

P1129: Fistulising Crohn's disease in a large real-world cohort – Crohn's Colitis Cure Data Insights Program

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BACKGROUND

- Fistulising Crohn's disease (fCD) affects up to 40% of people with Crohn's disease (CD) over their lifetime^{1,2}.
- Despite the high prevalence of fCD and the burden to patients, current treatment and natural history is poorly understood in the era of biologic therapy.
- Aim: to explore real-world demographics, disease and treatment factors in fCD.

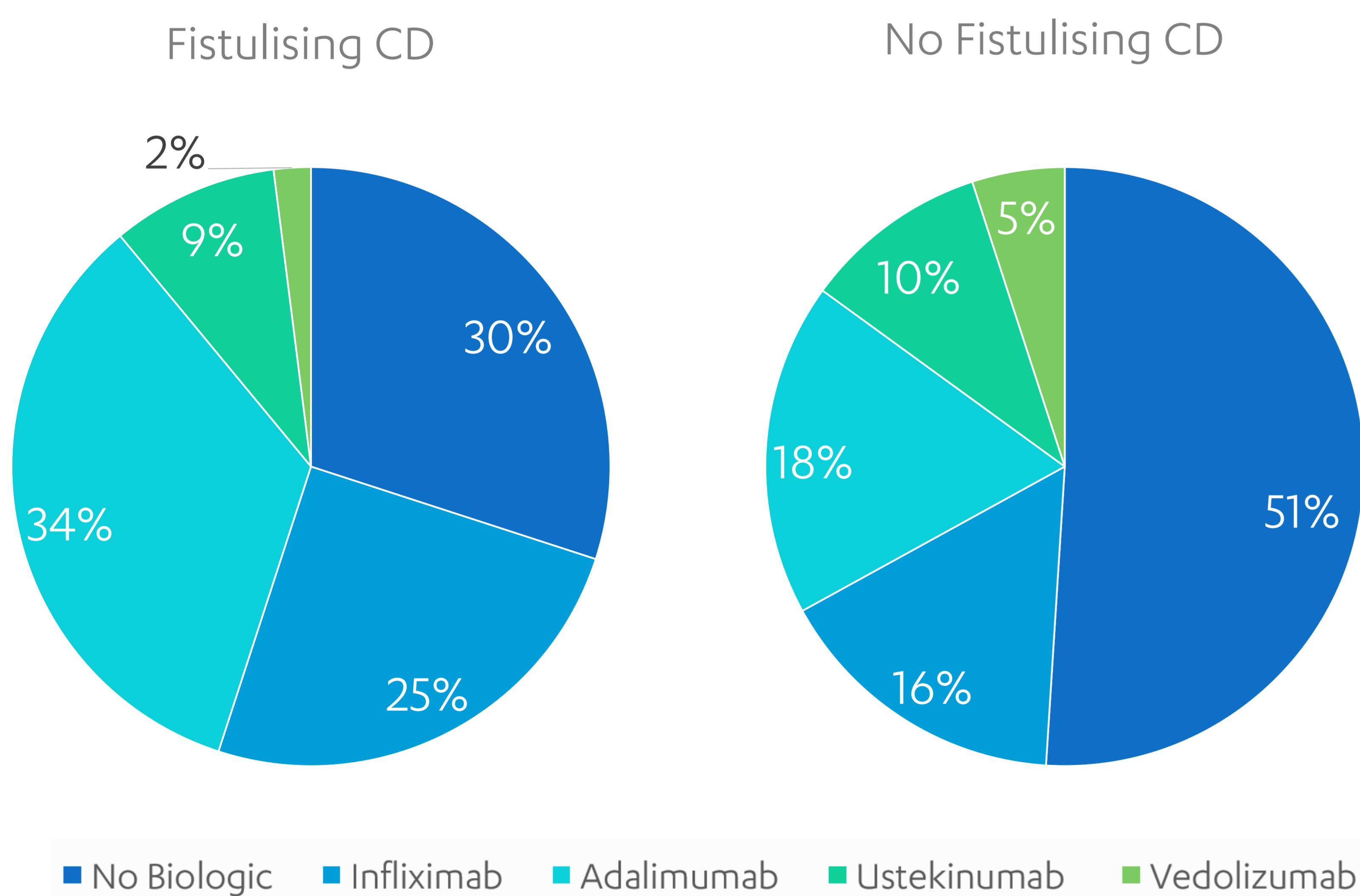
METHODS

- Crohn's Colitis Care is a cloud-based IBD-specific electronic medical record (EMR) used at IBD centres across Australasia since 2018.
- Data from CCCare flow across to a de-identified clinical quality registry, which was interrogated in Dec 2023.
- Inclusion: People with CD and a care encounter in the last 14 months at one of 20 treating centres in Australia and New Zealand.
- Current fCD: active draining fistula on most recent clinical assessment, radiologic or endoscopic investigation.
- Previous fCD: prior fistulising disease with resolution (most recent documentation showing no fistula).

RESULTS

- 3,039 people with CD were identified with a mean age of 43.1 years (SD +/- 16.2) and even gender distribution (49% female).
- Mean disease duration was 13.7 years (SD +/- 10.1).
- 532 (17.5%) have or have had fCD:
 - 220 (7.2%) with current fCD,
 - 312 (10.2%) with previous fCD.
- People with current and previous fCD were younger (p=0.005 and p<0.001 respectively) compared to those without fCD.
- Male predominance was seen in both current and previous fCD (p=0.022 and p=0.007 respectively).
- Mean Crohn's Disease Activity Index (CDAI) at last clinical assessment was within remission range (<150) for all groups.
- People with current or previous fCD received current biologic therapy at higher rates (p<0.001 and p<0.001 respectively).
- Biologic choice in people with fCD was more likely to be an anti-TNF agent compared to alternatives (table 1).
- Individuals with fCD were less likely to have ever received steroid therapy.
- People with current or previous fCD had higher rates of CD-related hospital admissions. Prior fCD had higher rates of CD-related surgery in the last 12 months.

Figure 1: Current Biologic Use



	Current fCD	Previous fCD	No prior fCD
Total patients	220	312	2507
Age (mean, years)	40.5	39.6	44.1
Female (%)	42	42	50
Current biologic use (%)	75.5	68.3	48.9
Current anti-TNF therapy (%)	85.5	82.2	68.1
Hospitalisation rates for CD-related complications (%)	5.0	6.3	1.9
CD-related surgery last 12 months (%)	12.5	21.2	13.3
Ever received steroid therapy (%)	23.6	24.4	32.3

CONCLUSIONS

These prospectively collected data from large Australasian IBD treatment centres show:

- People with current and previous fCD continue to experience higher hospitalisation rates for disease-related complications, whilst the prior fCD cohort more frequently required surgical intervention.

This highlights the importance of proactive management of fCD to reduce morbidity and avoidable healthcare utilisation.



References: 1. Vavricka SR, Rogler G. Fistula treatment: the unresolved challenge. Dig Dis 2010;28:556–64. 2. Cosnes J, Cattan S, Blain A et al.. Long-term evolution of disease behavior of Crohn's disease. Inflamm Bowel Dis 2002;8:244–50.