

Figure 2. Clinical decision support tool for **use of combination therapy and immunomodulator therapy, and de-escalation of therapy** in management of adult outpatients with moderate to severely active ulcerative colitis.

Immunomodulator monotherapy (thiopurines, methotrexate)

SUGGEST AGAINST using thiopurine monotherapy for *inducing remission* in patients with active disease
(Conditional recommendation, very low certainty of evidence)

SUGGEST using thiopurine monotherapy, rather than no treatment, for *maintaining remission* typically induced with corticosteroids
(Conditional recommendation, low certainty of evidence)

SUGGEST using subcutaneous or intramuscular methotrexate monotherapy for *inducing or maintaining remission*
(Conditional recommendation, moderate certainty of evidence)

SUGGEST AGAINST using oral methotrexate for *inducing or maintaining remission*
(Conditional recommendation, very low certainty of evidence)

Combination therapy of advanced therapies with immunomodulators

SUGGEST combining infliximab with thiopurines rather than infliximab monotherapy in individuals naïve to thiopurines
(Conditional recommendation, low certainty of evidence)

NO RECOMMENDATION in favor of, or against, combining infliximab with methotrexate, rather than infliximab monotherapy
(No recommendation, knowledge gap)

NO RECOMMENDATION in favor of, or against, combining adalimumab with immunomodulators, rather than adalimumab monotherapy
(No recommendation, knowledge gap)

NO RECOMMENDATION in favor of, or against, using non-TNF antagonist biologic in combination with immunomodulators over non-TNF antagonist monotherapy
(No recommendation, knowledge gap)

De-escalation of therapy

In adult outpatients with moderate-to-severely active Crohn’s disease who are in corticosteroid-free clinical remission for at least 6 months on combination therapy of TNF antagonists and an immunomodulator, the AGA suggests AGAINST withdrawal of TNF antagonists.
(Conditional recommendation, low certainty of evidence)

In adult outpatients with moderate-to-severely active Crohn’s disease, who are in corticosteroid-free clinical remission for at least 6 months on combination therapy of TNF antagonists and an immunomodulator, the AGA SUGGESTS withdrawing immunomodulators.
(Conditional recommendation, low certainty of evidence)

***Comment:** Patients, particularly those with difficult-to-treat disease, who place a lower value on the trivial-to-small increase in risk of long-term side effects of continuing immunomodulators (such as risk of malignancy or infection), and a higher value on avoiding a trivial-to-small increase in risk of relapse with withdrawal of immunomodulators, may reasonably choose to continue combination therapy*