noted with increased ADI in IBD patients overall (P = 0.003) as well as in the subgroup with CD (P = 0.040). Patients with increased ADI averaged fewer hours in the ED (P = 0.043), although they presented with significantly higher acuity (P = 0.007). There was a trend towards decreased GI clinic visits with increased ADI, but this did not reach statistical significance (P = 0.055). There was a significant negative correlation between ADI quartile in terms of those who successfully attended at least one GI clinic follow-up visit for all IBD patients (P = 0.007) and specifically for those with CD (P = 0.012). Patients with increased ADI attended fewer IBD-specific clinic follow up (P = 0.044). Significant differences regarding access to outpatient steroid-sparing therapy were seen across ADI quartiles (P = 0.044).

CONCLUSION(S): Our study demonstrates increased ED utilization and decreased access to outpatient gastroenterology and IBD specialty care in IBD patients with lower socioeconomic status. Limitations include minor differences in baseline demographics including race and insurance coverage, although confounding was minimized by utilization of a comprehensive assessment of socioeconomic status through the ADI model. Our findings highlight the need for better access to outpatient IBD care in more economically deprived areas, and community health intervention programs to improve awareness of specialty care.

PO37
Patterns of Care Among Patients Treated With Ustekinumab for Crohn’s Disease: Results From a Chart Review
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BACKGROUND: Crohn’s Disease (CD) is a chronic, progressive disease that causes severe and debilitating symptoms often leading to hospitalizations and surgeries. Biologic therapy can treat the underlying pathogenic, but treatment non-response is common. In 2016, the FDA approved ustekinumab for the treatment of adult patients with moderately to severely active CD who have failed or were intolerant to conventional therapy or failed or were intolerant to treatment with one or more TNF blockers. The study objective was to use chart data to characterize CD patients starting ustekinumab.

METHODS: Of the medical charts for 109 adult CD patients who initiated ustekinumab therapy (index), 100 charts (92%) for patients who remained on UST therapy at six months were analyzed. Variables extracted from charts included patient demographics, CD-related complications, CD medication use, disease duration, and lab values. The 3 measurement periods were: 1) historical (up to 3 years prior to index); 2) pre-index period (6 months prior to index) and 3) post-index period (6 months following index dose).

RESULTS: The study sample was mostly female (65%) and Caucasian (58%) with a mean age of 42.2 ± 14.9 yrs and a disease duration of 9.6 ± 10.5 yrs. Of the 100 patients, 82% were bio-experienced, including 45 who had already failed at least two biologics prior to starting ustekinumab. Adalimumab was the most recent biologic used in 49% of patients, followed by vedolizumab (21%), infliximab (17%), and certolizumab (12%). The most common reasons for switching to ustekinumab were secondary loss of response (48%), followed by primary non-response (15%), and side effects (13%). During the pre-index period, 18 (17%) reported a CD-related complication (e.g., fistula, obstruction, anemia, etc.) and these complications resolved in 16 of 18 patients (89%) during the treatment period. In the post-index period, only 50% of patients had at least one lab test in the chart and underwent a decrease in the number of lab tests. Over the treatment period, steroid usage decreased by 61% from 23% of the study population pre-index to 9% post-index (P < 0.001).

CONCLUSION(S): Three-fourths of patients who started ustekinumab had previously failed other biologic therapies, and over 90% remained on ustekinumab for at least the six months after initiating treatment. During this treatment period, most patients had resolution of their CD-related complications and most patients on steroids could discontinue them.

PO38
Comparing the Efficacy and Safety of Subcutaneous Vedolizumab Versus Adalimumab for the Treatment of Ulcerative Colitis: A Network Meta-Analysis
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BACKGROUND: Vedolizumab (VDZ), a gut-selective monoclonal α4β7 integrin antibody, is approved for the treatment of moderately to severely active ulcerative colitis (UC) and Crohn’s disease. Intravenous (IV) VDZ was recently shown to be superior to subcutaneous SC) adalimumab (ADA) in VARSITY, the first head-to-head randomized controlled trial (RCT) of biological therapies in UC. The objective of this study is to provide estimates of the efficacy and safety of other biologic therapies and tocilizumab (TOFA) relative to IV DZ, by means of a network meta-analysis (NMA).

METHODS: Relevant RCTs of VDZ (IV and SC), ADA, infliximab (IFX), golimumab (GOL), ustekinumab (UST), and tocilizumab (TOFA) were identified through a targeted literature review. Efficacy outcomes in the maintenance period were remission and response at 52/54 weeks. Differences in study design (treat-through vs re-randomized) across the relevant RCTs were accounted for by assessing efficacy outcomes conditional upon response at start of maintenance. For treat-through studies, this was response at 6/8 weeks. Safety outcomes were overall adverse events (AEs), serious AEs (SAEs), overall infections, serious infections, and AEs leading to discontinuation as reported at 52/54 weeks. Odds ratios (ORs) with 95% credible intervals (CrI) were estimated using probit and binomial NMA models, with results presented with VDZ IV 300 mg Q8W as the reference group.

RESULTS: Over 52/54 weeks, VDZ 300 mg Q8W across all safety outcomes. For VDZ 300 mg Q8W compared with other advanced therapeutic options available for UC.

CONCLUSION(S): Results from this NMA based on RCTs indicate a favorable benefit-risk profile for VDZ 300 mg Q8W compared with other advanced therapeutic options available for UC.

PO39
Integrating Maintenance Efficacy and Safety of Vedolizumab and Other Advanced Therapies for the Treatment of Ulcerative Colitis: A Network Meta-Analysis
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BACKGROUND: Comparative efficacy and safety data for therapeutic options in ulcerative colitis (UC) are lacking. Intravenous (IV) vedolizumab (VDZ) was recently shown to be superior to subcutaneous SC) adalimumab (ADA) in VARSITY, the first head-to-head randomized controlled trial (RCT) of biologics therapies in UC. The objective of this study is to provide estimates of the efficacy and safety of other biologic therapies and tocilizumab (TOFA) relative to IV DZ, by means of a network meta-analysis (NMA).

METHODS: Relevant RCTs of VDZ (IV and SC), ADA, infliximab (IFX), golimumab (GOL), ustekinumab (UST), and tocilizumab (TOFA) were identified through a targeted literature review. Efficacy outcomes in the maintenance period were remission and response at 52/54 weeks. Differences in study design (treat-through vs re-randomized) across the relevant RCTs were accounted for by assessing efficacy outcomes conditional upon response at start of maintenance. For treat-through studies, this was response at 6/8 weeks. Safety outcomes were overall adverse events (AEs), serious AEs (SAEs), overall infections, serious infections, and AEs leading to discontinuation as reported at 52/54 weeks. Odds ratios (ORs) with 95% credible intervals (CrI) were estimated using probit and binomial NMA models, with results presented with VDZ IV 300 mg Q8W as the reference group. Analyses were conducted for the overall study population, as well as separate analysis for the anti-tumor necrosis factor (TNF)-naive – and –experienced populations.

RESULTS: Sixteen RCTs evaluating 13 therapies were included in the NMA. Connected networks could be created for all three populations in the maintenance phase (10 trials) and the overall population. Over 52/54 weeks, VDZ 300 mg Q8W, ADA 40 mg, GOL 50 mg, and UST 90 mg Q12W had significantly lower rates of maintenance of response (OR: 0.62 [95% CrI 0.43, 0.86], 0.54 [95% CrI 0.31, 0.93] and 0.91 [95% CrI 0.58, 1.48], respectively) and maintenance of remission (OR: 0.65 [95% CrI 0.35, 1.21] and 0.94 [95% CrI 0.53, 1.67], respectively). All other treatments had similar maintenance efficacy of VDZ 300 mg Q8W. For safety outcomes, GOL had significantly higher rates of overall AEs (GOL 100 mg OR: 1.84 [95% CrI 1.07, 3.18]) and TOFA 10 mg (OR: 2.03 [95% CrI 1.19, 3.51]) relative to VDZ 300 mg Q8W. Both GOL 100 mg (OR: 1.84 [95% CrI 1.07, 3.18]) and TOFA 10 mg (OR: 2.03 [95% CrI 1.19, 3.51]) had significantly higher rates of infections, while UST 90 mg Q12W had significantly lower rates of infections (OR: 0.58 [95% CrI 0.33, 0.98]) relative to VDZ 300 mg Q8W. GOL 100 mg also had significantly higher rates of discontinuation due to AEs (OR: 3.43 [95% CrI 1.38, 10.22]). ADA 40 mg, IFX 10 mg/kg, and IFX 5 mg/kg were similar to VDZ 300 mg Q8W across all safety outcomes.

CONCLUSION(S): Results from this NMA based on RCTs indicate a favorable benefit-risk profile for VDZ 300 mg Q8W compared with other advanced therapeutic options available for UC.