**POSTER BACKGROUND**

Iron deficiency anemia (IDA) is one of the most commonly encountered hemato-oncological medical conditions in general practice (Driscoll et al., 2008). IDA occurs when iron intake is insufficient to support red blood cell production and is defined as hemoglobin levels below 13 g/dL in men or below 12 g/dL in non-pregnant women, 11.5 g/dL in pregnant women (WHO, 2011).

**OBJECTIVES**

- Many IDA adverse health outcomes have not been directly compared head-to-head clinical trials. One such treatment, Feraccru, is currently indicated in the UK in adults for the treatment of iron deficiency anemia (IDA) in patients with inflammatory bowel disease (IBD) and iron deficiency anemia.

**RESULTS**

- 6 trials reporting Hgb change were identified for the IDB population, and 36 total studies were identified for all indications.
- Based on the NMA in the IDB population, Feraccru showed significant advantage overall when comparing the 64-week measurement (mean Hgb change from baseline, Feraccru (0.0%, 90% CI, 0.0% to 0.0%), oral iron (0.05 g/dL), ferumoxides (1.14 g/dL), iron isomaltoside (0.14 g/dL), and ferumoxytol (0.89 g/dL)), and again showed significant favourability overall across all comparators except ferrumoxytol using the 12-week measurement (mean Hgb change from placebo: Feraccru (2.51 g/dL), oral iron (0.55 g/dL), ferrumoxides (1.47 g/dL), iron isomaltoside (0.14 g/dL), and ferumoxytol (0.89 g/dL)).

**CONCLUSIONS**

- To our knowledge, this is the first study comparing IDA treatments in IBD using a mixed evidence approach.

**LIMITATIONS**

- Results were mainly limited by the lack of informative priors, as well as the small number of studies which precluded adjustment for potential effect-modifying covariates via meta-regression. Furthermore, the treatment network in the MAAs relied on studies based on various synthetic samples, leading to larger uncertainty in the results.