

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 in treating flares.
- Aim to describe real-world 5ASA use and value.

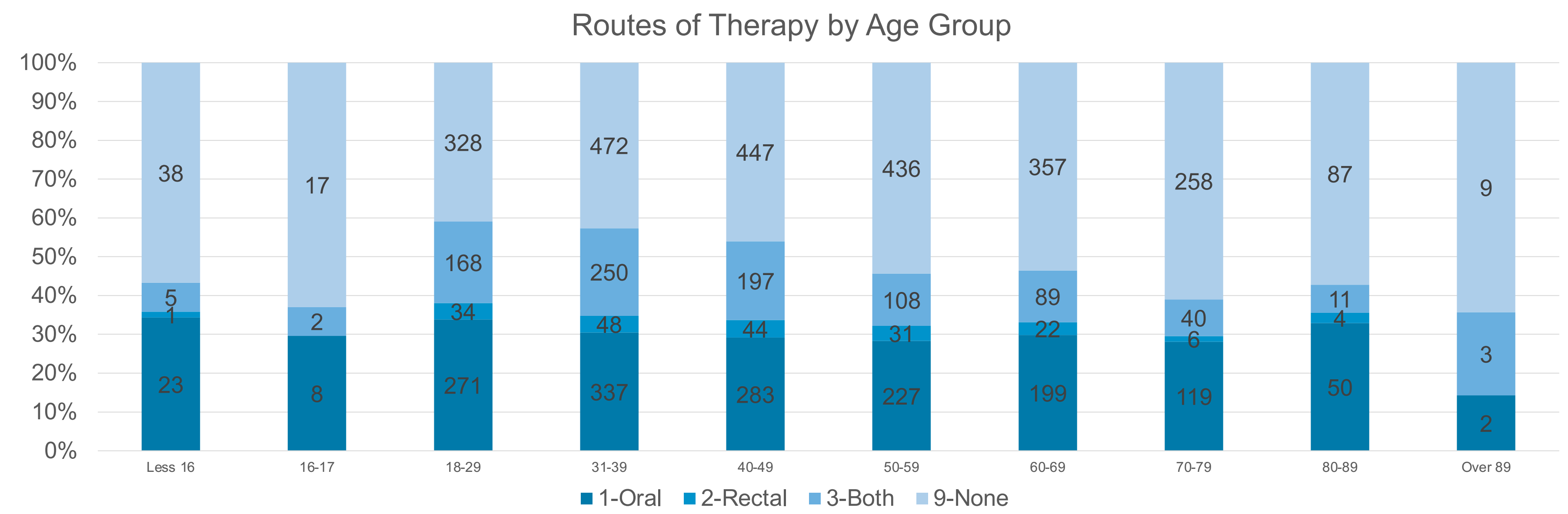
METHOD

- Crohn's Colitis Care is a cloud-based IBD-specific electronic medical record (EMR) used at IBD centres across Australia and New Zealand (NZ) since 2018.
- Data feed into a de-identified clinical quality registry (CQR), which was interrogated in April 2024.
- All people with UC with a clinical assessment at any time point were included.

RESULTS

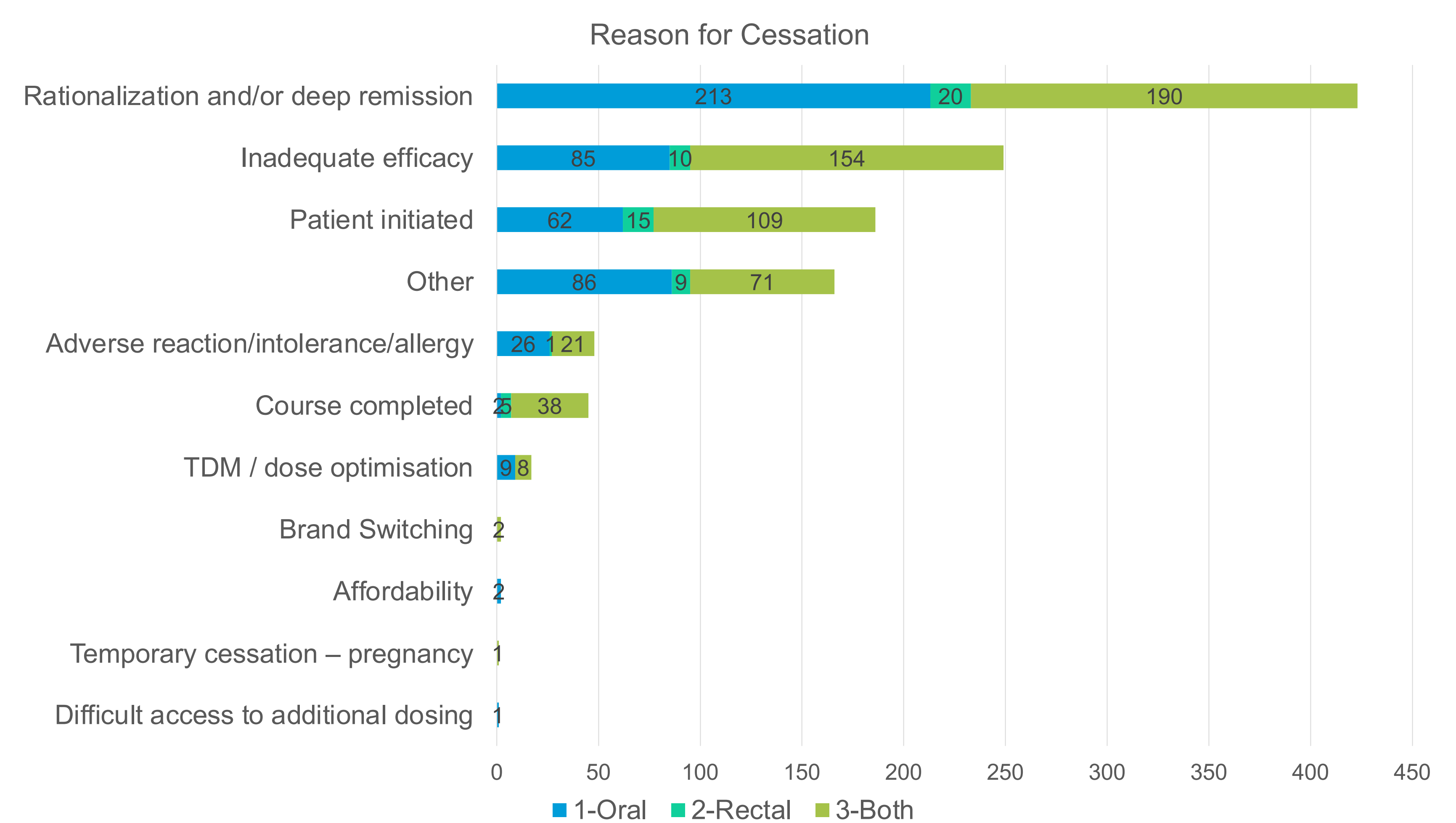
- Of the **3,515** eligible people, 79.8% resided in Australia and 20.2% in NZ.
- Median age = **43 years** (IQR 32 - 57).
 - **51.1%** were female.
 - Median disease duration = **9.5 years** (IQR: 4.8 - 17.3)
 - Median duration of follow up within CCCare = **2.5 years** (IQR: 1.1 – 3.8).
- Fewer people received rectal monotherapy in Australia than in NZ (**4.6% vs 8.7%**, $p < 0.001$).

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)
Combination Therapy (Oral & Rectal)	873 (24.8)	57.6	40 (32.0 – 52.0)	1.1 (0.4 – 2.2)
Nil documented 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)



RESULTS - CONT:

- **Females** were more likely to receive **rectal administration** than males (**34.6% vs 26.5%**, $p < 0.001$).
- People with E1 and E2 disease were more likely to receive oral and rectal 5ASA (47.5% and 36.2% respectively) therapy than people with E3 disease (15.0%, $p < 0.001$).
- People with **E3 phenotype** were more likely to be on **no 5ASA** therapy than people with current E0/1/2 phenotypes (27.5% vs 19.4%, $p < 0.001$).
- Total of **927 (35.9%)** of the people on 5ASAs (n= 2582) were already receiving additional IBD therapy (Immunomodulators / Biologics / Small molecules).
- Of those receiving 5ASA alone (n=1655), 5ASAs were judged to have failed in **34.1%** (n=564) due to:
 - Need for additional IBD therapies (**98.1%**, n=349).
 - Hospitalisation (n=7, 1.2%).
 - IBD Surgery (n=3, 0.9%).



CONCLUSIONS

- 5ASA therapy are universally effective, well tolerated & perceived as beneficial by many consumers.
- More people in NZ received rectal monotherapy compared to Australia.
- Gender-specific trends in 5ASA administration unrelated to disease phenotype highlight the potential need for cultural training to overcome what may be a 'social gap' to improve acceptance of rectal therapy, an efficacious route of therapy when indicated.