Methods

Definitions

Chronic pouchitis was defined as symptoms lasting greater than four weeks, requiring chronic antibiotic therapy, and not meeting criteria for Crohn's disease–like pouch inflammation as described subsequently. Crohn's disease–like pouch inflammation was defined as the presence of severe inflammation of the pouch or afferent limb, strictures of the afferent limb or proximal small bowel, or fistulae involving the pouch, perineum, or proximal small bowel that occurred more than 6 months after surgical restoration of intestinal continuity. Pouch failure was defined as surgical pouch excision and the creation of a permanent end ileostomy.

Statistical Analysis

Descriptive statistics were performed to describe baseline characteristics and are reported as proportions or median (interquartile range) for categorical and continuous variables, respectively. Multivariable logistic regression for the primary outcome of clinical remission was performed a priori with selection of clinically relevant variables such as age, sex, pouch duration (from time of surgical restoration of intestinal continuity to biologic initiation), and pre- total proctocolectomy (TPC) biologic class. Multivariable logistic regression for the secondary outcomes of endoscopic improvement and pouch failure was performed a priori with selection of clinically relevant variables such as age, sex, pouch duration, and pre-TPC biologic class, and age and pre-TPC biologic class, respectively. Adjusted odds ratios and 95% confidence intervals are reported. All analyses were performed using SAS version 9.4 (SAS Institute, Cary, NC). Two-sided *P* values <.05 were considered statistically significant.
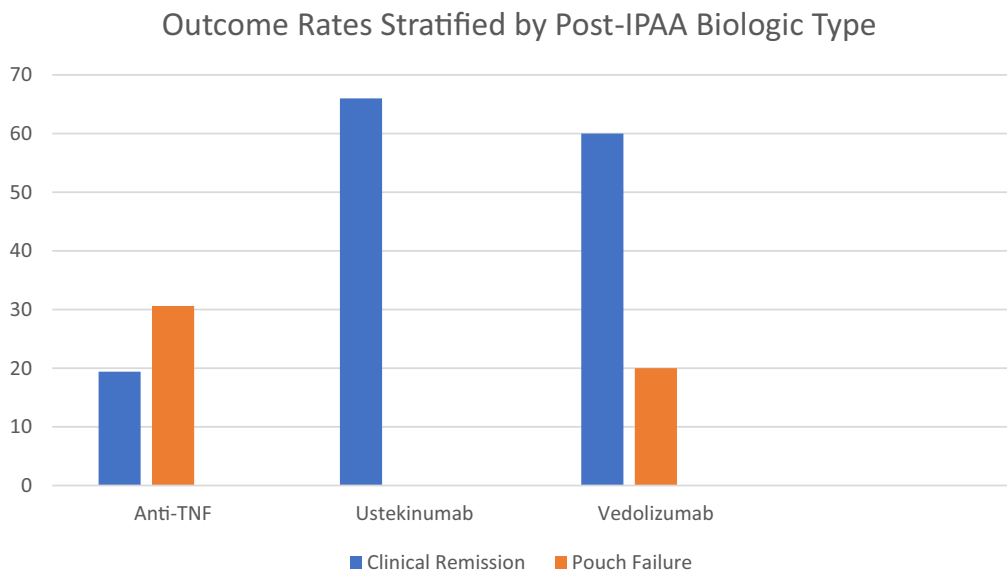
Results

Supplementary Table 1. Univariable and Multivariable Analysis of Outcomes

Covariate	OR (95% CI)	*P* value
Univariable analysis: clinical remission outcome		
Age	1.03 (0.99–1.06)	.14
Sex (reference = female)	0.86 (0.35–2.13)	.74
Extra-intestinal manifestations	0.54 (0.14–2.19)	.39
Pre-TPC biologic (reference = discordant post-IPAA class)	0.23 (0.09–0.64)	**.005**
Pouch duration	1.0 (0.99–1.0)	.98
Tobacco use (reference = never)	0.90 (0.24–3.38)	.99
Pre-TPC immunomodulator use	1.32 (0.53–3.32)	.55
Immunomodulator discontinuation after IPAA	1.61 (0.42–6.21)	.49
Multivariable analysis: Clinical remission outcome		
Age	1.02 (0.98–1.06)	.32
Sex (reference = female)	0.88 (0.33–2.32)	.79
Pre-TPC biologic (reference = discordant post-IPAA class)	0.20 (0.07–0.61)	**.005**
Pouch duration	1.0 (0.99–1.0)	.17
Univariable analysis: endoscopic improvement outcome		
Age	1.06 (1.00–1.12)	**.04**
Sex (reference = female)	1.28 (0.28–5.77)	.75
Pre-TPC biologic (reference = discordant post-IPAA class)	0.84 (0.21–3.30)	.80
Pouch duration	0.99 (0.87–1.12)	.82
Tobacco use (reference = never)	5.81 (0.83–40.88)	.08
Pre-TPC immunomodulator use	0.40 (0.10–1.60)	.19
Multivariable analysis: endoscopic improvement outcome		
Age	1.07 (1.01–1.14)	**.02**
Sex (reference = female)	1.81 (0.33–8.95)	.53
Pre-TPC biologic (reference = discordant post-IPAA class)	0.66 (0.11–4.08)	.65
Pouch duration	0.90 (0.74–1.09)	.28
Univariable analysis: pouch failure outcome		
Age	0.98 (0.94–1.02)	.31
Sex (reference = female)	1.20 (0.39–3.68)	.75
Extra-intestinal manifestations	1.49 (0.35–6.27)	.59
Pre-TPC biologic (reference = discordant post-IPAA class)	5.04 (1.47–17.33)	**.01**
Pouch duration	1.0 (0.99–1.0)	.11
Multivariable predictors		
Age	0.98 (0.95–1.05)	.91
Pre-TPC biologic (reference = discordant post-IPAA class)	4.92 (1.34–18.13)	**.02**

NOTE. Boldface indicates statistical significance.
CI, confidence interval; IPAA, ileal pouch anal anastomosis; OR, odds ratio; TPC, total proctocolectomy.

Outcome Rates Stratified by Post-IPAA Biologic Type

Supplementary Figure 1. Outcome rates stratified by post–ileal pouch anal anastomosis (IPAA) biologic type; TNF, tumor necrosis factor.