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Treatment Preferences of Patients With Ulcerative Colitis in Greece: A Cross-Sectional Patient Survey

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

The real-world efficacy of the available therapies can be considerably influenced by the patient preferences. This study objective was to investigate treatment preferences for ulcerative colitis (UC) patients who receive advanced therapies in Greece

CONCLUSIONS

In Greece, UC patients rated efficacy outcomes as the most important aspect of the treatment decision making process, followed by the frequency of serious adverse events. Furthermore, patients showed a clear preference for orally administered advanced therapies. There is an increasing need to incorporate assessments of patient preferences into treatment decision making

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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

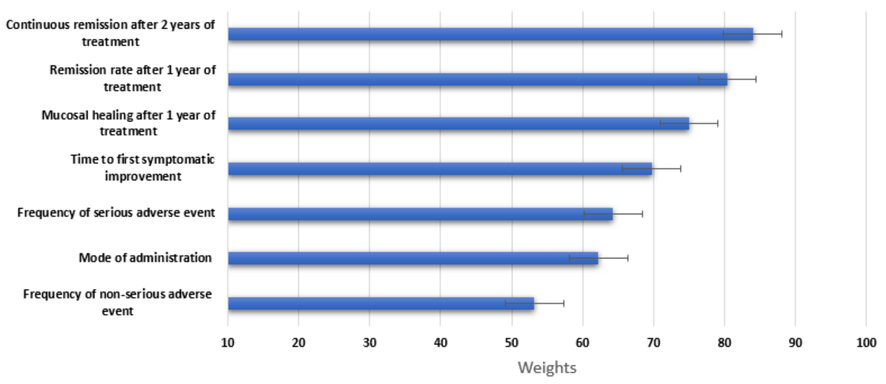
METHODS

- 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

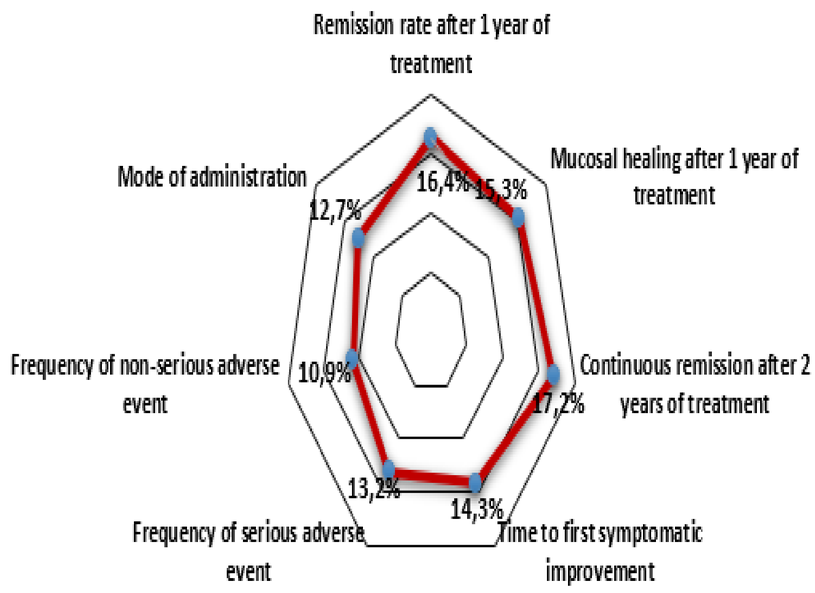
RESULTS

Patients Characteristics	N=74
Age [years] median (IQR)	42 (32-50)
Gender, n (%)	
Male	31 (41.9)
Body mass index [BMI], n (%)	
Underweight (<18.5)	1 (1.4)
Normal weight (18.5-<25)	30 (40.5)
Overweight (25-30)	23 (31.1)
Obese (≥30)	20 (27)
Family status, n (%)	N=65
Married	36 (55.4)
Education level, n (%)	N=65
Bachelor degree or more	42 (64.6)
Smoking status, n (%)	
Current smoker	16 (21.6)
Age at diagnosis [years], median (IQR)	29 (21-40)
Disease duration [years], median (IQR)	10 (6-16)
Surgery during the last 12 months, n (%)	5 (7.8)
Hospitalization during the last 12 months, n (%)	12 (18.8)
Ongoing advanced treatment, n (%)	
Tumor necrosis factor inhibitors [TNFi]	40 (54.1)
Integrin α4 inhibitor	16 (21.6)
Interleukin-12/23 inhibitor [IL-12/23i]	10 (13.5)
Janus kinase inhibitors [JAKi]	8 (10.8)
Disease activity (SCCAI), n (%)	
Remission	32 (43.2)
Mild	24 (32.4)
Moderate	17 (23)
Severe	1 (1.4)
Comorbidities, n (%)	N=40
Two or more	28 (70)

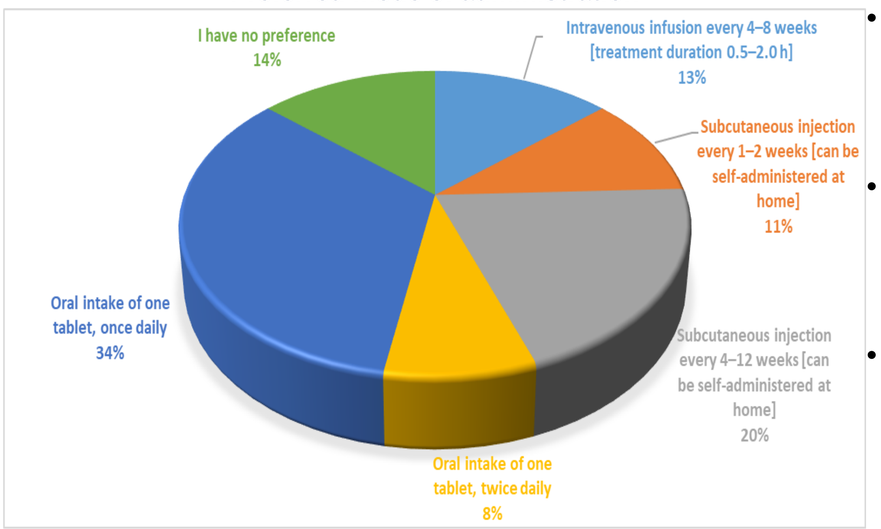
Mean preference scores for therapeutic attributes



Relative importance of each therapeutic attribute



Preferred mode of administration



- Among the evaluated therapeutic attributes, sustained remission over 2 years was ranked highest, with 17.2% relevance for the overall decision. The second most important attribute was 1-year remission rate, followed by mucosal healing, and time to first symptomatic improvement. Lower importance was assigned to the frequency of serious adverse events (AEs), administration mode, and frequency of non-serious AEs
- Generally, no major deviations occurred between treatment subgroups
- Patients preferred oral administration (41.9%), followed by subcutaneous (31%), and intravenous (13.5%)
- Fewer administrations and longer treatment intervals were rated higher
- Among those receiving TNF-a inhibitors, anti-integrins and anti-interleukins, 40%, 43.8%, and 20% of patients would prefer an oral therapy, respectively
- Similar to other studies, oral administration found to be the preferred route and efficacy outcomes were rated most important, followed by the frequency of serious AE
- 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]	8 (20)	2 (12.5)	0 (0)	0 (0)
Subcutaneous injection every 1–2 weeks [can be self-administered at home]	5 (12.5)	3 (18.8)	0 (0)	0 (0)
Subcutaneous injection every 4–12 weeks [can be self-administered at home]	7 (17.5)	1 (6.3)	7 (70)	0 (0)
Oral intake of one tablet, twice daily	3 (7.5)	0 (0)	1 (10)	2 (25)
Oral intake of one tablet, once daily	13 (32.5)	7 (43.8)	1 (10)	4 (50)
I have no preference	4 (10)	3 (18.8)	1 (10)	2 (25)

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	83.8 (24)	73.1 (37)	81.7 (23.7)	76.3 (32)
Mucosal healing after 1 year of treatment	77.6 (28)	65 (37.1)	87.8 (20.4)	66.3 (33.4)
Continuous remission after 2 years of treatment	90.3 (18.3)	72.2 (40.1)	88.9 (19.1)	70 (36.6)
Time to first symptomatic improvement	73.7 (29.2)	62.8 (32.8)	62 (34.6)	73.1 (28.4)
Frequency of serious adverse event	58.5 (38)	81.3 (33.4)	74.5 (26.7)	60.6 (32.8)
Frequency of non-serious adverse event	51.1 (34.5)	49.7 (36)	62.9 (39.6)	44.4 (30.6)
Mode of administration [injection, infusion, oral]	65.2 (33.9)	48.9 (40.1)	74 (37.8)	59.4 (35.5)

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Contact details: g.gourzoulidis@hte.gr