

Supplementary Table 2. ECCO Guidelines Used to Educate Physicians for the Management of Steroid Use in Patients with UC

Medical management of active UC per ECCO guidelines	
Proctitis: mesalamine drug of choice (ECCO statement 11A)	ECCO statement 11B <ul style="list-style-type: none"> · Refractory proctitis may require treatment with systemic steroids, immunosuppressants, and/or biologics
Acute severe patients: steroids as first choice	ECCO statement 11H <ul style="list-style-type: none"> · The response to intravenous steroids should be best assessed by the third day; in non-responders, treatment options including ciclosporin, infliximab, tacrolimus, or surgery should be considered · Colectomy is recommended if there is no improvement following 4–7 days of salvage therapy
Steroid-dependent active UC	ECCO statement 11I <ul style="list-style-type: none"> · Patients with steroid-dependent disease should be treated with a thiopurine, anti-TNF (preferably combined with thiopurines, at least for infliximab, vedolizumab, or methotrexate · In case of treatment failure, second-line medical therapy with an alternative anti-TNF, vedolizumab, or colectomy should be considered
Oral steroid-refractory active UC	ECCO statement 11J <ul style="list-style-type: none"> · Moderate disease refractory to oral steroids should be treated either with intravenous steroids or anti-TNF preferably combined with thiopurines, at least for infliximab, vedolizumab, or tacrolimus · Second-line medical therapy with a different anti-TNF or vedolizumab may be an option; colectomy should also be considered
Maintenance of remission	
Goal of maintenance therapy	ECCO statement 12A <ul style="list-style-type: none"> · The goal of maintenance therapy in ulcerative colitis is to maintain steroid-free remission, defined clinically and endoscopically

ECCO, European Crohn's and Colitis Organisation; UC, ulcerative colitis; TNF, tumor necrosis factor.