

Real-World Use of Five-Aminosalicylate (5ASA) Treatment for Ulcerative Colitis in Australia & New Zealand: Crohn's Colitis Cure (CCC) Data Insight's Program

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CROHN'S COLITIS CURE

INTRODUCTION & AIM:

- Five-aminosalicylates (5ASAs) promote & maintain remission in people with ulcerative colitis (UC).
- 5ASA combination therapy (oral + rectal) is more effective than oral monotherapy, especially for flares.
- Despite new treatments being available, optimal 5ASA use remains valuable.
- Therefore, we sought to examine real-world 5ASA use and value in Australia and New Zealand (NZ) and identify opportunities to optimise effectiveness.

METHODS:

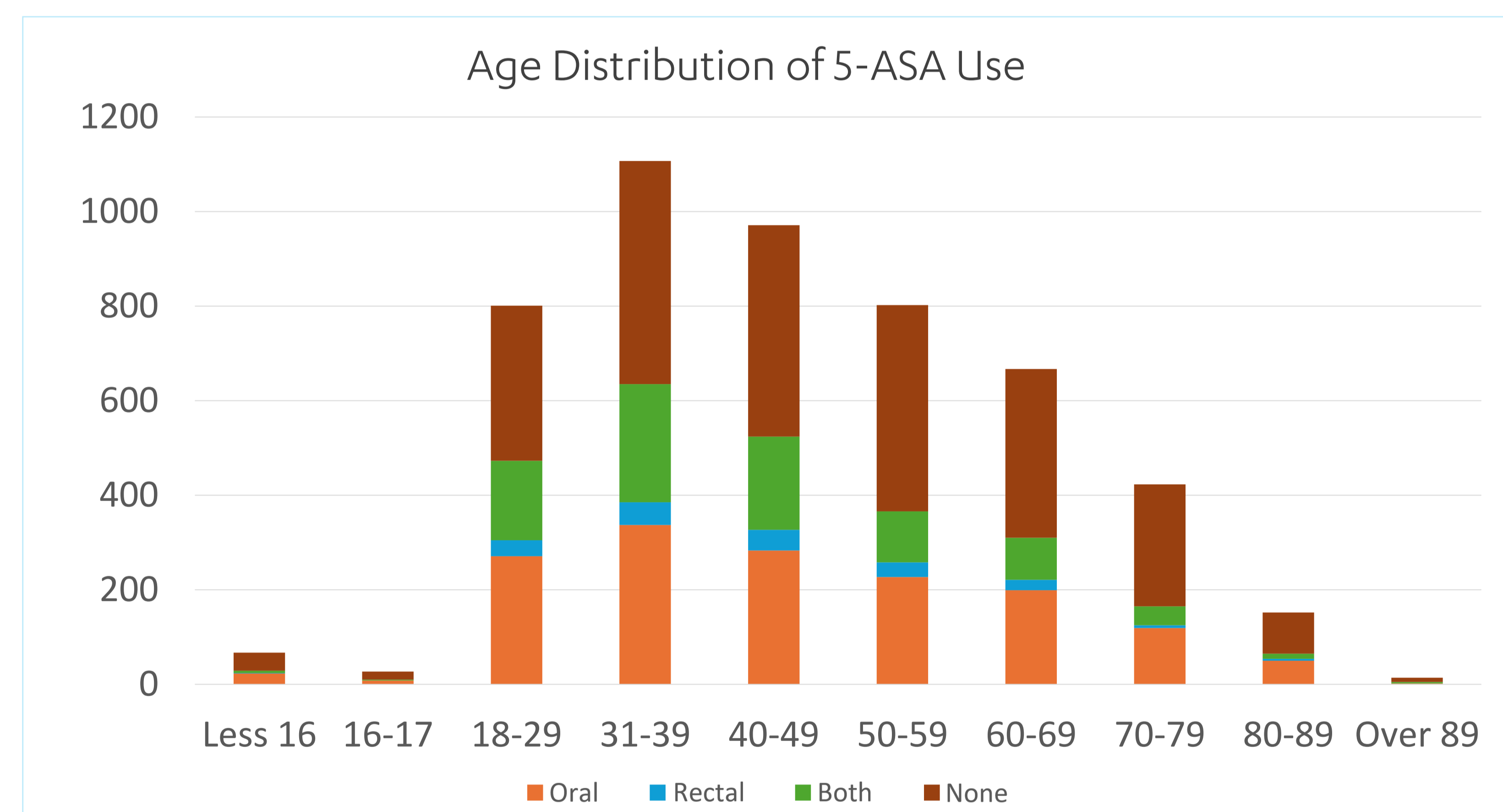
- Crohn's Colitis Care is a cloud-based IBD-specific electronic medical record (EMR) used at IBD centres across Australasia since 2018.
- Data feed into a de-identified clinical quality registry (CQR), which was interrogated in April 2024.
- People with UC under active care (encounter within 14 months) were included.

RESULTS:

- **3,515** people with UC included.
 - Median age **43 years** (IQR 32 - 57)
 - **51.1%** female
 - Median disease duration **9.5 years** (IQR 4.8 - 17.3)
 - Median CCCare follow-up duration **2.5 years** (IQR 1.1 - 3.8)

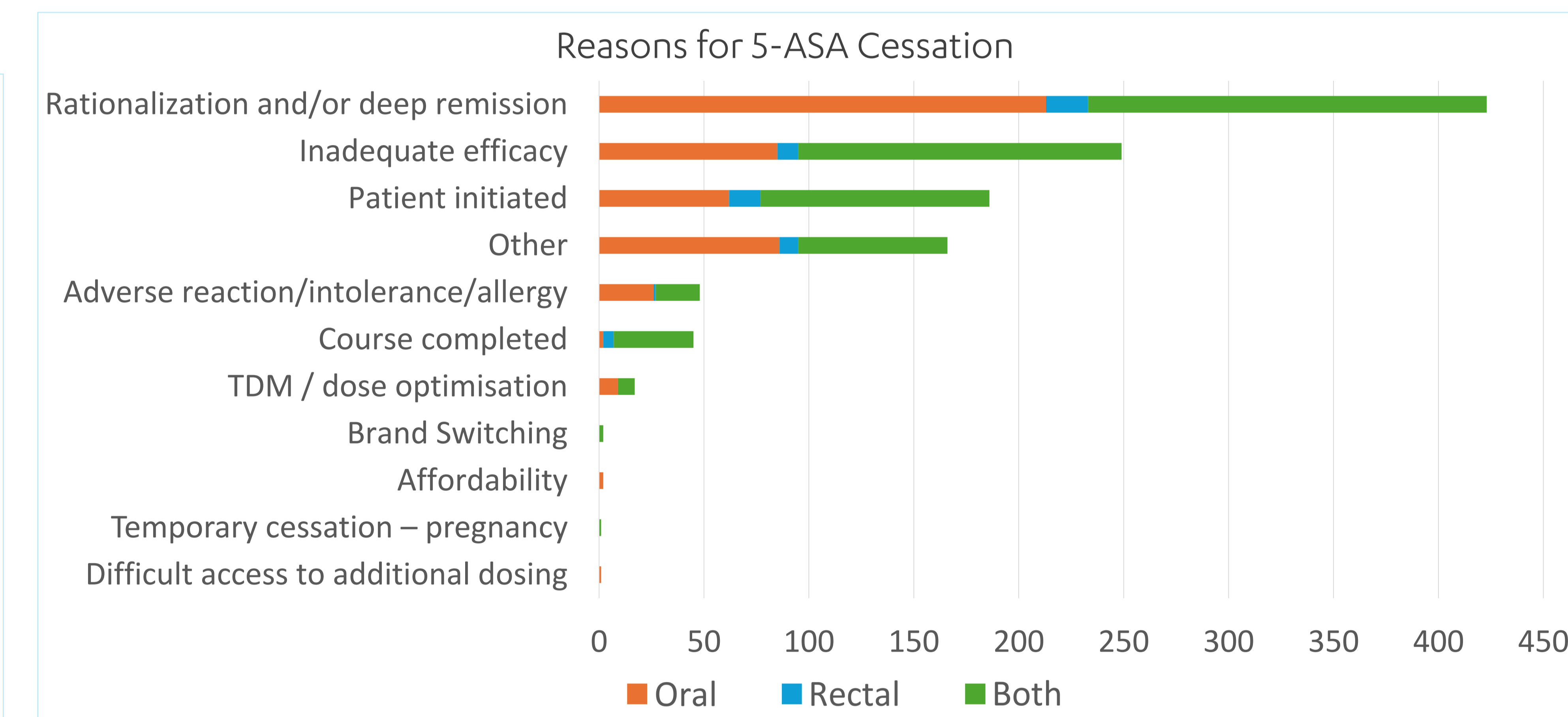
RESULTS (CONT.):

- **73.5%** had documented 5ASA therapy. Oral monotherapy was the most common regime.
- Females were more likely to receive rectal therapy than males (**34.6%** vs **26.5%**).
- Fewer individuals used rectal monotherapy in Australia vs NZ (**4.5%** vs **8.7%**).
- **35.9%** were receiving concurrent additional therapies (immunomodulators, biologics or small molecules)



- Discontinuation of 5ASA therapy was documented **44.2%**
- In those on 5ASA monotherapy (n=1,655), 5-ASA failed in **34.1%** (defined as need for additional therapies, steroid use, hospitalisations, surgeries).
- People with E1 or E2 disease were more likely to receive oral + rectal 5ASA therapy (**47.5%** and **36.2%** respectively) than people with E3 disease (**15.0%**).
- People with E3 phenotype were more likely to be receiving no 5-ASA therapy than people with E0/1/2 phenotypes (**27.5%** vs **19.4%**, $p < 0.001$).

5-ASA Treatment Route	Patients, n (%)	Percentage Female (%)	Median Age, years (IQR)	Median 5-ASA Treatment Duration, years (IQR)
Oral alone	1519 (43.2)	46.3	43 (32.0 - 59.0)	1.4 (0.6 - 2.7)
Rectal alone	190 (5.4)	57.8	43 (33.0 - 54.0)	1.3 (0.5 - 2.3)
Oral & Rectal	873 (24.8)	57.6	40 (32.0 - 52.0)	1.1 (0.4 - 2.2)
Nil 5ASA use	933 (26.5)	52.6	44 (34.0 - 59.0)	N/A
Total	3515 (100)	51.1	43 (32.0 - 57.0)	1.3 (0.6 - 2.5)



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 rectal 5ASA use in females compared to males, highlighting a potential need for cultural training to overcome what may be a 'social' gap.
- Neither cost nor side effects were significant barriers for 5ASA continuation, with "rationalisation +/- deep remission" and "inadequate efficacy" being the most common reasons for cessation.