Treatment patterns among moderate-to-severe ulcerative colitis patients in TARGET-IBD

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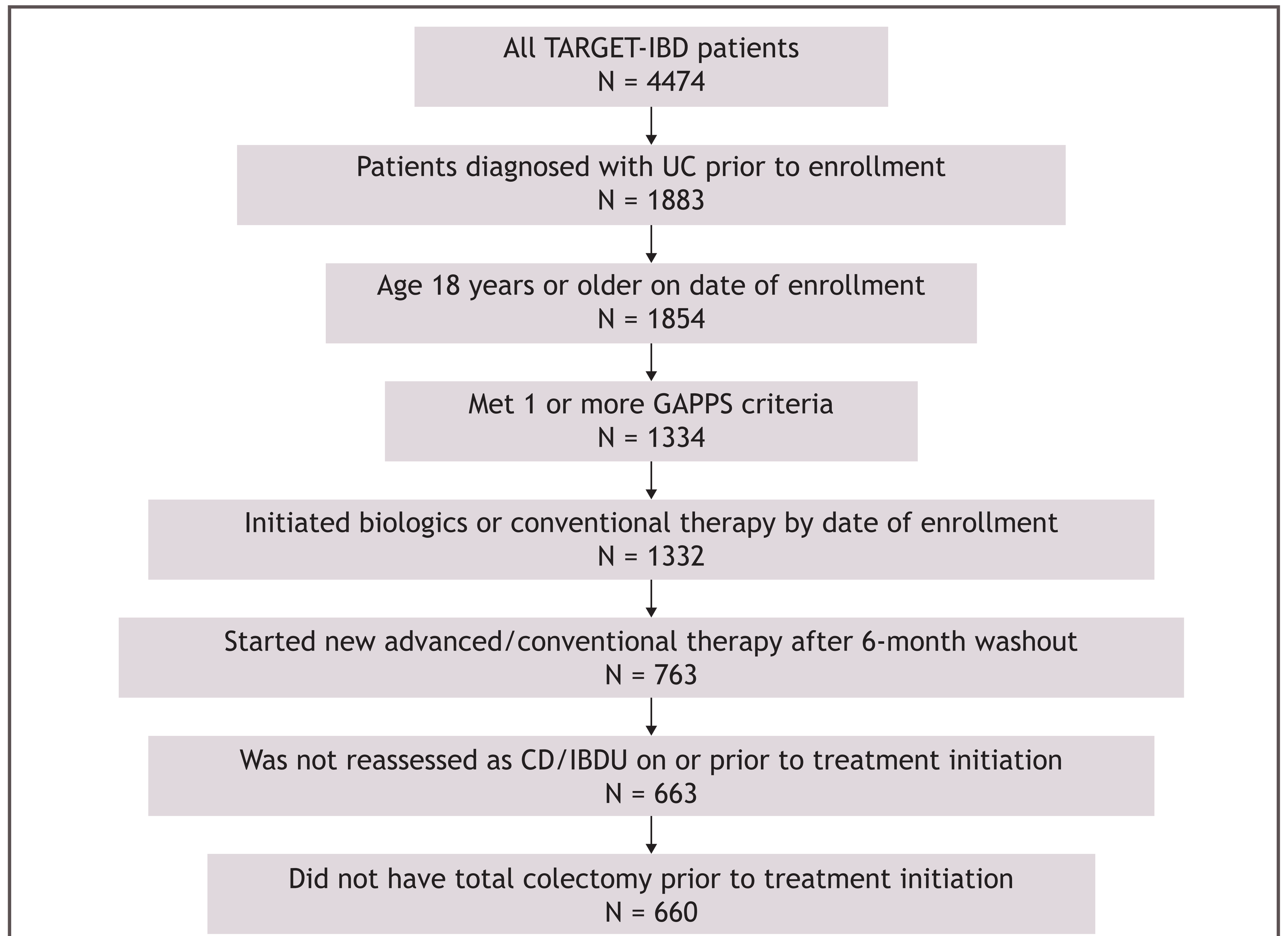
Introduction

- The treatment paradigm for ulcerative colitis (UC) is becoming increasingly complex with a greater availability of treatment options
- The objectives of this study were to identify a real-world patient population with moderate-to-severe UC and estimate the risk of treatment modification (ie, drug switching, dose escalation, treatment augmentation) among patients initiating advanced or conventional therapies

Methods

- TARGET-IBD is a real-world longitudinal observational cohort of patients with inflammatory bowel disease across the United States (patients were enrolled from July 2017 to February 2022)
- Patients were considered to have moderate-to-severe UC if they were ever hospitalized due to UC, received advanced treatments (biologic or Janus kinase inhibitor [JAKi]) or an immunomodulator (IMM), or took corticosteroids (CS) for > 2 months of the year prior to enrollment
- To assess treatment modification, patients had to initiate an advanced treatment or conventional therapy (IMM and 5-aminosalicylic acids [5-ASA]) 3 years prior to or after enrollment in TARGET-IBD and have follow-up data available
- Fine-Gray sub-distribution hazard regression models were used to estimate multivariable-adjusted hazard ratios (HRs) for treatment modification stratified by treatment class, with 95% confidence intervals (CIs)
- Cumulative incidence functions stratified by treatment class were produced using Kaplan-Meier methodology
- A sensitivity analysis of only prospective initiations was conducted to ensure that results were not unduly influenced by the inclusion of retrospective initiations

Figure 1. Study flow



CD, Crohn's disease; GAPPS, Global Assessment of Patient and Physician Unmet Needs Survey; IBDU, inflammatory bowel disease unclassified.

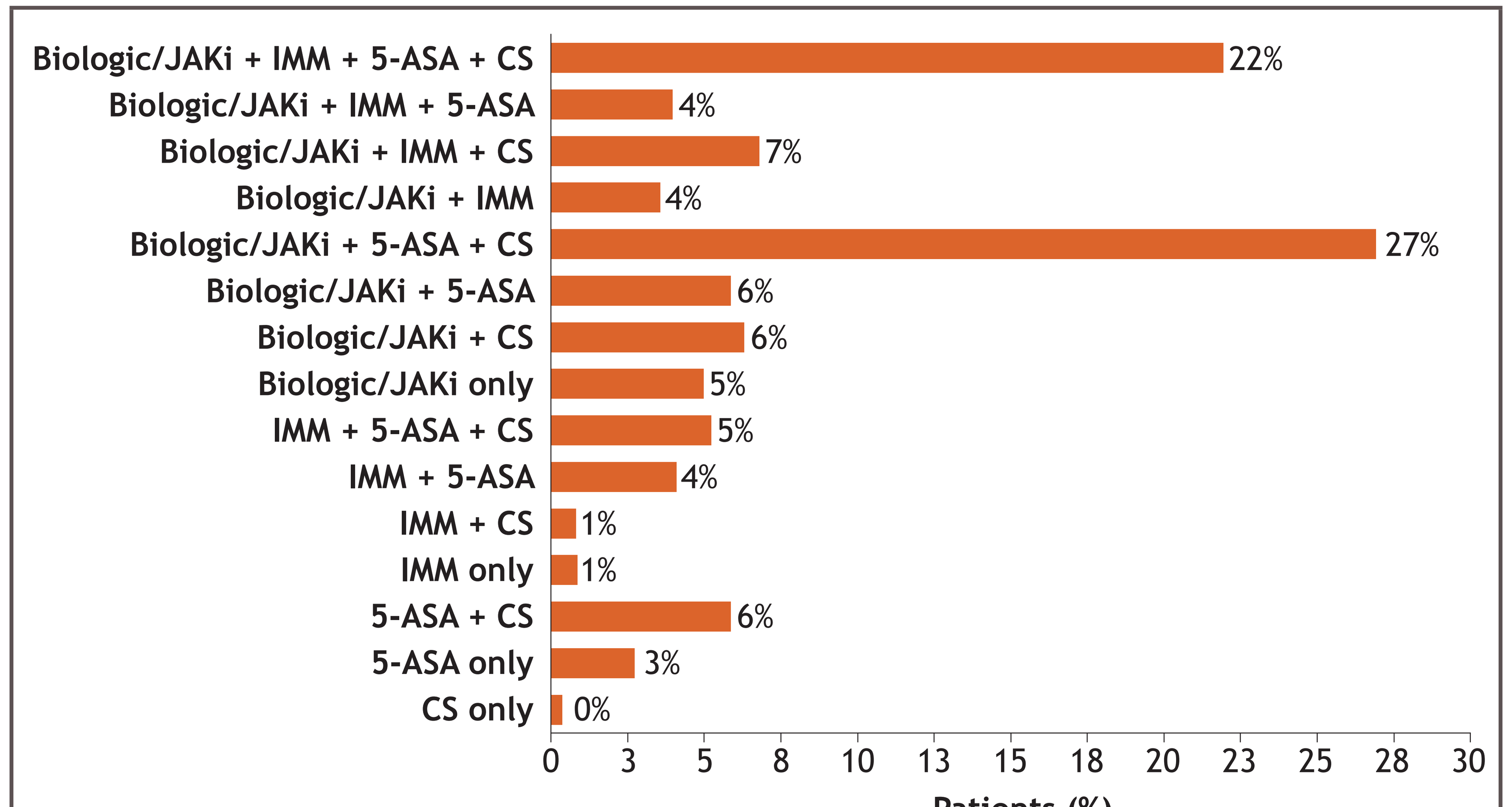
Results

- Of 1854 adult patients with UC enrolled in TARGET-IBD, 1332 (72%) met the criteria for moderate-to-severe disease, of whom 1096 (82%) used an advanced treatment by the date of enrollment (**Figure 1**)
- The mean patient age was 41 years (range, 18-91), and the majority of patients were female (53%), had private insurance (77%), and were treated at academic sites (67%)
- The most prevalent treatment combinations observed were biologic/JAKi + 5-ASA + CS (27%) and biologic/JAKi + IMM + 5-ASA + CS (22%) (**Figure 2**)
- The proportion of patients who received treatment modification was lower in the biologic/JAKi cohort compared with the conventional therapy cohort (47.6% [95% CI, 41.3-53.8] vs 64.8% [95% CI, 58.3-71.2], respectively)
- The use of an advanced treatment was associated with decreased risk of treatment modification (HR, 0.73; 95% CI, 0.56-0.95) (**Figure 3**)
- Initiating conventional therapies results in a higher probability of treatment modification than initiating biologic/JAKi (**Figure 4A**). Similar results were obtained in the sensitivity analysis (**Figure 4B**)

Table 1. Baseline characteristics

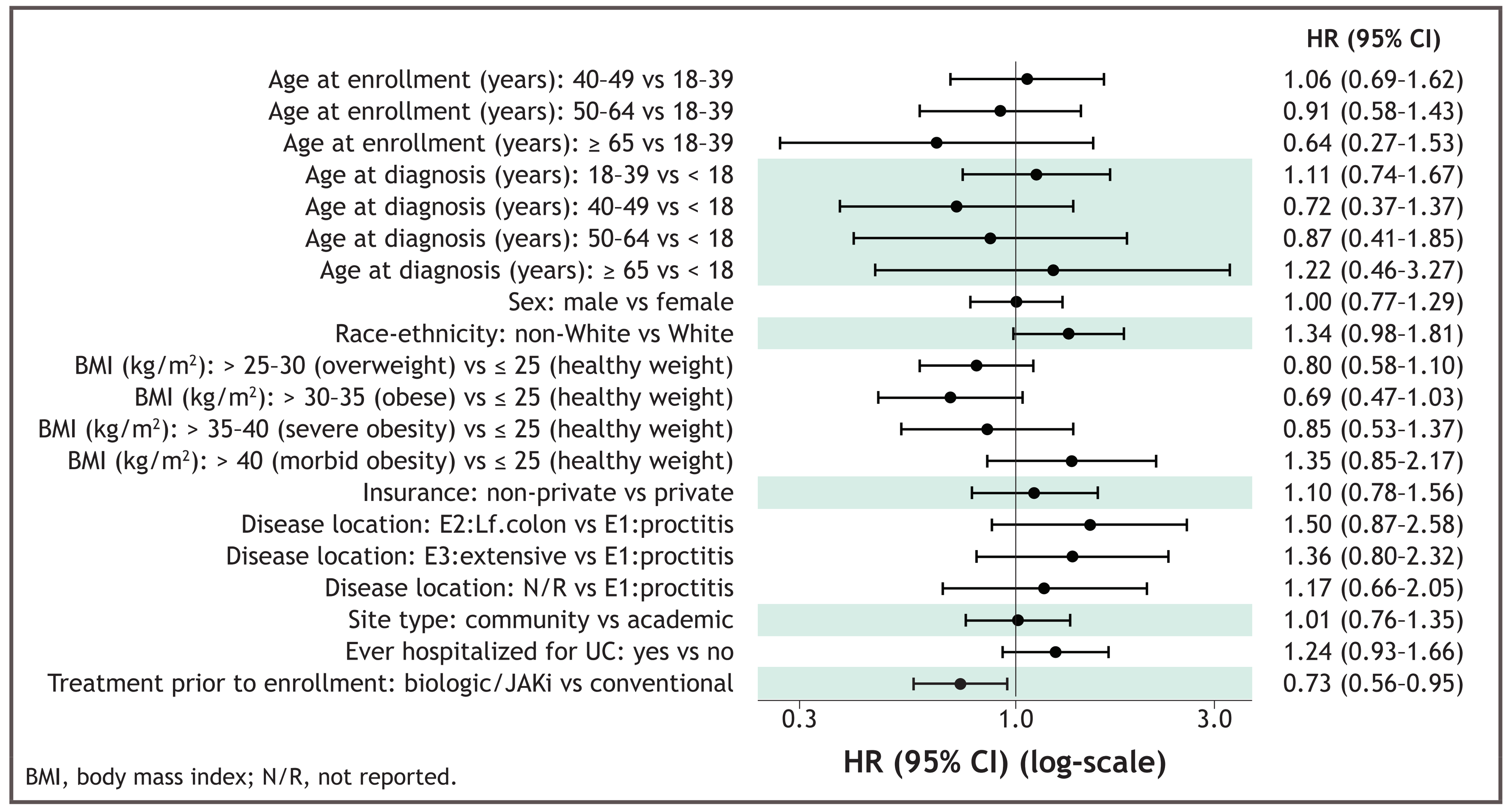
	Any biologic/JAKi	IMM or 5-ASA only	Total
Age at enrollment, mean (range), years	39 (18-87)	50 (19-91)	41 (18-91)
Sex, n (%)			
Female	585 (53)	122 (52)	707 (53)
Insurance type, n (%)			
Medicare	127 (12)	44 (19)	171 (13)
Medicaid	69 (6)	9 (4)	78 (6)
Private	853 (78)	176 (75)	1029 (77)
Site type, n (%)			
Academic	768 (70)	132 (56)	900 (67)

Figure 2. Treatment sequences



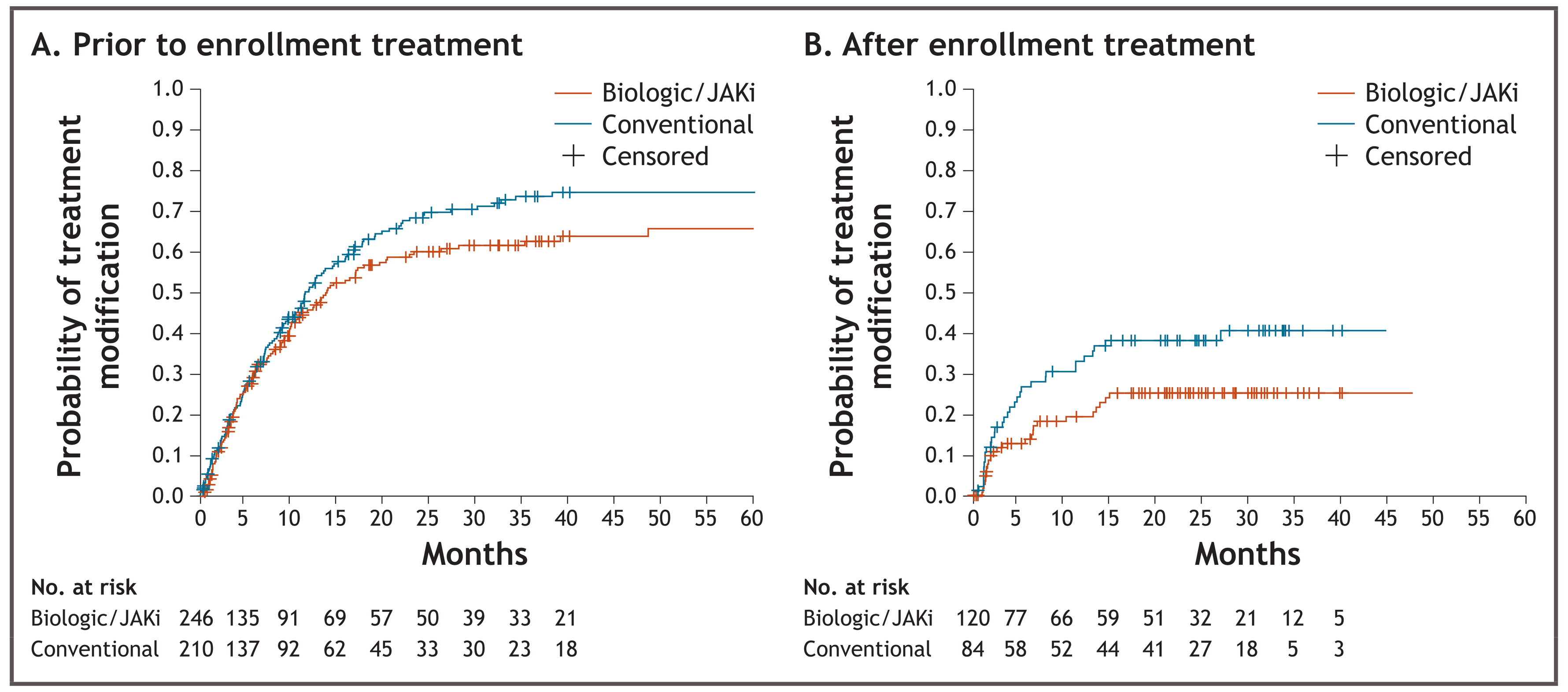
N = 1332. The + indicates combination (not sequential) therapy.

Figure 3. HR of treatment modification



BMI, body mass index; N/R, not reported.

Figure 4. Cumulative incidence function of treatment modification by type of therapy (A) prior to enrollment and (B) started after enrollment



Conclusions

- Patients with moderate-to-severe UC initiating advanced treatments were less likely to experience treatment modifications than those starting conventional therapies
- This study highlights the importance of therapy selection for patients with moderate-to-severe UC and the need for additional, more efficacious, and durable treatments
- Due to the observational design of TARGET-IBD, some data records may be incomplete for some variables (eg, endoscopic scores, such as the Mayo, are not universally available in these data)

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