

Infliximab, adalimumab and golimumab for treating moderately to severely active ulcerative colitis after the failure of conventional therapy (including a review of TA140 and TA262): clinical effectiveness systematic review and economic model

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Declared competing interests of authors: none

Published May 2016

DOI: 10.3310/hta20390

Plain English summary

Treating active ulcerative colitis after the failure of conventional therapy

Health Technology Assessment 2016; Vol. 20: No. 39

DOI: 10.3310/hta20390

NIHR Journals Library www.journalslibrary.nihr.ac.uk

Plain English summary

Ulcerative colitis (UC) is a form of inflammatory bowel disease. Patients with this disease experience symptoms including bloody diarrhoea, abdominal pain, weight loss and tiredness.

We reviewed the evidence for the use of infliximab [Remicade[®], Merck Sharp & Dohme Ltd (MSD)], adalimumab (Humira[®], AbbVie) and golimumab (Simponi[®], MSD) for the treatment of patients with UC. The clinical trials included in the review suggested that adult patients receiving these drugs were more likely to achieve a treatment response than patients receiving placebo. More evidence is needed to determine whether or not these drugs reduce the need for hospitalisation or surgery in such patients.

We also assessed whether or not these therapies represent good value for money for the NHS. The analysis suggests that surgery may be more effective and less expensive than medical therapies. For patients that do not want to, or cannot, undergo surgery, the incremental cost-effectiveness ratios for these therapies are expected to be greater than £50,300 per quality-adjusted life-year gained.

ISSN 1366-5278 (Print)

ISSN 2046-4924 (Online)

Impact factor: 5.027

Health Technology Assessment is indexed in MEDLINE, CINAHL, EMBASE, The Cochrane Library and the ISI Science Citation Index.

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This report

The research reported in this issue of the journal was commissioned and funded by the HTA programme on behalf of NICE as project number 12/51/01. The protocol was agreed in November 2013. The assessment report began editorial review in July 2014 and was accepted for publication in July 2015. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health.

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