In two phase III trials, the drug reduced symptoms, induced remission, and led to mucosal healing.

**Noninvasive Indices May Suffice To Evaluate Ulcerative Colitis**

**Infliximab Effective for Active Ulcerative Colitis**

Infliximab also effectively induced remission and led to mucosal healing in patients with active ulcerative colitis, both studies showed.

Clinical response was defined as a decrease in the Mayo score of at least 30% and 3 or more points, plus either a reduction of 1 or more points in the rectal bleeding score or a score of 0 or 1 at week 8.

In addition to clinical response, both trials studied clinical remission—a Mayo score of 2 or less, with no individual subscores greater than 1—and mucosal healing, characterized as an endoscopy score of 0 or 1.

Remission rates for the drug-treated patients were as high as 39% in ACT 1 (5 mg/kg) at week 8, compared with 15% for placebo. In ACT 2, the differences in the patients’ 8-week remission rate between the 10 mg/kg infliximab dosage (32%) and placebo was highly statistically significant, said trial’s lead investigator, Dr. Sandborn.

Remission occurred at week 30 in 57% of patients receiving 10 mg/kg of infliximab than in those with the smaller dosage (32%) and placebo.

In each study, the proportion of patients who were in remission and able to stop use of corticosteroids after 30 weeks of infliximab therapy was significantly greater for both dosages, compared with placebo.

Adverse effects seen in ACT 2 patients receiving infliximab included five cases of pneumonia and one case each of tuberculosis, optic neuritis, multifocal neuropa-thy, and lupus-like syndrome, Dr. Sandborn reported.

Dr. Sandborn is also a grant recipient of Cen-Tocor.

**Women With Ileal Pouches Report Negative Effects on Sexual Function**

Clinical response was defined as a decrease in the Mayo score of at least 30% and 3 or more points, plus either a reduction of 1 or more points in the rectal bleeding score or a score of 0 or 1 at week 8.

In addition to clinical response, both trials studied clinical remission—a Mayo score of 2 or less, with no individual subscores greater than 1—and mucosal healing, characterized as an endoscopy score of 0 or 1.

Remission rates for the drug-treated patients were as high as 39% in ACT 1 (5 mg/kg) at week 8, compared with 15% for placebo. In ACT 2, the differences in the patients’ 8-week remission rate between the 10 mg/kg infliximab dosage (32%) and placebo was highly statistically significant, said trial’s lead investigator, Dr. Sandborn.

Remission occurred at week 30 in 57% of patients receiving 10 mg/kg of infliximab than in those with the smaller dosage (32%) and placebo.

In each study, the proportion of patients who were in remission and able to stop use of corticosteroids after 30 weeks of infliximab therapy was significantly greater for both dosages, compared with placebo.

Adverse effects seen in ACT 2 patients receiving infliximab included five cases of pneumonia and one case each of tuberculosis, optic neuritis, multifocal neuropathy, and lupus-like syndrome, Dr. Sandborn reported.

Dr. Sandborn is also a grant recipient of Cen-Tocor.