The non-IBD patient with carcinoma had >1 mm invasion to the submucosa and was considered non-curative but declined further surgical management.

CONCLUSION: ESD for large colorectal lesions appears to be similarly effective in patients with IBD versus those without IBD, and may be an alternative to colorectal surgery. Further study in larger cohorts is needed to assess the utility of endoscopic management of neoplasia unresectable by routine polypectomy.

S0812 ACG Governors Award for Excellence in Clinical Research (Physician, Non-Trainee) Presidential Poster Award

Patients’ Preferences for Subcutaneous or Intravenous Administration Methods in Inflammatory Bowel Diseases
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INTRODUCTION: A variety of biologic medications is available to treat inflammatory bowel disease (IBD), each with differing side-effect profiles, efficacy, and routes of administrations. These biologies are either administered intravenously (IV) or subcutaneously (SC), which can play a large role in patients’ preferences for medications. Research in other conditions, including SLE, cancer and osteoporosis, shows that these preferences are highly personal. Here, we sought to assess IBD patients’ preferences for IV and SC medications in a large survey of IBD patients in the US, Canada, and UK.

METHODS: We performed a conjoint analysis survey to understand the importance of different medication attributes for IBD patients, including route of administration, efficacy, and side effects. Patients were recruited from the general population through a survey panel and from 30 clinical practices within the IBD Qorus Learning Health System. Preference estimates for different medication attributes were obtained using hierarchical Bayes modeling and patients’ likelihood to prefer SC or IV medication was estimated in various scenarios. Predictors for stronger SC or IV preferences were identified in a multivariable linear regression model.

RESULTS: In total, 1,077 patients with IBD completed the survey. If offered the choice between two medicines with the same efficacy and side-effects, 49% would prefer SC injections every 2 weeks over IV infusions every 8 weeks. If offered the choice between SC every 8 weeks and IV every 8 weeks, 67% would prefer SC. If the SC medicine given every 2 weeks was 10% less efficacious than the IV every 8 weeks option, only 24% would prefer the SC option; it dropped to 15% if the SC medicine was 30% less effective. Similar patterns were observed with higher risks of side-effect (Figure 1). Past or current experience with SC or IV medicines was a strong predictor for stronger SC and IV preferences, respectively. Older age and a college education were associated with SC preference (Table 1).

CONCLUSION: Roughly half of IBD patients prefer SC administration every 2 weeks over IV infusions every 8 weeks. Past experience with a specific mode of administration is the most important predictor for this preference. However, if the SC option is less effective than the IV medication, >75% of patients would prefer the IV medicine, indicating that efficacy is more important than mode of administration in patients’ therapeutic decision making.

S0813 The Effect of Educational Videos on Inflammatory Bowel Disease Patients’ Engagement and Their Friends’ and Family Members’ Level of Empathy
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![Figure 1](https://example.com/fig1.png)

**Figure 1.** % of people preferring a medicine with subcutaneous (SC) over intravenous (IV) administration every 8 weeks. (A) A SC medicine administered at various time intervals compared to an IV medicine every 8 weeks, all else being equal. (B) A SC medicine every 2 weeks that is less efficacious than an IV medicine every 8 weeks; (C) A SC medicine every 2 weeks that has a higher risk of serious side effects than an IV medicine every 8 weeks; (D) A SC medicine every 2 weeks that has a higher risk of lymphoma than an IV medicine every 8 weeks.