



Crohn's Disease patients' perspectives towards de-escalating immunosuppressive therapy: A comparative French and American survey

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Disclosure of Conflicts of Interest:

Entity	Grant	Personal Fees	Role
Abbvie	X	X	Grant support, Speaker for CME activities, Consultant
Sebela		X	Consultant
Takeda	X	X	Grant support, Speaker for CME activities, Consultant
Celgene		X	Consultant
Salix		X	Consultant
Amgen		X	Consultant
Lilly		X	Consultant
Pfizer	X	X	Grant support, Consultant
Prometheus		X	Consultant
Theradiag	X	X	Grant support, Consultant
Bristol-Meyers Squibb		X	Consultant
Crohn's & Colitis Found	X		Grant support
Patent pending			System and method of communicating predicted medical outcomes
Patent issued			Methods and compositions for bowel cleansing before a medical procedure

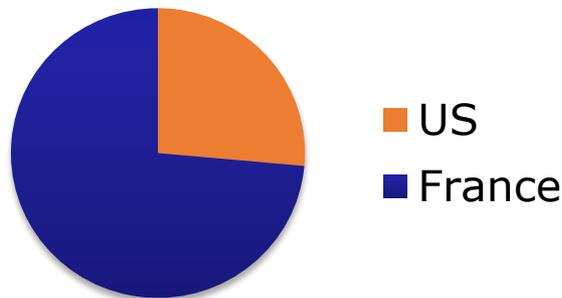
Background and Aim

- When patients with Crohn's disease (CD) are in **remission on combination therapy** including an anti-tumor necrosis factor (TNF) agent and an immunomodulator (IM), a frequent question is if it is appropriate to stop one of these medications.
- The aim of this study was to **understand patients' perspectives on stopping therapy** for CD when in remission, and to identify differences between French and United States (US) patient groups.

Methods and patient population

- To identify domains and develop a questionnaire about stopping therapy, a **focus group of patients with CD** was conducted in the US.
- The questionnaire was then distributed **electronically** to patients from France and the US.
- **Patients from France** were identified from both the St-Antoine cohort and the Association François Aupetit (AFA) database. **Patients from the US** were identified from the Crohn's and Colitis Foundation Partners cohort.

Patients (n=410)

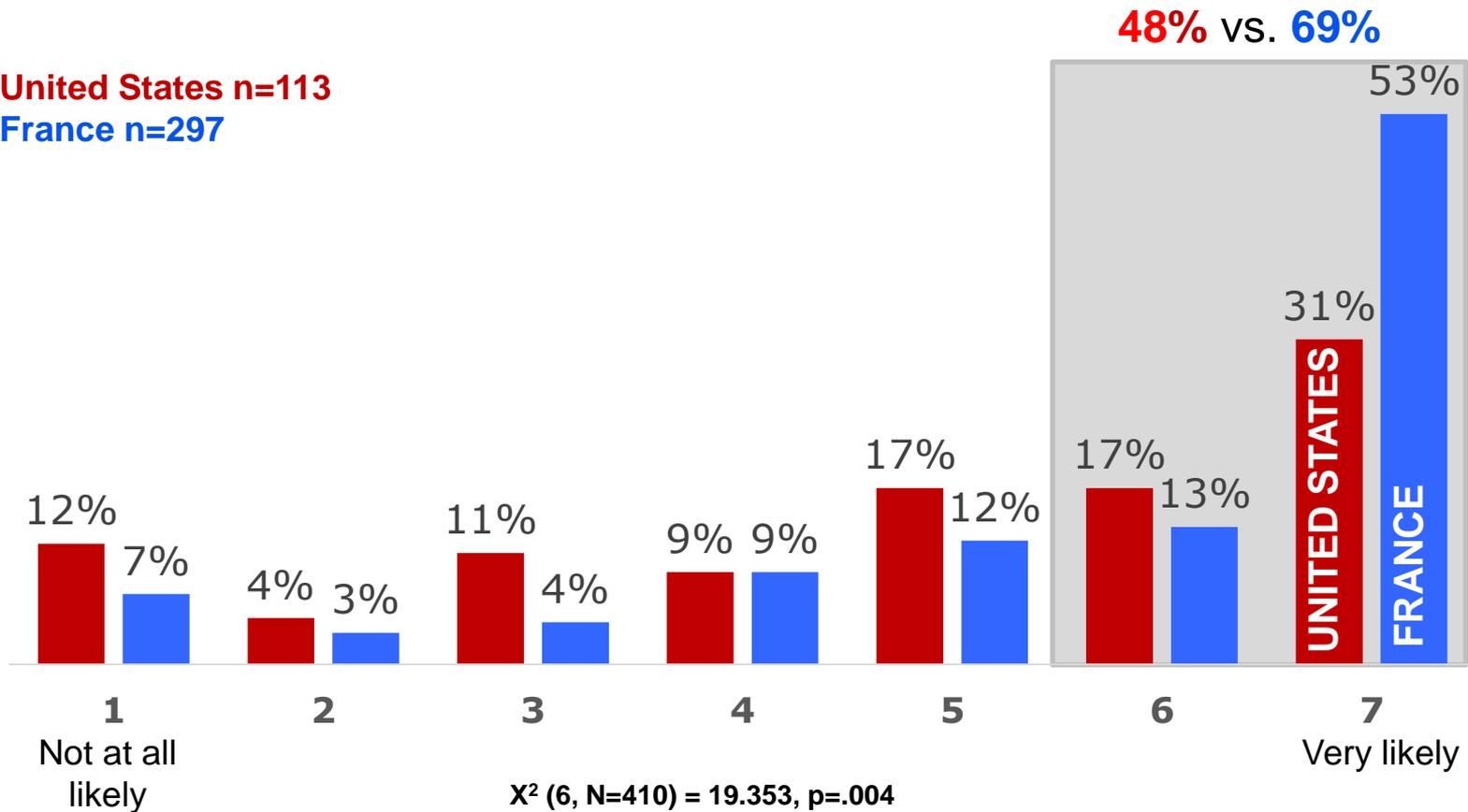


Demographics

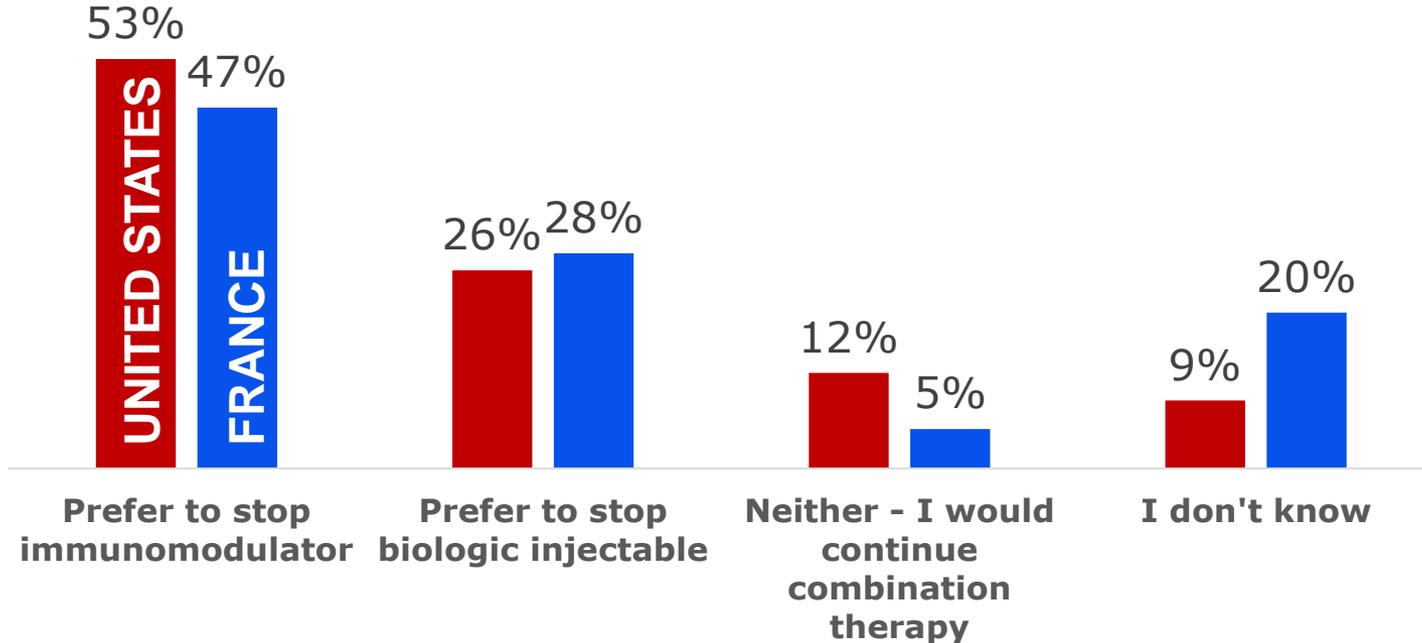
- 75% women
- Median age = 37 years
- Majority disease > 10 years

French patients are significantly more likely than US patients to consider stopping combination therapy

United States n=113
France n=297



Patients prefer to stop the immunomodulator and stay on biologic monotherapy



$X^2(3, N=410) = 13.237, p=.004$

United States n=113
France n=297

Patient preferences for de-escalation

- About a quarter of patients (26%) are **unwilling to accept any chance of a disease flare** when de-escalating therapy.
- 27% of patients responded that they would be **unwilling to de-escalate therapy** if there is any risk of not getting back into remission when restarting treatment for a flare.
- A majority of patients (56%) responded that they are **more concerned about their CD than the risk of cancer** associated with treatment.
- For **monitoring of disease recurrence**:
 - 90% of patients would be willing to have blood work every 3 months
 - Over 60% were willing to have an annual MRI
 - Patients in the US were more willing than those in France to have annual colonoscopy to detect early disease recurrence ($p < 0.01$)



Conclusion

- French patients are more willing to de-escalate therapy than US patients.
- Patients in both the US and France prefer de-escalating from combination therapy to biologic monotherapy.
- However, a sizeable minority of patients is not willing to accept any risk of future flares or loss of response to therapy when considering de-escalation.
- Both patient groups are open to regular testing to assess for disease recurrence after de-escalation.

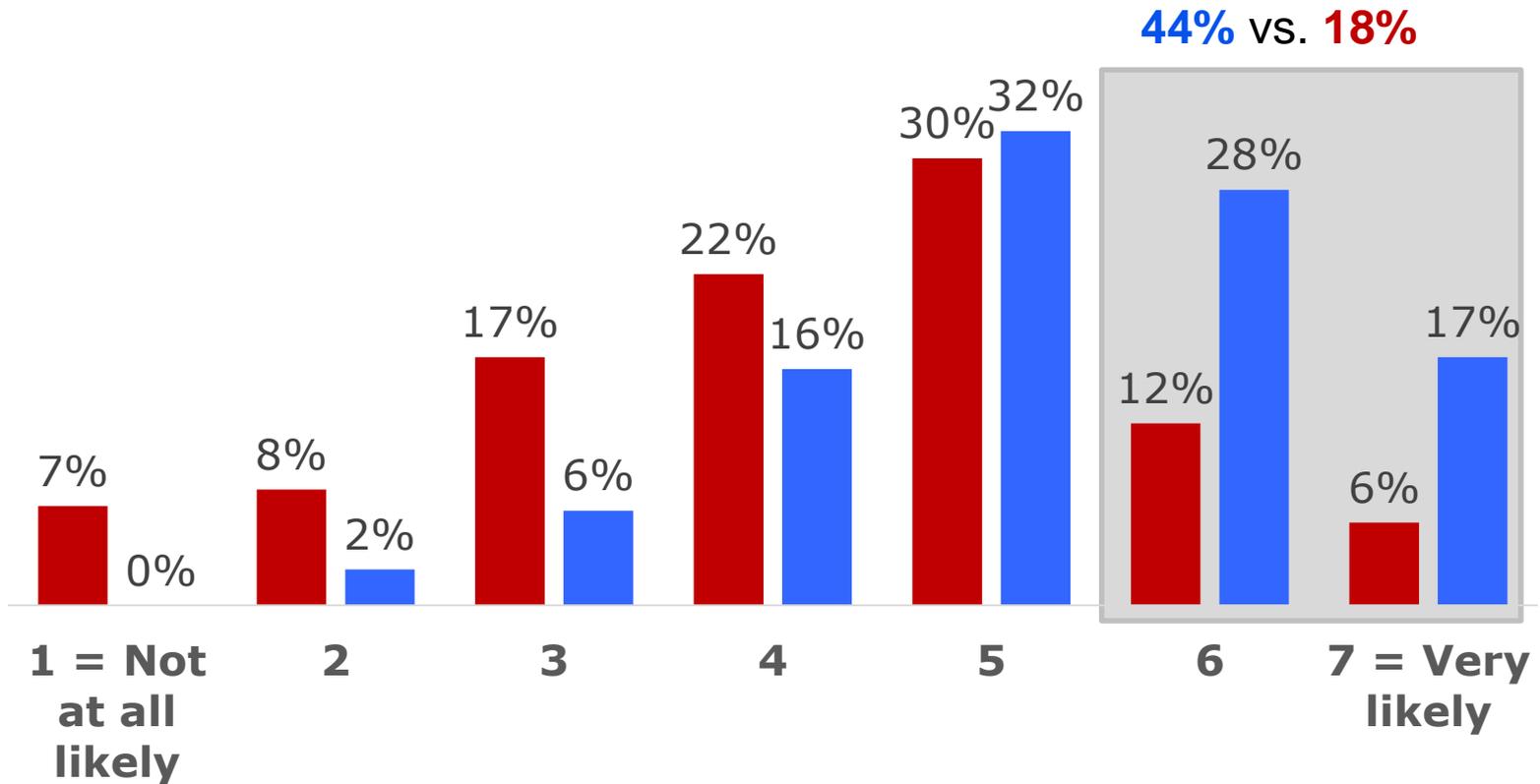




Backup Slides

European gastroenterologists are significantly more likely to recommend an average patient stop combination therapy

PHYSICIAN RESULTS

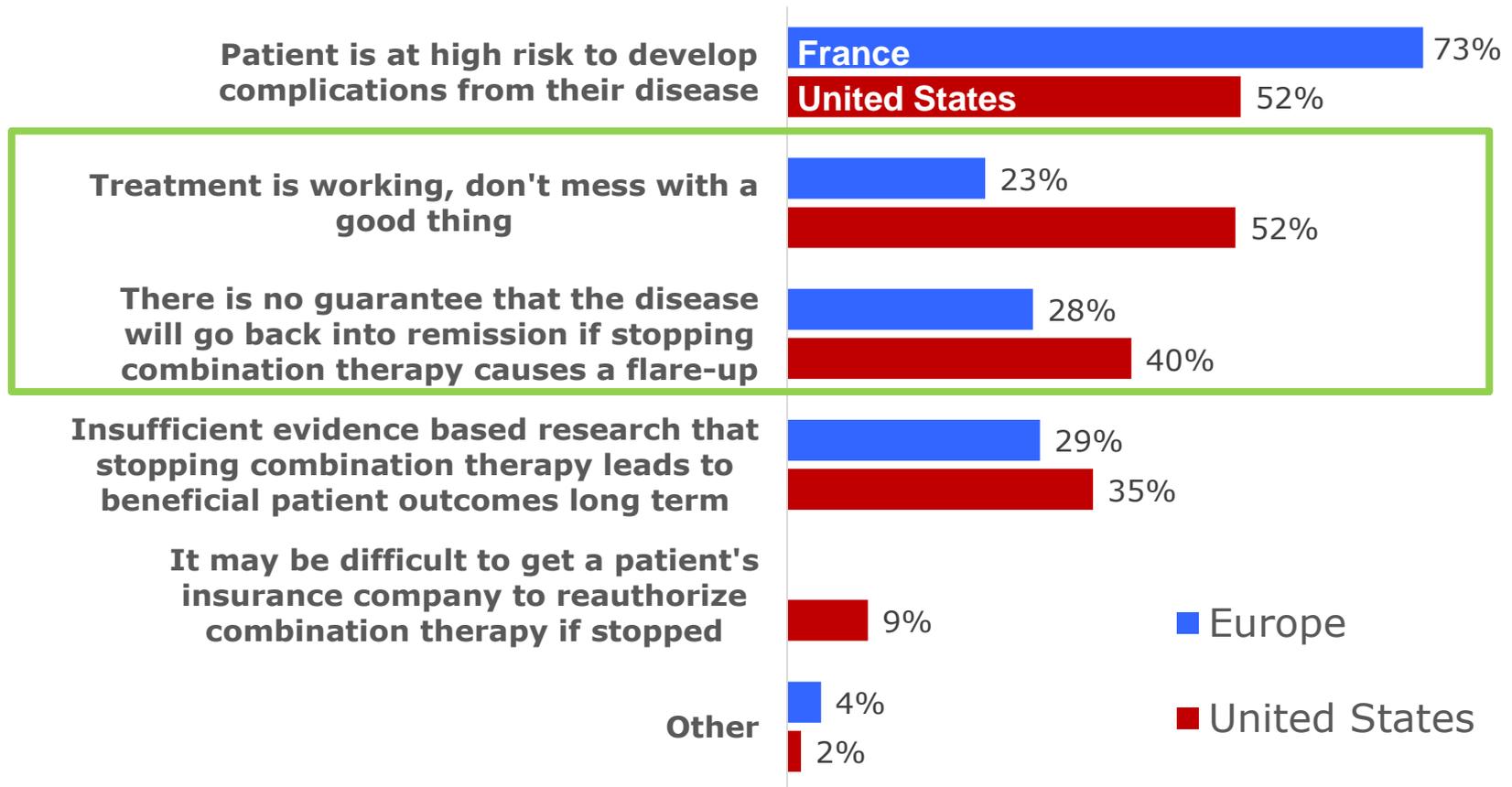


$X^2 (2, N=309) = 39.18, p=.000$

United States n=182
Europe n=127

Patients learned this from their doctors!

PHYSICIAN RESULTS



United States n=182

Europe n=127

Long-term risk of cancer and reducing side effects are the two most compelling reason to stop taking combination therapy for both US and French respondents.

