

# Patient – Gastroenterologist Disconnect on Remission Status and Symptom Burden in Ulcerative Colitis Patients in the United States, France, Germany, Italy, and Spain

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## BACKGROUND

- Ulcerative colitis (UC) is a relapsing disease with an unpredictable course and symptoms that persist despite remission.
- There are limited real-world studies on persistent symptoms reported by both patients and gastroenterologists (GEs).
- This analysis explored differences in patient and GE reports of remission status and symptom burden.

## CONCLUSION

- GEs are significantly more likely to report remission than patients. Where disconnect was observed this was primarily due to GEs reporting remission where patients reported non-remission.**
- When GEs and patients aligned on remission status, symptom burden was still often reported significantly differently amongst key symptoms.**
- There is a need to improve GE-patient communication regarding remission status and symptom burden to allow for more personalised and effective management of UC.**

## LIMITATIONS

- The data were taken from a cross-sectional survey with elements of retrospective data meaning that the results could be subject to recall bias.

## ACKNOWLEDGEMENTS & DISCLOSURES

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- Disclosures: Myrlene Sanon, Sumesh Kachroo, Timothy Hoops, and Dominik Naessens are employees of the Janssen Pharmaceutical Companies of Johnson & Johnson, Jim Kershaw and Sophie Barlow are employees of Adelphi Real World, which was hired by Janssen to perform study analyses, Cynthia Willey reports being a consultant for Goldfinch Biotech Inc. and Otsuka Pharmaceutical, and a scientific advisor or member of the Journal of Clinical Therapeutics, Editorial Board.

## REFERENCES

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## METHODS

- We assessed both physician and patient reported UC remission status and symptomatology at time of consultation using data from the Adelphi UC Disease Specific Programme<sup>TM1</sup>, a cross-sectional survey with elements of retrospective data collection, of GEs and their next 5-10 consulting UC patients from September 2020-January 2021. GEs completed a patient record form providing information such as demographics, current UC symptoms and GE subjective remission status. Patients completed a voluntary self-completion form, also reporting current symptoms and perceived remission status. Patients were grouped into those in Remission (RE) and Non-remission (NR), once using GE-reported answers and once using patient responses. Analysis was only conducted on a matched sample of patients who completed the self-completion form. McNemar's chi-squared test was used to compare prevalence of GE- and patient-reported symptoms. This was done using STATA 17<sup>2</sup> software.

## RESULTS

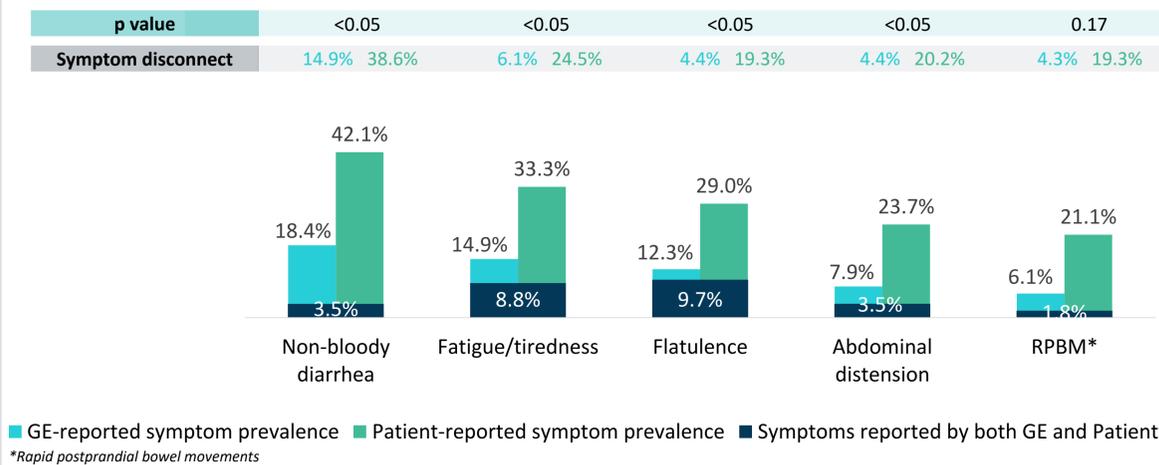
- Overall, 675 patients were analysed in the United States (n=172), France (n=93), Germany (n=224), Italy (n=76), Spain (n=110).
- Out of all patients 50.5% were male, the mean (SD) time since diagnosis was 5.0 (5.6) years and the mean (SD) patient age was 39.0 (13.8) years.
- Overall, there was a significant difference between GE vs patient reported remission status; with GEs reporting 64.4% of patients were in remission vs 50.1% of patients reporting remission (p<0.05). 47.6% and 33.0% GE-patient pairs aligned on RE and NR status respectively (Table 1).
- Disconnect was observed in 19.4% (n=131) of patients, driven by GE's reporting remission when patients were not (n=114 (87.0%) of these patients) (Table 1).
- The first three of these four groups were used for further analysis (Figures 1-3), the remaining 2.5% of GE-patient pairs we excluded due to low base size.

**Table 1. Alignment between gastroenterologist- (GE) and patient-reported remission status**

		GE-reported remission status, n(%)	
		NR (n=240)	RE (n=435)
Patient-reported remission status, n(%)	NR (n=337)	223 (33.0%)	114 (16.9%)
	RE (n=338)	17 (2.5%)	321 (47.6%)

- Within the RE aligned group (n=321), GEs reported 34.9% (n=112) of the patients to be in deep remission (clinical/ symptomatic remission and full mucosal healing), and 209 (65.1%) in partial remission (clinical/ symptomatic remission, but full mucosal healing not achieved/ currently unknown, or full mucosal healing but symptoms remain).
- Where patients reported NR and GEs reported RE (n=114), GEs significantly under-reported many symptoms (Figure 1), including lack of symptoms among 20.2% of patients vs 2.6% of patients reporting absence of symptoms.
- GEs reported non-bloody diarrhea in 18.4% of patients compared to 42.1% of patient reports (p<0.05) (Figure1).
- GEs reported no symptoms for 20.2% of patients, compared to patients who self-reported having no symptoms in 2.6% of cases (p<0.05).

**Figure 1: Symptoms at last consultation amongst patients who were reported to be in remission by their gastroenterologist (GE), but did not report being in remission themselves (n=114)**

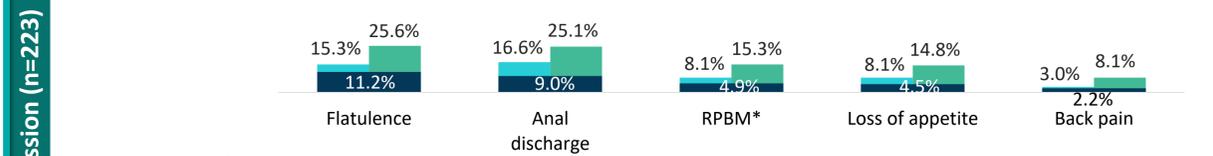


- Despite GE-patient pairs aligning on NR status, significant differences in the level of symptom burden were reported by GEs and patients, including, 14.4% of patients reporting flatulence where physicians did not, and physicians reporting anaemia in 30.1% more patients (Figures 2a and 2b).

**Figure 2a. Top five patient over-reported symptoms in patients where gastroenterologists (GEs) and patients agree on non-remission**

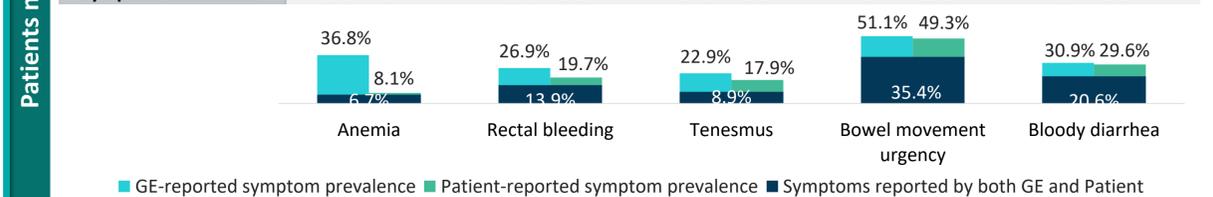
Symptom	Flatulence	Anal discharge	RPBM*	Loss of appetite	Back pain
p value	<0.05	<0.05	<0.05	<0.05	<0.05
Symptom disconnect*	4.1% 14.4%	7.6% 16.1%	3.2% 10.4%	3.6% 10.3%	0.8% 5.9%

\*Symptom disconnect amongst GEs who reported the symptom where the patient did not and amongst patients who reported the symptom where the GE did not.



**Figure 2b. Top five gastroenterologist (GE) over-reported symptoms in patients where GEs and patients agree on non-remission**

Symptom	Anemia	Rectal bleeding	Tenesmus	BMU*	Bloody diarrhea
p value	<0.05	<0.05	0.16	0.71	0.76
Symptom disconnect*	30.1% 1.4%	13.0% 5.8%	14.0% 9.0%	15.7% 13.9%	10.3% 9.0%



P value compares GE reported symptom prevalence and patient reported symptom prevalence

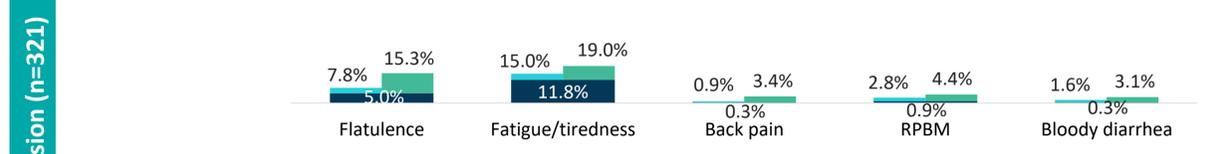
\*BMU; Bowel movement urgency, GE; gastroenterologist, RPBM; rapid postprandial bowel movement

- GE-patient pairs who aligned on RE status were also aligned on symptom burden reporting, but still reported significant differences between GE- and patient-reported symptoms, with patients over-reporting flatulence by 10.3% and GEs over-reporting anaemia by 8.7% (Figures 3a and 3b).

**Figure 3a. Top five patient over-reported symptoms in patients where gastroenterologists (GEs) and patients agree on remission**

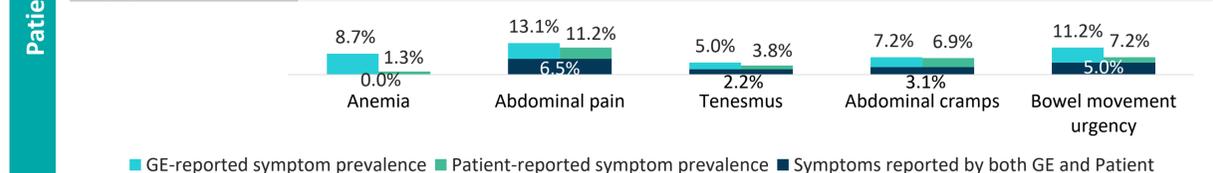
Symptom	Flatulence	Fatigue/tiredness	Back pain	RPBM*	Bloody diarrhea
p value	<0.05	<0.05	<0.05	0.33	0.27
Symptom disconnect*	2.8% 10.3%	3.2% 7.2%	0.6% 3.1%	1.9% 3.5%	1.3% 2.8%

\*Symptom disconnect amongst GEs who reported the symptom where the patient did not and amongst patients who reported the symptom where the GE did not.



**Figure 3b. Top five gastroenterologist (GE) over-reported symptoms in patients where GEs and patients agree non-remission**

Symptom	Anemia	Abdominal pain	Tenesmus	Abdominal cramps	BMU*
p value	<0.05	0.41	0.42	1.00	<0.05
Symptom disconnect*	8.7% 1.3%	6.6% 4.7%	2.8% 1.6%	4.1% 3.8%	6.2% 2.2%



P value compares GE reported symptom prevalence and patient reported symptom prevalence

\*BMU; Bowel movement urgency, GE; gastroenterologist, RPBM; rapid postprandial bowel movement, SD; standard deviation