

EC24-0732: Assessing Patient-Perceived Burden Of Disease In ulcerative colitis: A Novel Scoring Approach In A Real-World Australasian Cohort

B. Gu, J.L. Pipicella, L. Palmer, S.J. Connor, W. Wilson, J.M. Andrews.

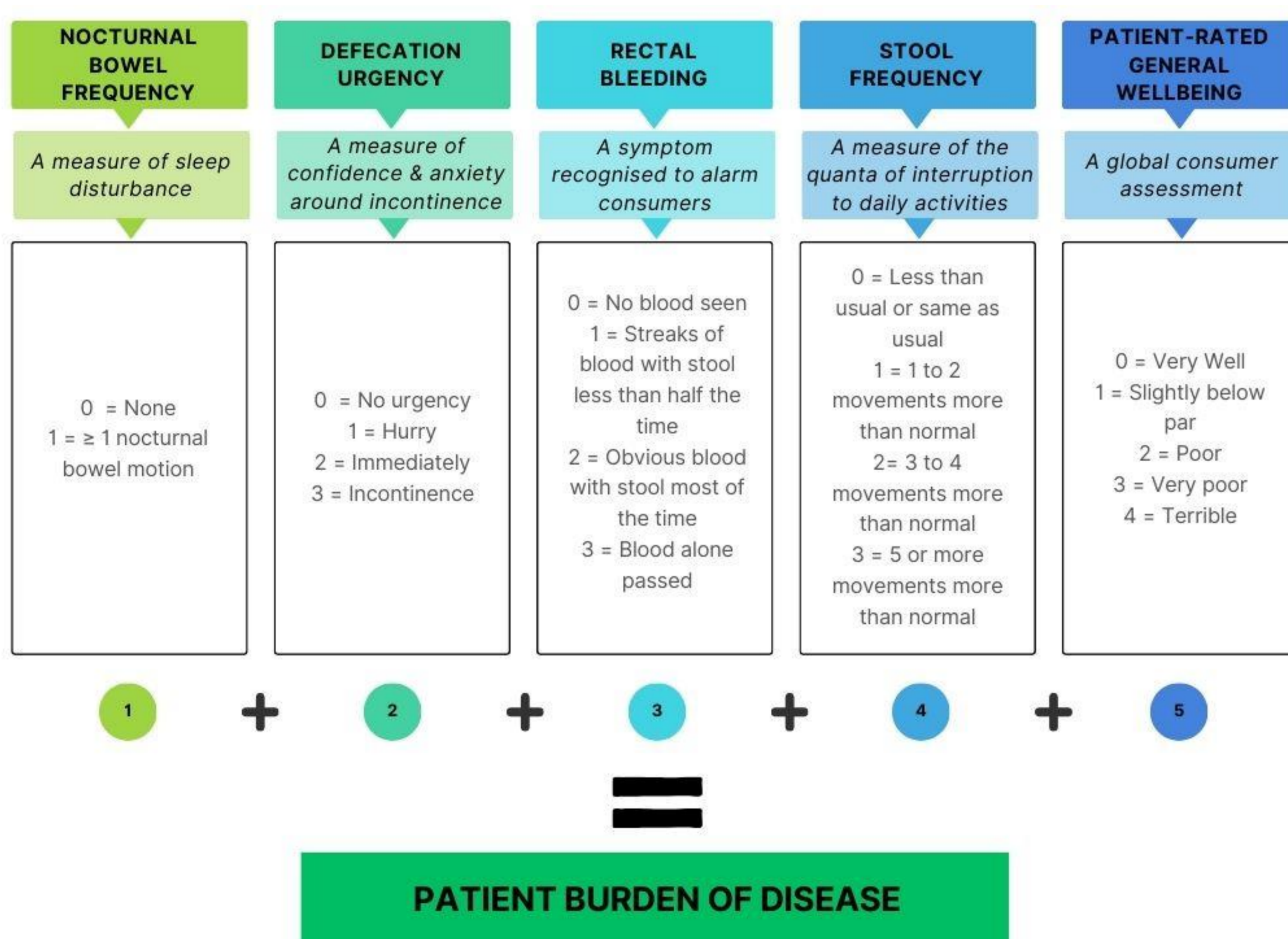


BACKGROUND

- The prevalence and burden of inflammatory bowel diseases (IBD), including ulcerative colitis (UC), are rising.
- Crohn's Colitis Care is a cloud-based IBD-specific electronic medical record (EMR) used at IBD centres across Australasia since 2018.
- Aim: to describe the patient-perceived burden of disease (PPBoD) in people with UC using a novel score in a large real-world Australasian cohort.

METHODS

- Data from CCCare flow across to a de-identified clinical quality registry, which was interrogated in Oct 2023.
- A novel PPBoD score was designed for UC. It included multiple patient-reported outcomes including some from validated indices (Mayo score and Simple Clinical Colitis Activity Index).
- A total score of 0 was defined as no PPBoD, 1-2 mild, 3-4 moderate and ≥ 5 significant PPBoD.
- Correlations amongst PPBoD and demographics, disease and treatment factors were subsequently explored.



RESULTS

- 2507 people with UC were evaluated, 2311 (92.2%) of whom had adequate data to calculate PPBoD.
 - 77.3% Australian (n=1786); 22.7% New Zealand (n=525).
- Age, gender and BMI did not vary significantly between PPBoD categories.

RESULTS (CONT.)

- Over 80.0% had no or mild PPBoD. People with lower PPBoD:
 - were more likely to be receiving advanced therapies
 - had lower rates of steroid use.
- No significant differences in immunomodulator and/or aminosalicylate use was seen across PPBoD categories.
- Significantly higher PPBoD was seen in New Zealand. Notably, people in New Zealand were less likely to be receiving advanced therapies ($p < 0.001$).
- 780 (33.8%) of the cohort had a recent faecal calprotectin (FCP) result.
 - Those with no PPBoD were more likely to have biochemical remission (FCP $< 100 \mu\text{g/g}$).
- 654 people (28.3%) had endoscopic and radiological remission data recorded
 - Those with no PPBoD were more likely to be in remission ($p < 0.001$).
- Over 98% of those with no PPBoD had no days out of role due to UC recorded. Those with higher PPBoD had more days out of role recorded.

	None (n = 1173)	Mild (n = 758)	Moderate (n = 197)	Significant (n = 183)	p value
Median age, years (IQR)	43.0 (32.0 – 57.0)	42.0 (32.0 – 56.0)	38.0 (30.0 – 55.0)	37.0 (28.0 – 52.5)	0.58
Female gender, n (%)	566 (48.3)	399 (52.6)	102 (51.8)	103 (56.3)	0.09
Median BMI, kg/m ² (IQR)	25.6 (22.9 – 28.7)	26.0 (22.9 – 29.1)	26.6 (23.5 – 30.5)	25.0 (22.1 – 29.3)	0.25
Country of origin Australia, n (%)*	898 (76.6)	610 (80.5)	154 (78.2)	124 (67.8)	0.003
Advanced therapy, n (%)	407 (34.7)	251 (33.1)	60 (30.5)	48 (26.2)	0.03
Steroids, n (%)	10 (0.9)	16 (2.1)	5 (2.5)	18 (9.8)	< 0.001
Aminosalicylates, n (%)	690 (58.8)	412 (54.4)	124 (62.9)	115 (62.9)	0.21
Immunomodulator, n (%)	261 (22.3)	163 (21.5)	41 (20.8)	52 (28.4)	0.24
At least one day out of role due to disease, n (%)	15 (1.3)	25 (3.3)	19 (9.6)	35 (19.1)	< 0.001
Faecal calprotectin $< 100 \mu\text{g/g}$, n (%)*	217 (59.5)	140 (54.1)	33 (42.3)	24 (30.8)	< 0.001
Complete endoscopic and radiologic remission, n (%)*	151 (49.3)	85 (41.7)	22 (31.0)	16 (21.2)	< 0.001

CONCLUSIONS

- Within this geographically dispersed cohort, the majority had either no or mild PPBoD, which correlated with objective measures of remission.
- Advanced therapy use was associated with lower PPBoD, and their broader health economic value could be evaluated using this tool.