



## BSG Virtual Campus 2021 highlights

Galapagos were one of several sponsors of the British Society of Gastroenterology (BSG) Virtual Campus 2021, held 21–29 January. The meeting included symposia, state-of-the-art lectures, and top-scoring abstracts from BSG 2020.

### **Hot topics in UC from BSG Virtual Campus 2021**

Keen to hear about some of the most interesting research on the unmet needs and treatment challenges of patients with ulcerative colitis? Read our summary below.

### **ICONIC: Latest data on the burden of UC in patients in the UK**

*A local sub-analysis of the ICONIC trial has highlighted the impact of UC on the lives of patients in the UK.*

ICONIC is a prospective, observational study, which captured patient and physician assessments of UC disease severity, activity and impact on patients' lives every 6 months for up to 2 years through a variety of tools. A local sub-analysis of the ICONIC study data evaluated the extent of agreement between physicians and patients on measures of UC disease activity in UK patients.<sup>1</sup>

The results showed that UC disease burden in the 63 patients involved in the analysis remained persistently high over the course of the study despite treatment, and extraintestinal manifestations of UC (such as uveitis) were common. Alignment on measures of UC disease activity between patients and physicians varied according to the instrument used, with the greatest level of agreement being achieved with the Simple Clinical Colitis Activity Index tool.<sup>1</sup>

An additional local sub-analysis of the ICONIC data evaluated disease-related worries and concerns using the rating form of inflammatory bowel disease patient concerns questionnaire.<sup>2</sup> The results of this analysis demonstrated a high burden of worries and concerns in patients with early UC who had more severe disease, despite all UK centres included having multidisciplinary teams and most having a psychologist available at the clinic. The greatest concerns were related to the treatment and complications of the disease, including concerns about energy levels, thus highlighting that fatigue remains an unmet need for patients with UC.<sup>2</sup>

This research highlights the severe physical and emotional burden experienced by patients with UC, and the importance of continuing to strive to improve patient outcomes through optimal care.

1. Bhala N et al. *J Crohn's Colitis* 2020;14:S242–S244.

2. Bhala N et al. *J Crohn's Colitis* 2020;14:S204–S205.

*Abstracts presented at the BSG Virtual Campus were previously published at BSG 2020.*

## **What is the current practice for managing steroid-resistant UC in the UK?**

*A UK survey investigated current practice for the management of patients with UC not fully responsive to corticosteroid treatment. Insufficient response to corticosteroid treatment occurs in up to 50% of patients with UC.*

An online cross-sectional survey of 168 healthcare professionals (HCPs) specialising in inflammatory bowel disease treatment showed that clinical practice across the UK varies substantially with regards to the definition and treatment of and use of endoscopy in steroid-resistant UC. All of these must be better understood to change practice and to prevent steroid overuse in patients with UC. Tumour necrosis factor- $\alpha$  inhibitors were most widely offered to treat both steroid-resistant and steroid-dependent disease; thiopurine use also impacted recommendations, with tumour necrosis factor- $\alpha$  inhibitors more likely to be recommended if the patient had received thiopurine.<sup>1</sup>

Understanding of patient preferences for available treatments in steroid-resistant UC is also limited.<sup>2</sup> Therefore, a qualitative interview study including 33 patients with UC sought to explore their experiences of different treatment options, their approaches to decision-making, and their preferences of available treatments for steroid-resistant UC.<sup>2</sup>

The study results showed that treatment effectiveness was the main priority for all participants when choosing a new treatment; although the route of administration and adverse events were also considered to be important, participants placed limited value on these relative to treatment effectiveness overall. In addition, most patients reported that their treatment choices were heavily guided by their HCPs' recommendations.<sup>2</sup>

Together, these data highlight the importance of providing HCPs and patients with new, effective, well-tolerated treatment options for steroid-resistant UC.

1. Coates E et al. *Gut BMJ* 2021;70:A91.
2. Barr A et al. *Gut BMJ* 2021;70:A90–A91.

*Abstracts presented at the BSG Virtual Campus were previously published at BSG 2020.*

## **Face-to-face consultations: So 2019 or will we see a return?**

*A UK survey assessed the perception of telemedicine use in inflammatory bowel disease (IBD) treatment amongst healthcare professionals (HCPs) specialising in IBD treatment and patients with IBD.*

A UK survey assessing the perception of telemedicine among 114 HCPs and 210 patients found that although face-to-face consultations are often preferred, the long-term aim is to use a combination of face-to-face and telemedicine approaches in treating patients with IBD.

HCPs expressed their satisfaction with the use of telephone-based consultations in the treatment of patients with IBD due to the speed and quality of patient review these consultations allow. However, the limited patient examination possible and the occasional poor connection quality constitutes an issue.

Patients overall rated telephone consultations as almost as good as face-to-face consultations and expressed a preference for combining phone contact with regular face-to-face appointments. Video consultations were the least preferred modality of consultations for patients with IBD.

Although telemedicine is not likely to replace face-to-face consultations in IBD treatment, these survey results suggest that it is likely to play an important role in the future of IBD outpatient services.

Cooney R et al. Presented at BSG Campus 2021, Virtual, 21 January, 14:00–16:00.