baseline risk factors for *H. pylori* pathogenesis and its impact on the development of GCA in our population.

Methods: For both cohorts of patients (*H. pylori* positive and an *H. pylori* negative control group), demographic data, clinical risk factors, endoscopic and histologic pathology were collated and compared.

Results: Seventy-nine patients were recruited, 23 were *H. pylori* positive and 56 *H. pylori* negative. Sixteen (69.15%) and 41 (73.21%) patients were age less than 45 in the *H. pylori* positive and *H. pylori* negative cohorts, respectively. There was no

statistically significant difference between both cohorts for age, gender, smoking, alcohol use, PPI use, hypertension, or diabetes. Anaemia was significantly associated with *H. pylori* positivity (7-fold). Our study showed that the RUT used in our facility is as sensitive as biopsy culture in diagnosing the presence of *H. pylori*.

Conclusions: Our study showed a strong association between anaemia and the occurrence of *H. pylori* infection. Therefore, screening and eradication of *H. pylori* should be fundamental in the management of unexplained anaemia.

A challenging case of bleeding stomal varices

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Introduction: Bleeding stomal varices are rare but potentially life-threatening complication of portal hypertension. Herein we describe a case of recurrent bleeding stomal varices in a patient with a complicated medical history.

Case Report: A 58 year old woman with primary sclerosing cholangitis and ulcerative colitis (PSC-UC) required a liver transplant in 1997. She developed post-transplant PSC recurrence which progressed to compensated cirrhosis. In 2023, she underwent a colectomy with ileostomy for colorectal cancer and had an uneventful postoperative recovery. Early in 2025, she presented with acute bright red bleeding from the stoma that was associated with hypotension and a significant drop in haemoglobin. Upper endoscopy and ileoscopy failed to identify a bleeding source. CT angiography noted extension of previously documented portal vein thrombosis into the intra-hepatic portal veins, superior mesenteric vein and splenic vein. The most likely bleeding source was a dilated mesenteric vein herniating through the stoma.

Conservative treatment with compression, carvedilol and octreotide provided temporary reprieve but she required several re-admissions for bleeding episodes. Suture ligation at the stomal bleeding sites also failed to prevent re-bleeding. Transjugular intrahepatic portosystemic shunt (TIPS) was not a viable option given the extensive thrombosis. The patient was successfully treated by ultrasound and fluoroscopic guided peristomal embolisation of the feeding mesenteric vessels with coils and sclerosant.

Conclusion: The ideal approach to the management of bleeding stomal varices, particularly if TIPS is not feasible, is yet to be established. This case highlights the importance of a multidisciplinary approach in the treatment of this serious and rarely encountered condition.

Direct transhepatic portosystemic shunting in the management of Budd-Chiari syndrome: a case study

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Budd-Chiari syndrome represents a rare vascular disorder defined by the obstruction of hepatic venous outflow. This pathological process may culminate in the development of portal hypertension. The condition is most commonly associated with underlying prothrombotic states that predispose individuals to venous thrombosis. Due to portal vein thrombosis, transjugular intrahepatic portosystemic shunt is not frequently feasible. In this case, a direct intrahepatic portocaval shunt is used to create a conduit communication between the portal venous system and systemic circulation may occur through the intrahepatic segment of the inferior vena cava. In this report, we describe the case of a 34-year-old female diagnosed with Budd-Chiari syndrome, who was successfully managed using a percutaneous, ultrasound-guided direct intrahepatic portosystemic shunt procedure.

Verrucous cancer of the oesophagus: endoscopic submucosal dissection

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Verrucous carcinoma (VC) of the oesophagus is described as a rare variant of squamous cell carcinoma (SCC). It is characterised by its slow growing nature that is well differentiated and locally invading. The common presentation is in the oropharynx, larynx and genitalia.

First described as a variant of SCC by Ackerman in the oral cavity in 1948. Later the first case of verrucous cell carcinoma of the oesophagus (VCCE) was reported by Minielly et al. in 1967. Fewer than 50 cases have been reported thus far worldwide. This case report is about a patient seen at Wits Donald Gordon Medical Centre by Dr Vikash Lala in his practice. The patient was attending his practice for a gastroduodenoscopy and was found to endoscopically have features of VC. The report highlights the rarity of the disease, description of what was found and the intervention performed in order to remove the carcinoma using endoscopic submucosal dissection. This proves the value of early detection and complete endoscopic resection that can prevent significant morbidity and mortality.

Simultaneous development of ulcerative colitis in the colon and sigmoid neovagina in transgender woman

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Sex reassignment surgery is a necessary step in transitioning into the desired gender for male-to-female transgender individuals.

Intestinal vaginoplasty utilises a segment of the sigmoid colon for reconstruction of a neovaginal conduit. Special consideration should be placed on long-term gastrointestinal complications of the transplanted sigmoid. A 28 year old transgender female with history of sigmoid colon auto transplant for vaginoplasty performed five years prior presented with rectal and vaginal bleeding. Colonoscopy and endoscopic colposcopy revealed features compatible with ulcerative colitis, which were confirmed on histology. Treatment with topical and oral aminosalicylates resulted in improvement of symptoms. This report highlights the need for adequate surveillance pre-and post-gender reassignment surgery for gastrointestinal complications when sigmoid colon is used for vaginal reconstruction.

Direct-acting antiviral therapy for hepatitis C: a case series from Universitas Academic Hospital in the Free State

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New direct-acting antiviral (DAA) therapy for the treatment of hepatitis C was made available for state use at Universitas Academic hospital in January 2024. We have since treated nine patients with a sofosbuvir/velpatasvir combination and have profiled our experience with the therapy of these patients. In this presentation, we review their outcomes, particularly viral response rates, compliance, and side effect profiles. A case-by-case analysis was done looking for similarities and/or trends in this initial group of patients. The patients at the highest risk of not completing treatment were those residing outside the city. We consider the role of social screening or locally relevant eligibility criteria of these patients in order to increase the rate of treatment success.

Endoscopic ultrasound features of gastrointestinal stromal tumours and correlations with pathology finding: a case series

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Background: Gastrointestinal stromal tumours (GISTs) present unique diagnostic challenges, often requiring a combination of gastroscopy, endoscopic ultrasound (EUS) features and immunohistochemical analysis for accurate identification. This case series evaluates seven distinct presentations of GISTs, focusing on their sonographic characteristics, and histopathological diagnosis.

Methods: This was retrospective review of case records of patients that were referred for EUS to a single private practice in Johannesburg. These patients were found to have sub-epithelial lesions in the stomach or duodenum, during gastroscopy or

cross-sectional imaging. Endoscopic, cytologic and histologic reports were reviewed.

Findings: There was a total of seven patients, which included four males and three females, with ages ranging between 36–82 years. Four of the patients had other underlying malignancies for which they were under treatment. Six of the lesions were located in the stomach, and one in the second part of the duodenum. The sizes of the lesions ranged from 0.7 cm to 5.4 cm, largest diameter. Five of the lesions were solid, hypoechoic with regular margins. Two patients with colorectal and prostate cancer, had cystic lesions with internal calcifications. A spindle cell neoplasm was confirmed on all samples sent for cytology, however on histology, one sample was non-diagnostic, but confirmatory on the remaining 6 samples. The immunohistochemical stains which were positive included CD117 on 6 samples, 4 for DOG 1, and 4 for CD34.

Conclusion: The EUS features reported were similar to those reported in the literature, however the predominantly cystic nature in those with underlying cancers is unusual. Tissue acquisition with EUS was able to confirm the diagnosis in all the patients, underscoring the importance of EUS in GIST diagnosis.

Endoscopic practices in inflammatory bowel disease: a preliminary analysis from a tertiary centre

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Aim: To assess the indications for colonoscopy in patients with inflammatory bowel disease (IBD) and evaluate adherence to general and IBD-specific key performance indicators (KPIs) in lower gastrointestinal endoscopy.

Methods: We retrospectively analysed all lower gastrointestinal endoscopy reports for IBD patients at Gastroenterology Unit, Groote Schuur Hospital, Cape Town, between 1 January 2015 and 30 June 2023. Data collected included patient demographics, procedure indications, and documentation of endoscopic quality metrics such as bowel preparation scores, disease severity scores, and chromoendoscopy use.

Results: A total of 1 342 procedures were included. There were 744 for ulcerative colitis (UC), 517 for Crohn's disease (CD), and 81 for IBD-U. Procedure indications were documented in 97.2% (1305/1342), and bowel preparation scores in 94.2% (1264/1342). Endoscopic disease severity scores were provided in 39% of procedures. Among the 377 procedures performed for dysplasia surveillance, 10.8% documented the use of chromoendoscopy.

Conclusion: While documentation of general endoscopic quality indicators such as indication and bowel preparation is high, adherence to IBD-specific KPIs—particularly the use of chromoendoscopy and disease severity scoring—remains suboptimal. These findings highlight areas for potential

improvement in endoscopic practice and guideline compliance in IBD surveillance.

Indications and diagnostic yield of video capsule endoscopy at Chris Hani Baragwanath Academic Hospital

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Video capsule endoscopy (VCE) has had its indications and diagnostic yield from various studies which are mostly from the western setting. In our local environment, its performance has not been evaluated. The aim of this study was to evaluate the indications and the diagnostic yield of VCE at Chris Hani Baragwanath Academic Hospital.

We reviewed data from our local VCE clinic database over an 8 and half-year period from January 2017 to May 2025. Patients were mostly referred for VCE by the gastroenterology unit doctors. The patients underwent bowel preparation prior to the VCE. VCE used the PillCam™ SB-3 capsule system. The VCE results were reported by qualified gastroenterologists and the gastroenterology fellows who had completed training course in VCE. Data was manually extracted, and analysed using Microsoft Excel and Epi Info. We reviewed the reports which were recorded in our database.

A total of 134 VCE procedures were performed during the period in review. One hundred and five procedures were included in the final analysis. The patients' median age was 60 years with an interquartile range of 26 years. There were 66 males and 39 females. The most common indication was obscure gastrointestinal bleeding either occult or overt bleeding. This contributed to 94.28% of the indications. The other indications were clinical suspicion of Crohn's disease (3.81%), chronic diarrhoea and evaluation of small bowel involvement in possible hereditary haemorrhagic telangiectasia. Positive findings were identified in 79% of the patients. The most common finds were: gastritis in the stomach (29.5%), angiodysplasia in the duodenum (18.1%) and in the jejunum/ileum (15%). Despite poor bowel preparation, 6 patients had colonic bleeding.

The indications for VCE in our setting were consistent with the international guidelines with a higher proportion of patients with obscure gastrointestinal bleeding. There was a higher yield of positive results from our study.

Colonoscopic findings in iron deficiency anaemia patients at a South African tertiary hospital

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Background: Iron deficiency anaemia (IDA) is frequently brought on by occult blood loss from the gastrointestinal tract and intestinal malabsorption of iron. It requires the exclusion of

a potential gastrointestinal cancer, making it a crucial indication for a colonoscopy.

Objectives: This study aims to examine colonoscopic findings in confirmed IDA patients and histology outcomes of the biopsies obtained.

Methods: A retrospective review of colonoscopic reports for IDA patients was retrieved from our database from 05 January 2023 to 28 December 2023. Data extracted included demographics, colonoscopic findings, and biopsy results. Patients younger than 18 were excluded. The results of the colonoscopy were then assessed to determine whether they pointed to a colonic cause of iron deficiency.

Results: A total of 676 colonoscopies were performed from 05 January 2023 to 28 December 2023, of which 277 (41%) were done for a referral diagnosis of IDA. One hundred and sixty (57.8%) were females, with 47.2% being males ($n = 117$). Their median age was 58.5 years (IQR 19–92). 55.6% ($n = 154/277$) had normal colonoscopies. Eleven point nine per cent ($n = 33/277$) had diverticular disease, 19.1% ($n = 53/277$) polyps and 7.2% ($n = 20/277$) had colorectal cancer. Internal haemorrhoids were present in 1.4% ($n = 4/277$) of cases, while other findings were seen in 4.6% ($n = 13/277$). Of the 73 biopsies taken during colonoscopy procedures, 5.4% ($n = 4/73$) had normal colonic mucosa, 22% ($n = 16/73$) had adenocarcinoma, of which 9 were male and 7 were female, 46.6% ($n = 34/73$) had tubular adenomas, 17.8% ($n = 13/73$) had colitis, and 8.2% ($n = 6/73$) had additional findings such as caecum tuberculosis ($n = 1$), cytomegalovirus infection ($n = 2$), neuroendocrine tumour ($n = 1$), eosinophilia ($n = 1$), and lymphocytic infiltration ($n = 1$).

Conclusion: Our findings emphasise the importance of colonoscopy as part of the initial investigation for patients presenting with IDA. This may facilitate not only the detection of colorectal cancer but also other pathologies as well.

Keywords: colonoscopy, Iron deficiency anaemia, colorectal polyp, colorectal cancer

Evaluating the role of OVESCO clips in upper GI bleeding: a retrospective study of clinical practice at Tygerberg Hospital

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Background: The majority of acute upper gastrointestinal bleeds (UGIB) are non-variceal. Over the past 3 decades, the mortality rate has decreased due to early risk stratification and improvements to access and advancements in endoscopic techniques. The Over-the-Scope Clip system (OVESCO clip) is one of these therapies that is available at Tygerberg Hospital and has become more commonly utilised in refractory or severe UGIB in our practice.

Methods: A retrospective study was performed on all patients that were treated with a OVESCO clip during the

esophagogastroduodenoscopy (EGD) for upper gastrointestinal bleeding at Tygerberg Hospital, Cape Town, South Africa between September 2021 and May 2025. Hospital records were analysed and relevant demographic variables and clinical outcomes were extracted.

Results: A total of 21 patients were included in the study with a mean age of 56 years old. The sample had a male predominance ($n = 13$, 62%). Patients presented with significant UGIB with average haemoglobin of 7 g/dL and most patients required blood transfusions prior to endoscopy ($n = 18$; 86%). Duodenal and gastric lesions accounted for 57% and 43% respectively, of which forest 2A ulcers were most common (57%) followed by Dieulafoy's lesions (19%). OVESCO clip achieved haemostasis in 86% of cases and the rebleed rate was 24%. The 7- and 30-day mortality was 10% and 19% respectively.

Conclusion: Despite challenges with cost and availability, the Over-the-Scope Clip system is an important tool in the management of patient with UGIB, OVESCO clip is used in refractory or salvage endoscopic management to achieve haemostasis in patients with significant upper gastrointestinal bleeding at Tygerberg Hospital. In our study we have a paucity of data and therefore further research is warranted.

Gastrointestinal tract involvement in metastatic malignant melanoma: a case report

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Background: Malignant melanoma is a highly metastatic cutaneous malignancy with the potential to disseminate to virtually any organ. Gastrointestinal tract (GIT) involvement is relatively frequent on postmortem studies but remains underrecognised in clinical practice due to nonspecific symptomatology.

Case Presentation: We report the case of a 58-year-old female who presented with a six-month history of right upper quadrant pain, abdominal distension, and weight loss. Examination and imaging revealed hepatomegaly with extensive heterogeneous hepatic lesions and significant lymphadenopathy. Upper gastrointestinal endoscopy demonstrated multiple hyperpigmented gastric lesions and a large ulcerating mass. Histological analysis confirmed malignant melanoma and a spindle cell neoplasm, alongside *H. pylori*-associated gastritis. Cutaneous examination further revealed multiple pigmented skin lesions, with a preliminary biopsy confirming primary cutaneous melanoma, lentiginomaligna subtype.

Discussion: This case highlights the diagnostic complexity of GIT metastatic melanoma, particularly in patients with coexisting neoplasms. Consistent with the literature, GIT metastasis from melanoma often manifests with vague abdominal symptoms and is commonly underdiagnosed without histological confirmation. Previous studies emphasise the utility of endoscopy and immunohistochemistry (S100, MART-1) in

establishing diagnosis. Radiologic modalities such as CT and PET-CT may support but cannot definitively confirm gastrointestinal involvement. Surgical resection may offer palliation, and the advent of immunotherapy, particularly checkpoint inhibitors, has significantly improved survival outcomes in metastatic melanoma patients.

Conclusion: In patients with known or suspected melanoma who present with gastrointestinal symptoms, clinicians must maintain a high index of suspicion for GIT metastasis. Early endoscopic evaluation and tissue biopsy are essential to diagnosis. This case reinforces the need for integrated multidisciplinary management and highlights the evolving role of systemic therapy, including immunotherapy, in improving outcomes for patients with advanced metastatic disease.

Outcomes of patients receiving infliximab rescue therapy in acute severe ulcerative colitis in a South African tertiary centre

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Background: Acute severe ulcerative colitis (ASUC) occurs in approximately 25% of patients with ulcerative colitis (UC) requiring urgent treatment to prevent colectomy. Intravenous corticosteroids (IVCS) remain first-line treatment; however approximately 25% of patients fail to respond and require infliximab (IFX) rescue therapy. While IFX rescue therapy reduces early colectomy rates, these patients remain at risk for poorer long-term outcomes. In sub-Saharan Africa, data on outcomes following IFX rescue therapy remain scarce. This study describes colectomy, rehospitalization, and mortality rates in ASUC patients receiving IFX rescue therapy.

Methods: This single-centre, retrospective cohort study included adult patients with ASUC admitted to Groote Schuur Hospital between 01/07/2013 – 30/06/2023 who met Truelove and Witts criteria and received IFX rescue therapy. Clinical and electronic records were reviewed and data on demographics, laboratory tests, endoscopic features, and clinical outcomes of early colectomy (≤ 3 months), late colectomy (> 3 months), mortality, *Mycobacterium tuberculosis* infection, and recurrent ASUC episodes was collected.

Results: Of 131 ASUC patients, 33 (25.2%) received IFX rescue therapy; median age was 30-years (IQR 22–41), and nine (27%) were male. Twenty-nine patients (87.9%) received a single 5 mg/kg dose and four (12.1%) received a second rescue dose (5 mg/kg or 10 mg/kg). Five (16%) patients had a prior ASUC episode. Twenty-six (78.8%) responded to IFX rescue therapy, while 7 (21.2%) required early colectomy. Compared to IFX responders, patients undergoing early colectomy had higher baseline C-reactive protein levels (99.5 mg/L; IQR 64–135. vs. 82.5 mg/L; IQR 42.5–167), lower haemoglobin levels (10.3 g/dL; IQR 9.4–10.4 vs. 11.1; IQR 9.7–12.3), and lower serum albumin levels (25.5; IQR 23–28. vs. 35.5; IQR 30–40). Median follow-up

was 46.8 months (IQR 16.8–63.6). Three (9%) patients underwent late colectomy; four (15.4%) required biologic maintenance therapy; and nine (34.6%) had a subsequent ASUC episode. No deaths or tuberculosis cases were observed.

Conclusion: IFX rescue therapy is an effective modality in IVCS refractory ASUC in our setting. However, the relatively high overall colectomy rate and recurrent ASUC episodes suggests a more severe disease phenotype in this cohort of patients.

The association of smoking and alcohol in colorectal cancer in black patients – case-control study

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Background: Studies have focused on smoking and alcohol as risk factors for colorectal cancer (CRC). Caucasians and other populations have been studied worldwide, and both smoking and alcohol have been validated as causes of CRC. However, there are limited data on the black population; studies that have been performed in Africa have not specifically focused on these two risk factors but rather in combination with other risks.

Aim: To determine how smoking and alcohol affect the incidence of CRC in the African black population.

Setting: Steve Biko Academic Hospital's gastrointestinal clinic.

Methods: Subjects used for the study included black African patients above 18 years who had undergone a colonoscopy for suspected CRC between 2016 and 2018. Cases used were confirmed CRC on histology; controls were negative on histology. A minimum of 68 cases and 136 controls were needed for this study according to sample calculation. Hundred and ten cases and 220 controls were obtained in the final analysis. Data were collected between June 2019 and March 2020.

Results: Smoking (odds ratio [OR] = 1.795, $p = 0.049$) was a significant risk factor for CRC among black patients who presented at the gastrointestinal clinic. Age > 50 years (OR = 3.742, $p < 0.001$), family history (OR = 12.457, $p < 0.001$), and the combination of smoking and alcohol (OR = 5.927, $p = 0.008$) were significant risk factors. Interestingly, alcohol alone was protective (OR = 0.205, $p < 0.001$).

Conclusion: Both smoking and a combination of alcohol and smoking are significant risk factors in the development of CRC in the black African population.

Contribution: Smoking, as in most population groups, is a risk factor for CRC. The observed protective role of alcohol needs to be confirmed in larger studies representing the African population.

Keywords: large bowel; neoplasm; tobacco; alcohol; African