Supplementary Table 3. Guidelines per the British Society of Gastroenterology and the Toronto Consensus Guidelines for the Management of IBD Used to Educate Physicians for the Management of Steroid Use in Patients with UC

Management of steroid use in IBD	
British Society of Gastroenterology guidelines for IBD steroid resistance or unresponsiveness	· Any patient who has a severe relapse or frequently relapsing disease · Those who require two or more corticosteroid courses within a 12-month period · Those whose disease relapses as the dose of steroid is reduced below 15 mg
Toronto Consensus Guidelines for the management of UC statements regarding corticosteroids	· Relapse within 6 weeks of stopping corticosteroids · In patients with moderate to severe active UC, we recommend oral corticosteroids as first-line therapy to induce complete remission · In patients with mild to moderate active UC who fail to respond to 5-ASA therapy, we recommend oral corticosteroids as second-line therapy to induce complete remission · In patients with mild to moderate active left-sided UC or proctitis who fail to respond to rectal 5-ASA therapy, we suggest rectal corticosteroids as second-line therapy to induce complete remission · In patients with UC, we recommend against the use of oral corticosteroids to maintain complete remission because they are ineffective for this indication and their prolonged use is associated with significant adverse effects · In patients with mild to moderate UC of any disease extent, we suggest oral budesonide MMX® as an alternative first-line therapy to induce complete remission · We recommend that patients with UC be evaluated for lack of symptomatic response to corticosteroid induction therapy within 2 weeks to determine the need to modify therapy

IBD, inflammatory bowel disease; UC, ulcerative colitis; 5-ASA, 5-aminosalicylic acid.