The non-IBD patient with carcinoma had >1 mm invasion to the submucosa and was considered non-curable 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.

Table 1. Multivariable linear regression model to predict strength of preference for SC administration in patients with IBD.

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Linear Regression Coefficient (β)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>0.01 (0.00)</td>
<td>0.01</td>
</tr>
<tr>
<td>Male gender</td>
<td>0.02 (0.07)</td>
<td></td>
</tr>
<tr>
<td>DM control score (points)</td>
<td>0.00 (0.01)</td>
<td></td>
</tr>
<tr>
<td>Experience (ref = experience with SC vs IV)</td>
<td>0.25 (0.06) **</td>
<td></td>
</tr>
<tr>
<td>Disease duration ≥ 5 years (ref = disease duration &lt; 5 years)</td>
<td>0.11 (0.57)</td>
<td></td>
</tr>
<tr>
<td>IBD-related surgical history (ref = no surgical history for IBD)</td>
<td>0.13 (0.08)</td>
<td></td>
</tr>
<tr>
<td>Specialty care population (ref = general IBD population)</td>
<td>0.04 (0.02)</td>
<td></td>
</tr>
<tr>
<td>College degree (ref = no college degree)</td>
<td>0.17 (0.27) *</td>
<td></td>
</tr>
<tr>
<td>Full-time employed (ref = not full-time employed)</td>
<td>0.09 (0.07)</td>
<td></td>
</tr>
</tbody>
</table>

Table 1, Multivariable linear regression model to predict strength of preference for SC administration every 2 weeks over IV every 8 weeks.

* P < .05; ** P < .01; *** P < .001; 11 unit represents 1 standard deviation. CD = Crohn’s disease; IBD = inflammatory bowel disease; SC = subcutaneous; UC = ulcerative colitis.

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 included 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 injection every 8 weeks and IV every 8 weeks, 67% would prefer SC. If the SC medicine given every 2 weeks was 10% less effective than the IV every 8 weeks option, only 24% would prefer the SC option, dropping to 13% 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.

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.

The Effect of Educational Videos on Inflammatory Bowel Disease Patients’ Engagement and Their Friends’ and Family Members’ Level of Empathy

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INTRODUCTION: We previously identified the need to develop educational materials to empower inflammatory bowel disease (IBD) patients to take care of their health and well-being. Based on patient input, we developed short educational videos that discuss: (1) how to be a self-advocate; (2) staying healthy beyond using medicines; (3) coping with IBD; and (4) shared decision making. We also created a video aimed at those who know someone with IBD that describes IBD patients staying healthy beyond using medicines; (3) coping with IBD; and (4) shared decision making. We assessed the impact of the videos on patient engagement using the Patient Activation Measure (PAM) and on the level of empathy of their families and friends.

METHODS: We recruited IBD patients and people who know someone with IBD through Cint, an online survey research firm. IBD patients were randomized to watch one of the four videos developed for those with IBD and completed the PAM before and after watching the videos. Those who knew someone with IBD filled out a 9-item survey that measured their level of empathy for people with IBD before and after watching their respective video. We performed multiple logistic regression models to assess which factors are associated with improvements in PAM or empathy.

RESULTS: In total 767 IBD patients and 223 people who knew someone with IBD were recruited. The PAM increased on average 3.8 (CI 1.8 – 5.8) after watching the videos for those with IBD and completed the PAM before and after watching the videos. Those who knew someone with IBD filled out a 9-item survey that measured their level of empathy for people with IBD before and after watching their respective video. We found that empathy was more likely to increase in women than in men (OR 2.01, CI 1.05-3.90), even after adjusting for confounders.

CONCLUSION: We developed five educational videos using a user-centered design approach for patients with IBD and their friends and family members. Patient engagement increased significantly after watching the videos and significantly higher levels of empathy were reported by family and friends. We now plan to widely disseminate these videos on social media and will track metrics such as views, shares, and comments.

S0814
Endoscopic Healing Index Is Inversely Correlated With Serum Inflammation Markers in Crohn’s Disease Patients: A Retrospective Analysis of the TAILOREX Clinical Trial Cohort

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1Inflammatory Bowel Disease Centre, Academic Medical Centre, Amsterdam, Noord-Holland, Netherlands; 2Hospital University De Bordeaux, Bordeaux, Aquitaine, France; 3Prometheus Biosciences, San Diego, CA; 4Prometheus Laboratory, Inc., San Diego, CA; 5University Hospitals Leuven, Leuven, Vlaams-Brabant, Belgium

INTRODUCTION: Optimization of serum drug concentrations in anti-tumor necrosis factor (TNF)-treated patients is a promising approach for treat to target strategies in Crohn’s disease (CD) patients. The endoscopic healing index (EHI) is a multi-protein serum biomarker test that was validated against endoscopy in adult CD patients and may aid repetitive endoscopic examinations1. The aim of this study was to evaluate the relationship between the EHI and serum infliximab (IFX) levels and to correlate the results with endoscopy in patients from the TAILOREX clinical trial2.

METHODS: EHI (scores ranging from 1-100) and IFX levels (homogeneous mobility shift assays) were measured at weeks 12, 14 and 54 (Prometheus Biosciences, San Diego, CA). Samples at W12 and W54 were on the same day as endoscopy. Endoscopic remission (ER) was defined as simple endoscopic score for CD (SES-CD) of ≤2 with segment sub-scores ≤1 while endoscopic active disease (AD) was SES-CD >2. EHI < 30 was correlated with ER while EHI ≥20 ≤30 were indicative of AD3. Continuous variables (SES-CD or EHI) were compared using the Mann-Whitney test in patients at AGA recommended3 low vs. high IFX cut-offs. ROC curves were used to identify optimal IFX thresholds that best corresponded with ER.

RESULTS: Serum samples (N = 269) from 105 patients (median age = 30.4 years (IQR 22.5-45.8), 61.9% females) were included. SES-CD and EHI were significantly lower at week 14 in patients presenting with IFX levels greater than 7 g/L as compared to those presenting with IFX lower than 5 g/L (Figure 1). Optimal IFX thresholds associated with ER post-induction (W41) were at 7 g/L for both SES-CD or EHI endpoints (Figure 2).

CONCLUSION: EHI may be helpful as an adjunct to endoscopy. An IFX serum concentration of 7 g/L can be associated with endoscopic remission (ER) in CD patients. A serum concentration of 5 g/L or more may be optimal than the recommended 5 g/L when endoscopic healing of CD is used as a target of therapeutic intervention. Combination of EHI measurements and serum drug levels can allow for the simultaneous non-invasive assessment of the mucosal status and aid in treatment optimization.

REFERENCES