

The real-world use of five-aminosalicylate (5ASA) treatment for Ulcerative Colitis in Australasia: Crohn's Colitis Cure (CCC) data insight's program

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BACKGROUND

- Five-aminosalicylates (5ASAs) promote & maintain remission in people with ulcerative colitis (UC).
- 5ASA combination therapy (oral + rectal) is more effective than oral monotherapy, especially in treating flares.
- With new treatments available, ongoing 5ASAs use is less well-understood.
- Aim: to describe real-world 5ASA use and value.

METHODS

- Crohn's Colitis Care is a cloud-based IBD-specific electronic medical record (EMR) used at IBD centres across Australasia since 2018.
- Data feed into a de-identified clinical quality registry (CQR), which was interrogated in September 2023.
- People with UC under active care (encounter within 14 months) were included.

RESULTS

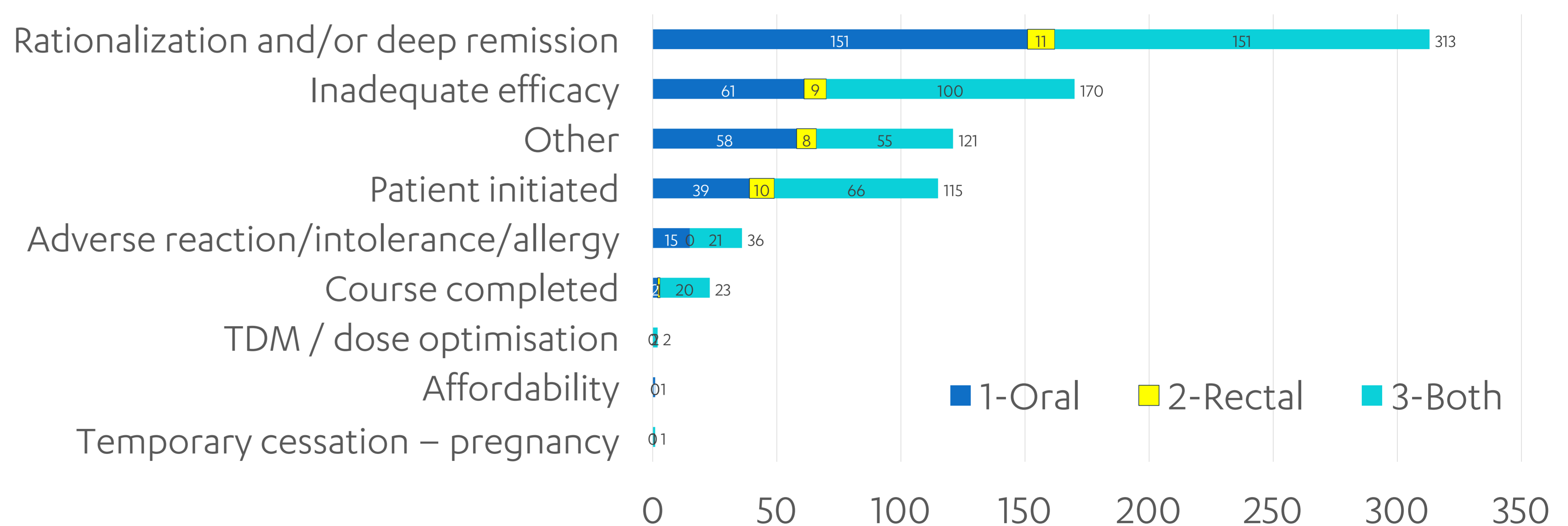
- Of the 2,522 eligible people, 78.4% resided in Australia & 21.6% in New Zealand (NZ).
- Median age = 41 years (IQR 31-56)
- Even gender distribution (50.3% female)
- Median disease duration = 9 years (IQR 4.4-16.7), median duration of follow up = 25.9 months (IQR 13.0-41.4).

RESULTS (CONT.)

- 39.2% (n=989) had no documented 5ASA therapy (42.0% Australia; 28.9% NZ)

5-ASA Treatment Route	Patients, n (%)	Percentage Female (%)	Median Age, years (IQR)	Median 5-ASA Treatment Duration, years (IQR)
Australia				
Oral alone	623 (31.5)	44.5	40 (28.0-55.0)	9.2 (4.3-17.2)
Rectal alone	73 (3.7)	53.4	42 (29.0-50.5)	7.4 (2.8-14.1)
Combination (Oral & Rectal)	451 (22.8)	56.1	38 (30.0-50.0)	8.2 (4.5-13.0)
Nil Use	831 (42.0)	48.1	41 (32.0-57.0)	N/A
New Zealand				
Oral alone	236 (43.4)	50.8	45 (34.0-59.0)	8.9 (3.4-18.3)
Rectal alone	43 (7.9)	67.4	45 (33.0-60.0)	5.9 (1.3-15.7)
Combination (Oral & Rectal)	108 (19.6)	66.7	41 (32.0-56.8)	6.3 (2.0-14.6)
Nil Use	157 (28.9)	50.3	50 (36.0-61.5)	N/A
Total	2522 (100)	50.3	41 (31.0-56)	9 (4.4-16.7)

- In those with documented 5ASA therapy (60.8%, n=1,534):
 - Average 5ASA treatment duration = 9 years (IQR 4.4-16.7)
 - Females more likely to receive rectal administration (p<0.05).
 - 608 (39.6%) were receiving additional IBD therapy at CQR entry (immunomodulators[IMs]/biologics/small molecules).
 - Of the 926 receiving 5ASAs alone, therapy was insufficiently effective in 350 (37.8%) (5ASA failure)
 - 5ASA failure was defined as the need for additional IBD therapies.
 - 99.1% (347) needed additional medical therapy; IMs/biologics/small molecules in 230, and steroids in 117.
 - Only 3 met the definition of failure due to hospitalisation and none for surgery.
- The most common reason for 5ASA cessation was medication "rationalisation and/or deep remission" (40.0%), usually due to up-titration to a more advanced therapy (below).



CONCLUSIONS

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

- The persistence of 5ASA therapy indicates they are well tolerated & perceived as beneficial by consumers.
- There was greater 5ASA use in NZ, possibly due to restricted advanced therapy access.
- Gender-specific trends in 5ASA administration were identified.