EP-064 - CORRELATION BETWEEN PHYSICIAN AND PATIENT DISEASE ASSESSMENTS IN ULCERATIVE COLITIS: BASELINE DATA FROM THE ICONIC STUDY OF 1816 PATIENTS IN 33 COUNTRIES

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Background: ICONIC is the largest prospective multi-country (n=33) observational study, assessing burden in adult ulcerative colitis (UC) patients (pts) under routine care. Both pt & physician assessments of disease severity, activity & life impact will be captured at 6 month intervals through 2 yrs. This analysis will evaluate baseline (BL) demographics, clinical characteristics & the extent of agreement between pts & physicians in measures of disease activity.

Methods: Adult pts with early UC (diagnosed ≤36 months) were enrolled irrespective of disease severity or treatment. Pt self-assessments include: disease severity, Pictorial Representation of Illness & Self-Measure (PRISM, [a tool assessing perception of disease-associated suffering]), Patient Health Questionnaire-9 (PHQ-9), Short Inflammatory Bowel Disease Questionnaire (SIBDQ) & pt-modified Simple Clinical Colitis Activity Index (P-SCCAI). Physician assessments include: clinical parameters, PRISM, & SCCAI. Correlation between PRISM & SIBDQ, PHQ-9, & SCCAI were evaluated. BL characteristics were obtained from observed data by calculating means. Mean differences between pt & physican measures were calculated using a one-sample t-test. Correlation analyses were performed by kappa statistics & Pearson correlation.

Table 1. Baseline clinical & demographic characteristics of UC patients in ICONIC*

Characteristic	All patients N=1816
Sex, n (%) Female	833 (45.9)
Age, years	
Mean ± SD	38.5 ± **14.6**
Current smoker, n (%)	**212 (11.7)**
Time since UC diagnosis, days	
Median (25% 0, 75% Q)	171 (59, **317**)
Disease Duration, n (%)	
0 - 6 months	873 (48.1)
6 months - 1 year	584 (32.2)
1-3 years	**278 (15.3)**
Duration of symptoms prior to UC diagnosis, n (%)	
< 1 year	
1-3 years	1296 (71.4)
> 3 **years**	380 (20.9)
	134 (7.4)
Disease severity since diagnosis, n (%)	
Improved	1278 (70.4)
Worsened (flare)	157 (8.6)
Remains similar	330 (18.2)
Endoscopic finding, n (%)	
Normal/Inactive	93 (5.1)
Mild	390 (21.5)
Moderate	550 (30.3)
Severe	209 (11.5)
Physician assessment of UC severity, **n%**	
Mild	672 (37.0)
Moderate	668 (36.8)
Severe	234 (12.9)
In remission	**230 (12.7)**
SI BDQ	
Mean ± SD	**48.4 ± 13.2**
PHQ-9	
Mean ± SD	**6.3 ± 5.4**
PHQ-9 depression severity, n (%)	

None-minimal	822 (45.3)
Mild	556 (30.6)
Moderate	256 (14.1)
Moderately severe	109 (6.0)
Severe	51 (2.8)
EIMs, n (%)	**186 (10.2)**
Any treatment since UC diagnosis, n (%)	1724 (94.9)
Response to current UC treatment, n (%)	
Not applicable/no current treatment	63 (3.5)
Too early to assess	187 (10.3)
Complete response	757 (41.7)
Partial response	712 (39.2)
No response	70 (3.9)

* Only available observed data are shown.

Results

BL demographic & clinical characteristics of 1816 UC pts enrolled in ICONIC are summarized in Table 1. At BL, pt/physician PRISM was moderately correlated with SIBDQ, PHQ-9, P-SCCAI, or SCCAI (Table 2). For 1796 pts with self & physician assessments, most showed agreement on disease severity (concordant pairs: mild 60.3%, moderate 60.6%, severe 56.0%) ($\kappa=0.43$, 95% CI 0.40–0.47, P<0.0001). Although P-SCCAI & physician SCCAI mean values±SD differed (4.2±3.6 & 3.0±3.0 [P<0.0001]), the measures were highly correlated (Table 2). For pt/physician PRISM assessments, mean scores (4.0±2.5 & 4.3±2.4, respectively) differed (P<0.0001) & were moderately correlated (Table 2).