# Practice Patterns in the Management of Patients With Inflammatory Bowel Disease: Results of a National Survey of US Gastroenterologists

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## Background

In 2009, Crohn's disease (CD) and ulcerative colitis (UC), the 2 most common forms of inflammatory bowel disease (IBD), collectively accounted for nearly 2 million outpatient clinic visits and more than 100,600 hospital admissions in the United States alone. As the prevalence and burden of IBD in the United States continue to increase, it is important to optimize IBD therapy, which is typically chronic. The aim of this survey was to investigate physician practice patterns and preferences in IBD management.

## Methods

- Two nominal group technique focus groups were conducted in March 2013 via web interface and teleconference to elicit barriers that gastroenterologists face in managing IBD.
- A review of literature published in/after 2005 on practice gaps and issues in IBD management also was conducted via MEDLINE, SearchMedica, and Internet searches.
- Focus group and literature review findings framed a 3-case vignette survey that was pilot tested and distributed to practicing US gastroenterologists in June 2013 (n=151). A sample case to demonstrate issues in late stage management is summarized below.
- The survey assessed the following topics: patient management, evaluation and classification of treatment response, barriers and side effects, and information needs. Survey responses were summarized using descriptive statistics.

CASE (abbreviated): A patient with an initial diagnosis of mild-to-moderate UC is placed on oral and rectal mesalamine treatment and has no improvement after 1 month. After a response to oral steroids, the patient is unable to complete a steroid taper and is maintained on oral prednisone.

The patient is continued on azathioprine, then anti-TNF therapy, and returns after 6 months of treatment with loss of response.

### Table 1: Physician respondent demographics

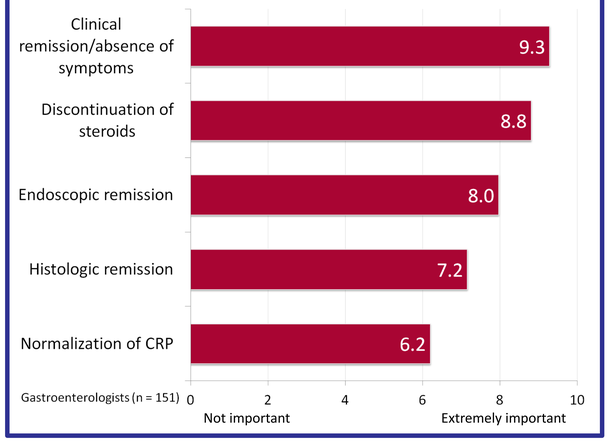
| | Gastroenterology (n = 151) |
|---|---|
| Gender, % male | 88.1% |
| Medical school location, % US graduate | 80.1% |
| Years since medical school graduation, mean | 25 |
| Patients seen per week, mean | 89 |
| Patients seen per week with ulcerative colitis, mean: median | 11.3: 10.0 |
| Patients seen per week with Crohn's disease, mean: median | 10.9: 7.5 |
| Practice setting | |
| Community-based | 82.1% |
| Academic-based | 17.9% |
| Practice location | |
| Urban | 39.7% |
| Suburban | 55.0% |
| Rural | 5.3% |
| Practice type | |
| Solo practice | 15.2% |
| Group practice | 71.5% |
| Medical school | 7.3% |
| Other | 6.0% |

## Results

### Figure 1: Hierarchy of treatment goals

Clinical remission, discontinuation of steroids, and endoscopic remission were viewed as more important than histologic remission or normalization of the biomarker C-reactive protein (CRP).

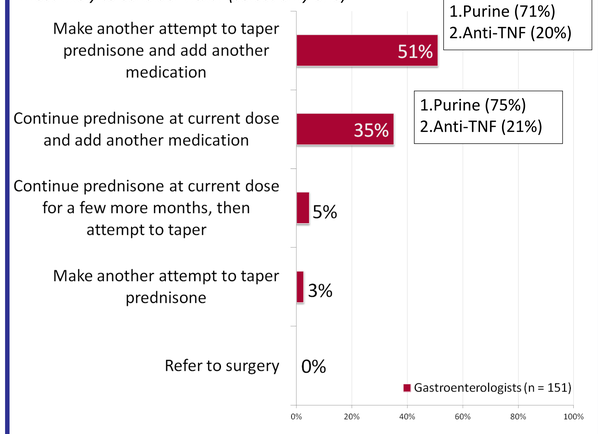
*Q: How important do you consider each of the following when assessing response to therapy in a patient with ulcerative colitis? (1-10 scale, means)*




### Figure 2: Approach to steroid dependence

In a steroid dependent UC patient the majority of gastroenterologists identified the need to taper steroids or add steroid sparing treatment.

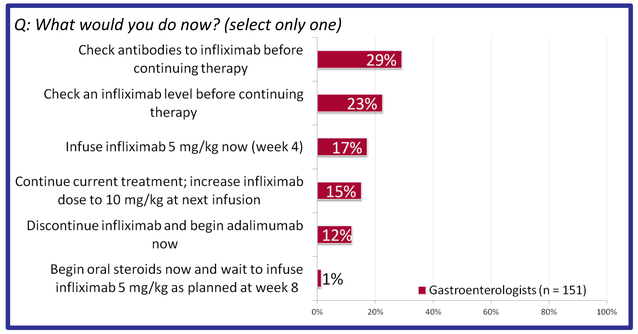
*Q: At this point, which of the following treatment strategies would you be most likely to consider next? (select only one)*




### Figure 3: Managing patient with loss of response to anti-TNF

As the patient with UC progresses, he loses response to anti-TNF therapy (infliximab). At this point, 29% of respondents indicated they would check antibodies levels, 23% would check anti-TNF drug levels, 17% would add an extra infusion, 15% would increase anti-TNF dose and 12% would switch anti-TNFs.

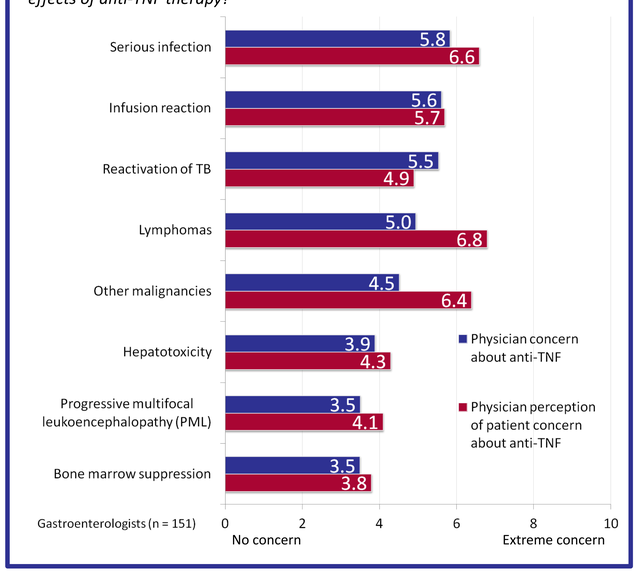
*Q: What would you do now? (select only one)*




### Figure 4: Concern with potential side effects of anti-TNF therapy

With anti-TNF therapy physicians are more concerned with infections, infusion reactions, reactivation of TB, and lymphomas, while physicians believe patients worry more about their cancer risk.

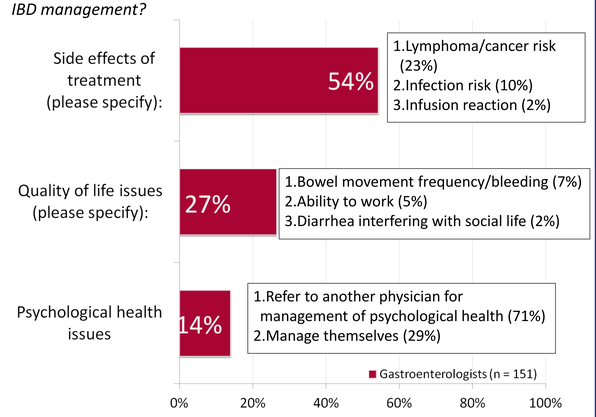
*Q: How concerned are you/your patients about the following potential side effects of anti-TNF therapy?*




### Figure 5: Discussion of side effects with patients

Patients are more likely to talk about treatment side effects than quality of life issues or psychological issues, with the most commonly discussed side effect being lymphoma/cancer risk (23%).

*Q: Do your patients ever proactively talk about the following aspects of their IBD management?*




## Discussion

- Consistent with evolving treatment paradigms, survey respondents clearly acknowledged a role for remission beyond symptom control, including endoscopic and histologic mucosal healing and to a lesser extent, biomarkers.
- The majority of gastroenterologists surveyed are appropriately identifying steroid-dependence, but are utilizing different techniques and timing to use steroid-sparing treatment.
- As illustrated by clinical case responses, there may be inconsistencies in current approach to patients with a loss of response to anti-TNF therapy.
- Addressing patient concerns with side effects , namely lymphomas and other malignancies, are the most common aspects of IBD management discussions proactively initiated by patients.
- This survey demonstrated an unmet need for educational initiatives on reinforcing goals and timelines to initiate steroid sparing therapies, discussions on current definitions of therapeutic loss of response, and providing communication tools to assist physicians in discussing risk-benefit and specific side effects that are concerning to IBD patients.

## Disclosures

This study was funded by Takeda Pharmaceuticals International, US Region. Dr. Lasch, Dr. Ursos, and Ms. Erickson are employees of Takeda Pharmaceuticals. Dr. Glauser, Mr. Nevins, and Dr. Salinas have no disclosures.

For additional information about this study, please contact Greg Salinas, PhD at greg.salinas@ceoutcomes.com.