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Treatment Preferences of Patients With Crohn's Disease in Greece: A Cross-Sectional Patient Survey

Tzanetakos C[1], Vakouftsi VR[2], Mavridoglou G[3], Savourdos P[1], Gourzoulidis G[1]

[1]Health Through Evidence G.P., Athens, Greece, [2]Hellenic Society of Crohn's disease's and Ulcerative Colitis' patients (HELLESCC), Athens, Greece, [3]University of Peloponnese, Kalamata, Greece

OBJECTIVE

As patient preference data become an important component of treatment decision making, this study objective was to investigate treatment preferences for Crohn's disease (CD) patients who receive advanced therapies in Greece

CONCLUSIONS

For patients who receive advanced CD therapies in Greece, long-term efficacy and other efficacy outcomes are most important when choosing a therapy, followed by avoidance of serious adverse events. The administration mode was found to be a secondary consideration. Considering patient preferences may improve the effectiveness of available therapies for moderate to severe CD

This study was sponsored by the Hellenic Society of Crohn's disease's and Ulcerative Colitis' patients (HELLESCC). All costs associated with the development of this poster were funded by the Health Through Evidence Consulting G.P.. All authors critically reviewed this publication for important intellectual content and gave their approval for this version to be published. All authors declare no other competing interests.

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INTRODUCTION

- Drug profiles vary considerably in regard to mode and frequency of administration, efficacy, as well as risk of short- and long-term safety, among others[1]
- Because patients are more likely to adhere to therapies that match their preferences, actively involving patients in therapeutic decisions can have a significant impact on treatment outcomes[2-5]
- Patients do prefer to be included in the decision-making process[6,7]
- Increased physician awareness of patients' therapy priorities could help remove the communication gap between health care professionals and patients[8-10]
- The real-world efficacy of the available advanced (biologic or Janus kinase [JAK] inhibitor) therapies can be considerably influenced by the patient preferences. Yet, little is known about those so far worldwide and even less so for patients in Greece

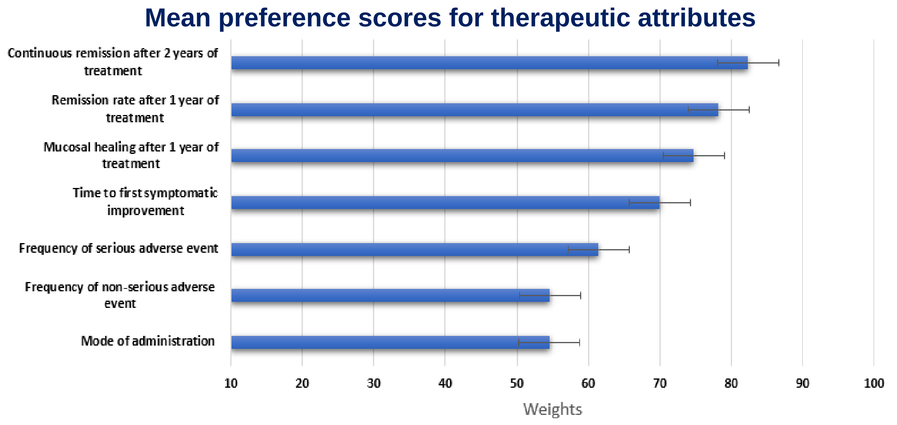
METHODS

- Between October 2023 and January 2024, adult patients who were members of Hellenic Society of Crohn's disease's and Ulcerative Colitis' patients (HELLESCC) filled out a structured self-questionnaire
- The survey questionnaire included, among others, treatment preferences related to mode of administration and clinical features of advanced therapies
- For clinical features, participants were presented with a list of therapeutic attributes that they were asked to rank in order of importance on a 100-point Likert scale. The relative importance of each therapeutic attribute was estimated
- The recruitment process was performed by HELLESCC staff, without recording members' personal data. The participation in the cross-sectional survey was voluntary. Participants were able to withdraw their consensus at any time. Collected data were anonymous and confidential

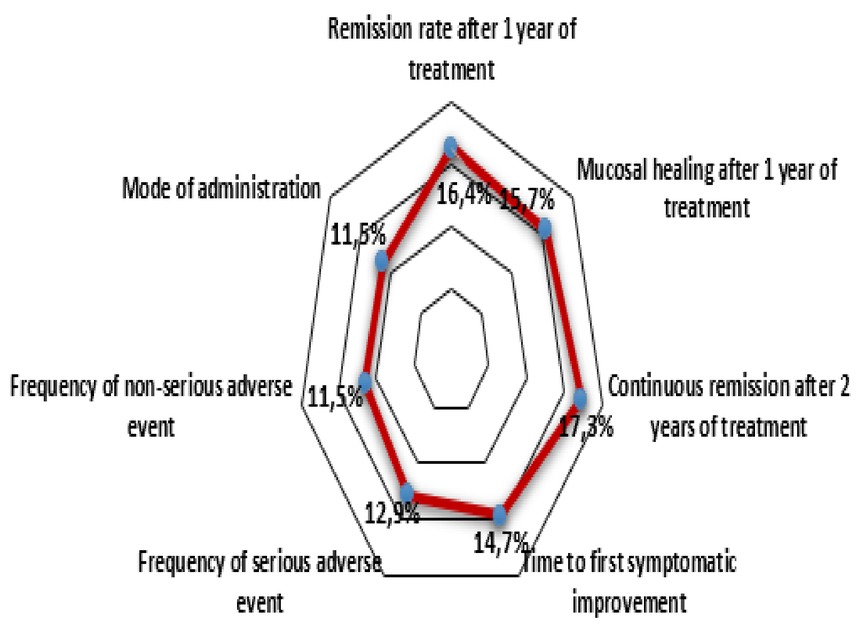
RESULTS

Patients Characteristics	N=149
Age [years] median (IQR)	41 (33-49)
Gender, n (%)	
Male	61 (40.9)
Body mass index [BMI], n (%)	
Underweight (<18.5)	9 (6)
Normal weight (18.5-<25)	58 (38.9)
Overweight (25-30)	46 (30.9)
Obese (≥30)	36 (24.2)
Family status, n (%)	N=141
Married	71 (50.4)
Education level, n (%)	N=141
Bachelor degree or more	73 (51.8)
Smoking status, n (%)	
Current smoker	65 (43.6)
Age at diagnosis [years], median (IQR)	28 (21-37)
Disease duration [years], median (IQR)	10 (4-18)
Surgery during the last 12 months, n (%)	56 (40.3)
Hospitalization during the last 12 months, n (%)	24 (17.3)
Ongoing advanced treatment, n (%)	
Tumor necrosis factor inhibitors [TNFi]	107 (71.8)
Integrin α4 inhibitor	8 (5.4)
Interleukin-12/23 inhibitor [IL-12/23i]	32 (21.5)
Janus kinase inhibitors [JAKi]	2 (1.3)
Disease activity (HBI), n (%)	
Remission	64 (43)
Mild	40 (26.8)
Moderate	44 (29.5)
Severe	1 (0.7)
Comorbidities, n (%)	N=91
Two or more	55 (60.4)

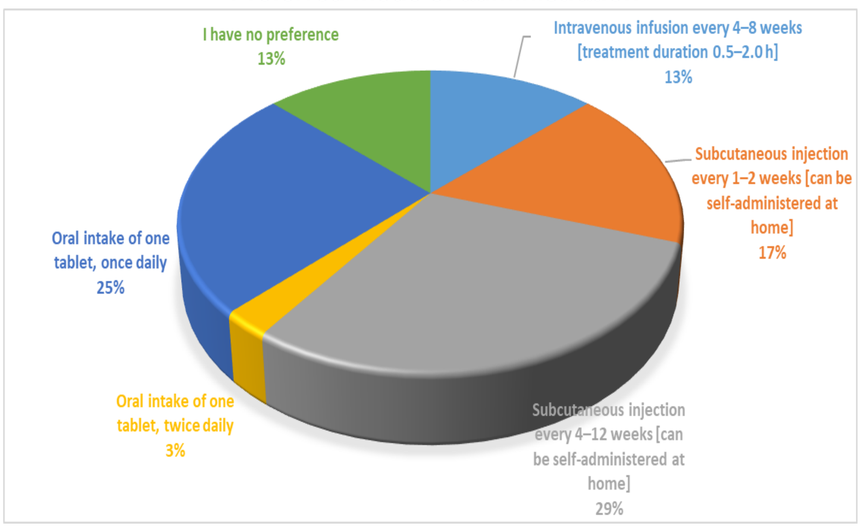
Mean preference scores for therapeutic attributes



Relative importance of each therapeutic attribute



Preferred mode of administration



- Among the evaluated therapeutic attributes, continuous remission after 2 years was ranked highest, with 17.3% relevance for the overall decision. The second most important attribute was remission rate after 1 year, followed by mucosal healing, and time to first symptomatic improvement. The frequency of serious adverse events (AEs) was associated with 12.9% relevance, whereas lower importance was assigned to administration mode and frequency of non-serious AEs (both 11.5%)
- Generally, no major deviations occurred between treatment subgroups
- Patients preferred subcutaneous administration (47%), followed by oral (27.5%), and intravenous (12.8%)
- Fewer administrations and longer treatment intervals were rated higher
- Similar to other studies, efficacy outcomes were rated most important, followed by the frequency of serious AE
- Since advanced therapies are constantly evolving, regularly updating research on patient preferences regarding the relevant attributes is crucial
- Understanding patient preferences regarding treatment decisions is essential for gaining insights into the impact of conditions and treatments on their lives, the outcomes that matter to them, and their needs and fears

Preferred mode of administration per treatment subgroup [n (%)]

Mode of administration	Advanced treatment			
	TNFi	Integrin α4 inhibitor	IL-12/23i	JAKi
Intravenous infusion every 4–8 weeks [treatment duration 0.5–2.0 h]	16 (15)	1 (12.5)	2 (6.3)	0 (0)
Subcutaneous injection every 1–2 weeks [can be self-administered at home]	25 (23.4)	0 (0)	1 (3.1)	0 (0)
Subcutaneous injection every 4–12 weeks [can be self-administered at home]	25 (23.4)	1 (12.5)	18 (56.3)	0 (0)
Oral intake of one tablet, twice daily	4 (3.7)	0 (0)	0 (0)	0 (0)
Oral intake of one tablet, once daily	23 (21.5)	3 (37.5)	9 (28.1)	2 (100)
I have no preference	14 (13.1)	3 (37.5)	2 (6.3)	0 (0)

Preference scores for therapeutic attributes per treatment subgroup [mean (SD)]

Therapeutic attribute	Advanced treatment			
	TNFi	Integrin α4 inhibitor	IL-12/23i	JAKi
Remission rate after 1 year of treatment	79.2 (29.7)	72.5 (29.2)	76.2 (32.8)	80 (28.3)
Mucosal healing after 1 year of treatment	73.5 (33.2)	77.5 (30.6)	77 (33.4)	90 (14.1)
Continuous remission after 2 years of treatment	83 (29.5)	82.5 (31.5)	79.1 (32.5)	90 (14.1)
Time to first symptomatic improvement	71.4 (30.9)	62.8 (35.7)	66 (35.1)	90 (14.1)
Frequency of serious adverse event	60.3 (39.9)	57.5 (37.7)	66.3 (40.3)	60 (56.6)
Frequency of non-serious adverse event	54.7 (37.7)	51.3 (32.3)	56.5 (35.8)	35 (21.2)
Mode of administration [injection, infusion, oral]	52.1 (37.1)	58.1 (40.4)	59.3 (37.9)	90 (14.1)

ISPOR ANNUAL EUROPEAN CONGRESS, 17 – 20 NOVEMBER 2024, BARCELONA, SPAIN
Contact details: c.tzanetakos@hte.gr

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