

EP-133 - EXTRAINTESTINAL MANIFESTATIONS AND QUALITY OF LIFE IN PATIENTS WITH ULCERATIVE COLITIS: 1-YEAR DATA FROM ICONIC

S. Ghosh²; F. Casellas¹; C. O'Shea³; M. Leonard³; L. Peyrin-Biroulet⁴

1 - Crohn-Colitis Care Unit (UACC), Hospital Universitari Vall, Vall d'Hebron, Spain; 2 - University of Birmingham, Birmingham, UK; 3 - AbbVie Ltd., Dublin, Ireland; 4 - University of Lorraine, Nancy, France

Background

ICONIC is the largest, prospective, multicountry (n = 33) observational study assessing cumulative UC disease burden in patients receiving routine standard care. Disease severity, activity, life impact were captured at 6-month intervals through 2 years. Analysis assessing global and regional EIM-associated burden from 1 year of ICONIC.

Methods

Adults with early UC (diagnosed ≤ 36 months) were enrolled. EIM presence, impact at baseline, over 1 year were assessed, focussing on HRQoL measures: SIBDQ and anxiety/depression (PHQ9). Patients were stratified by physician-assessed baseline disease severity (severe, moderate, mild, remission).

Results

1794 patients with evaluable 1-year data, 14.1% (n = 253) presented with ≥ 1 EIM at baseline. At 1 year, 20.1% (n = 361) patients had EIMs, 3.5% patients (62/1794) presenting new-onset EIMs at 6 months and 2.6% (46/1794) at 1 year (42.7% increase from baseline to 1 year). Rheumatoid arthritis, ankylosing spondylitis, and erythema nodosum were the most common EIMs. Japan had lowest overall EIM rate over 1 year (4.3%; 5/117); Western Europe/Canada had 5.2-fold higher total EIM rate over same period (22.2%; 184/830). Patients with moderate or severe baseline disease had significantly higher total EIM rate over 1 year (24.2% or 28.0%, respectively) vs. those with mild disease (14.8%) or remission (16.1%) at baseline (p < 0.0001). For total study population or stratified by region, patients ≥ 1 EIM had higher PHQ9 and lower SIBDQ mean scores over 1 year vs. patients with no EIMs. Of 231 global sites, 134 (58%) had established multi-disciplinary teams (MDTs) and 86 (37.2%) psychologist in situ.

Conclusion

EIM presence is associated with poorer HRQoL. Despite regional EIM differences, overall EIM impact on HRQoL was similar across global study population. EIM-augmented patient burden is a concern in UC, with >40% sites lacking MDTs and >60% sites lacking in situ psychologists, awareness of EIM impact is essential.