# IBD Patient Preference Study Comparing Monotherapy and Dual Biologic Therapy Among Primary and Secondary Non-responders

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## Background

- Despite availability of new therapies, many Inflammatory Bowel Disease (IBD) patients experience treatment (tx) failures.
- Dual biologic therapies (DBT) are being explored to potentially address unmet need.
- It is unknown how IBD patients view potential efficacy and safety of DBT.
- The primary objective of this study was to quantify the willingness of patients with IBD to accept benefit-risk tradeoffs of DBT vs biologic monotherapy.

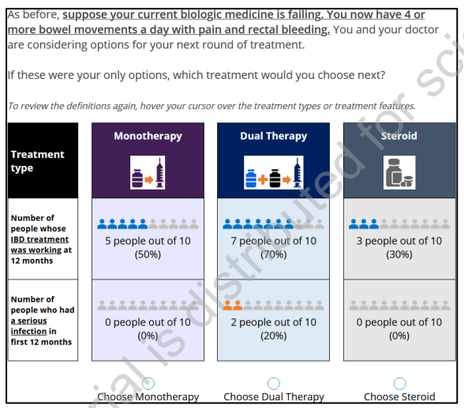
## Methods

- **Approach:** Administered an online discrete choice experiment (DCE) (Figure 1) to measure preferences for IBD-tx attributes (Table 1)
  - An efficient, high-quality DCE was developed using existing preference study evidence base using a meta-regression
- **Recruitment source:** Target RWE, IBD Real-World Evidence registry
- **Inclusion** criteria:
  - IBD patients with physician-confirmed diagnosis of Crohn's disease (CD) or ulcerative colitis (UC) who had failed or were actively taking advanced therapy
- **Analysis:** Random parameters logit model.

**Table 1: Included Attributes and Levels**

| Attribute | Levels |
|---|---|
| Treatment type | Monotherapy<br>Dual Therapy<br>Steroid** |
| Chance of remission at 12 months | 7 people out of 10 (70%)<br>6 people out of 10 (60%)<br>5 people out of 10 (50%)<br>3 people out of 10 (30%)** |
| Chance of serious infection in the first 12 months | 0 people out of 10 (0%)<br>1 people out of 10 (10%)<br>2 people out of 10 (20%) |

**Figure 1: Example DCE choice task (1/13)**




## Results

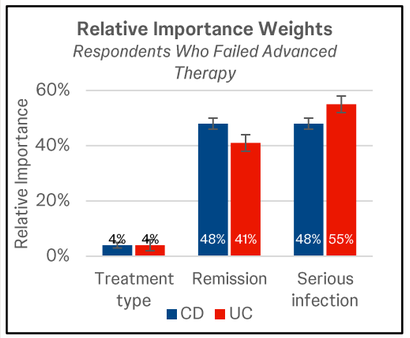
**Table 2 – Respondents' Characteristics**

| | Overall (N=280) | CD (n=143) | UC (n=137) |
|---|---|---|---|
| Mean age (SD) [in years] | 47.0 (14.5) | 47.1 (13.9) | 46.9 (15.1) |
| Female | 182 (65.0%) | 97 (67.8%) | 85 (62.0%) |
| Race | | | |
| Asian | 6 (2.2%) | 2 (1.4%) | 4 (2.9%) |
| Black/African American | 14 (5.0%) | 10 (7.0%) | 4 (2.9%) |
| White | 248 (88.9%) | 126 (88.7%) | 122 (89.1%) |
| Other | 5 (1.8%) | 1 (0.7%) | 4 (2.9%) |
| Prefer not to answer | 6 (2.2%) | 3 (2.1%) | 3 (2.2%) |
| Hospitalized due to IBD | 194 (69.3%) | 121 (84.6%) | 73 (53.3%) |
| Had surgery to treat IBD | 112 (40.0%) | 102 (71.3%) | 10 (7.3%) |
| Current IBD Tx | | | |
| Monotherapy | 186 (66.7%) | 105 (73.4%) | 81 (59.6%) |
| Dual Therapy | 5 (1.8%) | 4 (2.8%) | 1 (0.7%) |
| Steroids | 28 (10.0%) | 14 (9.8%) | 14 (10.3%) |
| None | 80 (28.7%) | 33 (23.1%) | 47 (34.6%) |

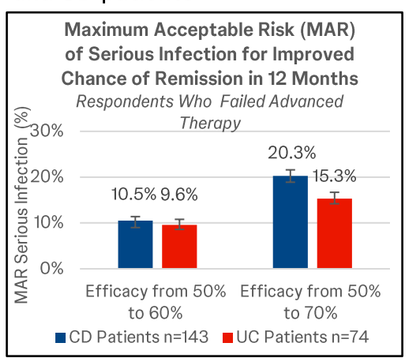
CD = Crohn's Disease, IBD = Inflammatory bowel disease, SD = Standard deviation, Tx = Treatment, UC = Ulcerative Colitis.

There was no meaningful difference in preference for DBT or monotherapy. There was a strong preference to avoid corticosteroids.

The most important attribute was 20%-point change in risk of serious infection, followed by remission.




Maximum acceptable risk (MAR) of serious infection was similar for UC and CD patients




## Key takeaway

Results from this study suggest that safe and efficacious DBT may be an acceptable treatment option for IBD patients who have failed or are currently being treated with an ADT

## Conclusions

- Using the existing evidence base, an efficient, high-quality DCE was designed to elicit patients' preferences for IBD DBT
- Preferences were elicited from clinically confirmed UC and CD patients who failed or were actively being treated with an ADT
- Respondents assigned most importance to efficacy, safety, and avoiding corticosteroids.
- Tx type did not factor into patients' decision making for IBD Tx.
- Patients were willing to accept risk of serious infection for an improvement in the chance of remission in 12 months.

### Acknowledgments

We acknowledge and thank the respondents who completed this survey.

### Disclosures

JCY reports consulting fees from Duke University to conduct this study. EJ, AS, JL, and LMB are employees of Janssen Research &Development LLC and hold company stock/stock options at Johnson & Johnson. MM is an employee of Janssen Research &Development LLC. MJW and FRJ received salary support for work related to this project through a contract research agreement between Duke University and Janssen Research & Development, LLC. FRJ reports research funding and external relationships at https://scholars.duke.edu/. MB reports XYZ.

Sponsored by Janssen Research & Development, LLC, a Johnson & Johnson Company

Presented at: ACG 2024, Philadelphia, Pennsylvania
October 29, 2024