

# Key Findings From IBD GAPPS

## What is IBD Global Assessment of Patient & Physician Unmet Needs Survey (IBD GAPPS)?

IBD GAPPS is a large multinational initiative involving gastroenterologists and patients with inflammatory bowel disease (IBD), which includes both Crohn's disease (CD) and ulcerative colitis (UC).

The objective was to better understand the experiences and perceptions of gastroenterologists and patients with IBD.

IBD GAPPS was sponsored by Bristol Myers Squibb and validated through the combined efforts of a multinational Steering Committee of 9 IBD experts, advocacy partners\*, and patients.

## When and where was the survey fielded?

This global comprehensive survey included respondents from the United States, Spain, the United Kingdom, Germany, Italy, France, and Canada and was fielded from August to November 2019.

**2,398** adult patients with IBD participated, a majority of whom had moderate-to-severe disease

**654** gastroenterologists participated, with a mean caseload in the last month of almost 268 patients, including 43 with CD and 43 with UC



## What topics were examined?

The survey focused on perceptions about:

- Symptoms
- Management of disease and treatment patterns
- Treatment goals and satisfaction
- Burden of disease/care
- Healthcare professional (HCP)/ patient communication

## Limitations of the survey design

- Deliberate weighting of the survey sample to include a high proportion of patients with moderate-to-severe disease; the sample therefore does not represent the full IBD patient population
- A cross-sectional study design so trends over time cannot be assessed
- There was no relationship between the patients and physicians surveyed, so no correlations or associations can be made between statements made by these patients and physicians
- Generalizability may be limited because patients who participated in the survey through advocacy groups or recruitment panels may differ from the general IBD population
- Comorbidities self-reported by patient participants were not confirmed by an HCP
- The survey was not assessed for content validity, comprehensibility, or translatability

## Key Findings

Perceptions and expectations of patients can differ from those of their care providers, especially regarding disease remission, durability of disease control, steroid use, and symptom burden.

### Definition of Disease Remission

More than three-quarters of patients reported discussing disease remission with their physicians.

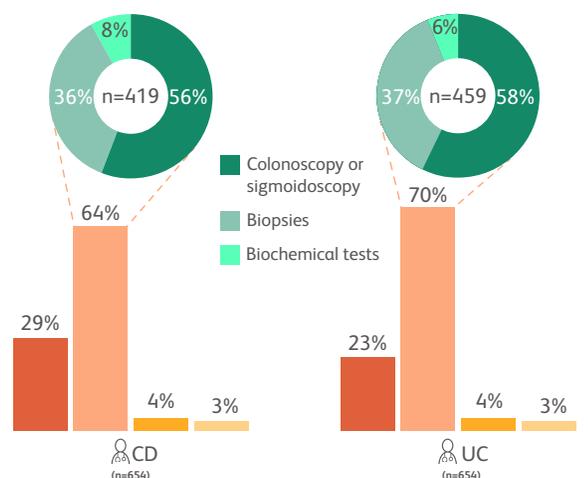
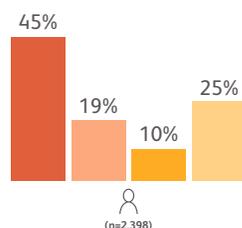
A difference, however, was found between how physicians and patients defined it:

Most patient respondents defined disease remission as a **resolution of symptoms**.

Most physician respondents defined it **based on test results**.

### Definition of disease remission for CD/UC

- Resolution of IBD symptoms
- Test results
- Patient no longer requires treatment
- Patient's dose or frequency of administration can be de-escalated



Key findings continued on the next page.

\*Crohn's and Colitis Foundation.

## Key Findings (cont.)

### Durability of Disease Control

**72%**

of HCPs defined a durable treatment as one that provides **at least 1 year** or **at least 2 years** of remission.

Conversely, patients indicated that they expect longer duration of disease control, with

**30%** of those with CD and

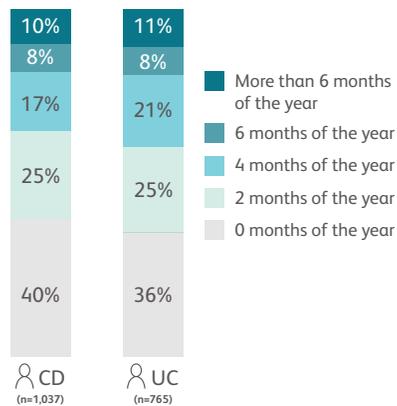
**36%** of those with UC anticipating their current treatment will control their IBD for **5 years or more**.

What is the minimum duration of remission that you believe an IBD treatment should provide to be considered a "durable" therapy?†

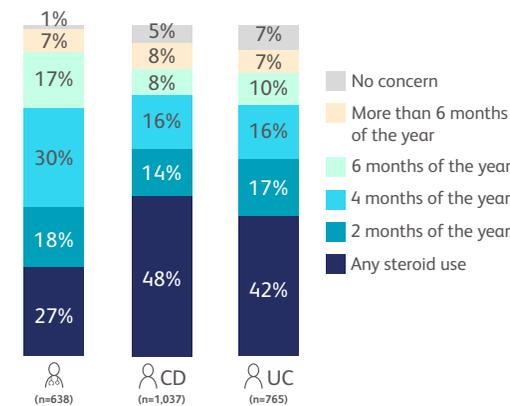
How long do you expect your current treatment for your IBD to control your disease?†



Steroid use for... of the last 12 months‡



When do you become concerned about the frequency of steroid use?†‡



### Corticosteroid Use

Patients and HCPs alike anticipate needing many months of corticosteroid use to manage IBD.

A substantial proportion of patients with IBD reported using corticosteroids for **4 months or more** during the previous year.

The majority of survey respondents reported having a concern with using corticosteroids; however, more patients than physicians reported concern with any steroid use.

‡ Asked if patient has ever received corticosteroid therapy.

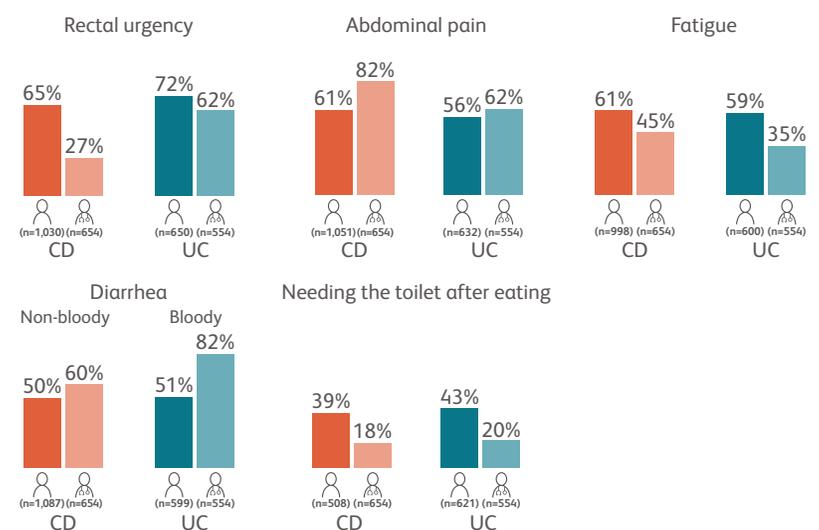
### Symptom Burden

Patient and physician respondents feel comfortable discussing symptoms and the burden of IBD. Responses from patients and physicians were generally aligned on the most burdensome symptoms experienced by patients.

However, some symptoms, such as rectal urgency and the need to use the toilet after eating, seem to be **under-recognized by physicians**.

Patients reported a strong impact of IBD on their **well-being**.

### Top 5 symptoms<sup>§</sup> that interfere with quality of life<sup>†</sup>



§ Top 5 symptoms reported by patients.

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## Key Findings (cont.)

### Treatment Goals

Patient and physician respondents share similar treatment goals related to patients' quality of life and emotional mood.

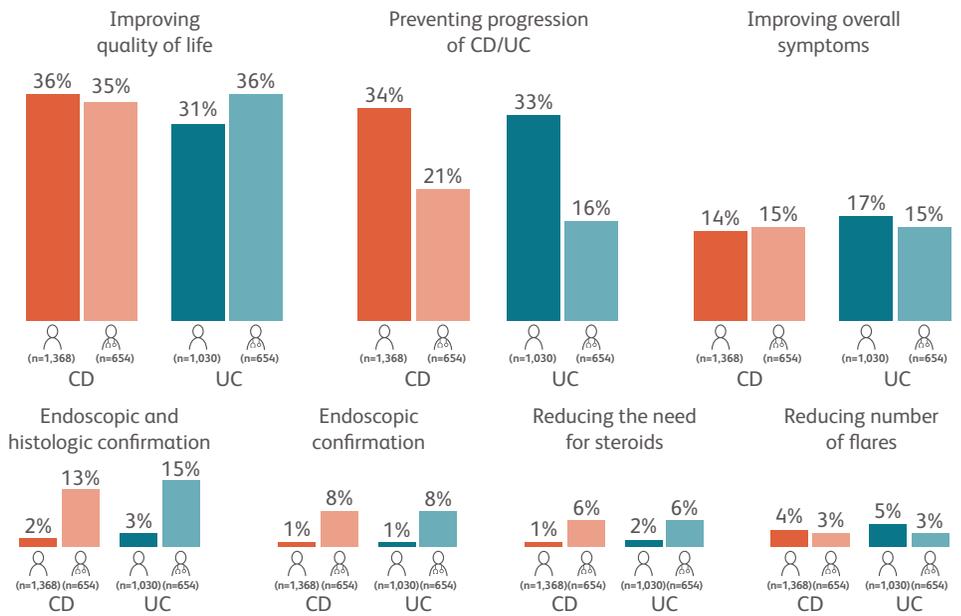
**21% to 23%**

of physicians who treat patients with CD and UC, respectively, prioritized results from **clinical tests**, such as endoscopy alone or with histologic confirmation, to assess the underlying inflammation, while

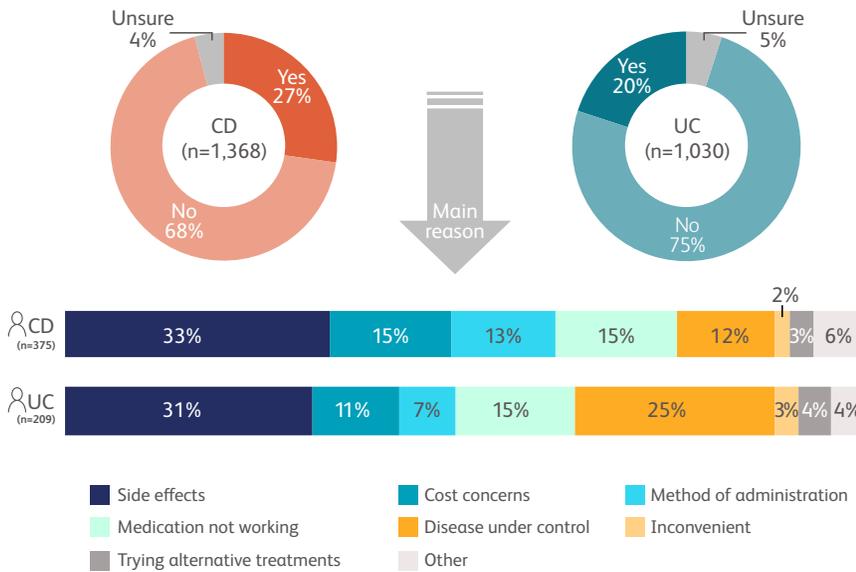
**3% to 4%**

of patients prioritized these results as **treatment goals**.

### Most important treatment goals for patients and physicians<sup>11, 1</sup>



### To the best of your knowledge, have you ever chosen not to take your prescribed medication?



### Adherence

Findings from IBD GAPPS highlight the importance of having conversations with patients about the adverse events associated with their treatments.

**Side effects** was the most common reason given by patients who reported occasions of choosing not to take their prescribed medication.

Addressing the key areas of disconnect identified by this global survey may positively impact communication between HCPs and patients and help improve their satisfaction with disease management.

Visit [www.UnderstandingIBD.com](http://www.UnderstandingIBD.com) to learn more about the IBD GAPPS initiative.



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PubD 00055007. Princeton, NJ: Bristol-Myers Squibb Company, 2020.

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