

Patient preferences for inflammatory bowel disease treatment

A quantitative preference survey using discrete choice experiment

What can we learn from patient preference studies?

Patient preference studies can inform us about:

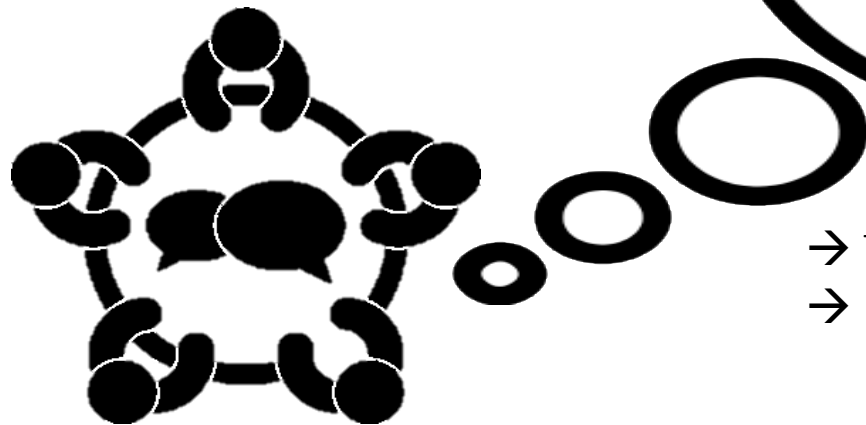
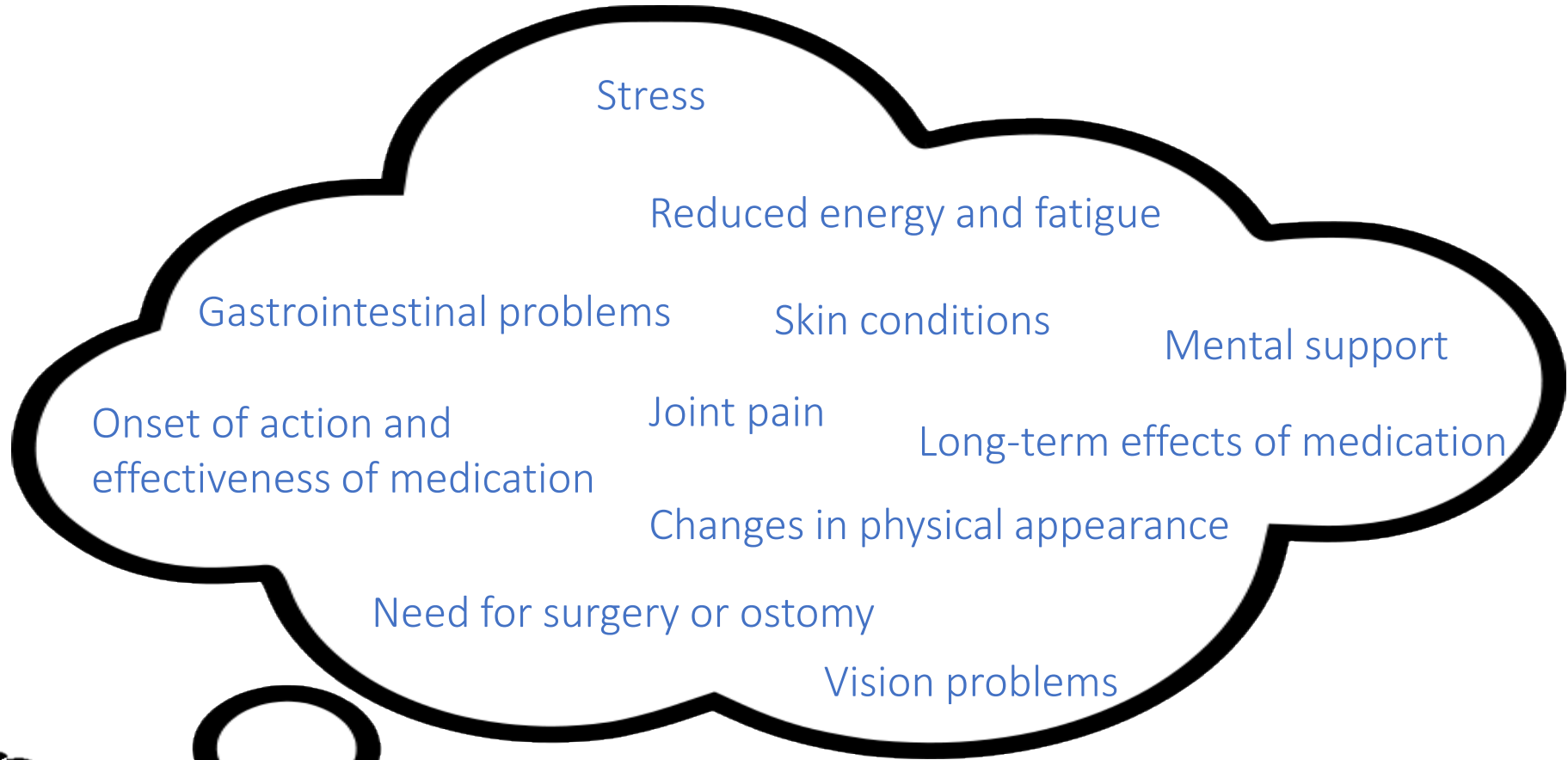
- What matters to the patients?
- How much does it matter?
- What matters most?
 - What trade-offs are patients prepared to make?
 - What are the risks that patients are prepared to make?
- Information about preference heterogeneity
 - Treatment and disease experience
 - Time since diagnosis
 - ...



Objectives

1. To reveal the unmet needs IBD patients have with respect to treatments for IBD
2. To quantify the importance (“weight”) of relevant IBD treatment attributes
3. Evaluate the MAR/MAB that IBD patients express for different treatment alternatives
4. To determine preference heterogeneity, i.e., to investigate how preferences are influenced by participants’ characteristics

What matters to IBD patients and why?



- These 'attributes' will be integrated into the survey
- Heterogeneous patient population in terms of disease and treatment experience











Example of a DCE choice task

Imagine that you and your gastroenterologist are discussing treatments for your inflammatory bowel disease. Your gastroenterologist thinks that there are only two possible treatments you could consider: treatment A and treatment B.

If your gastroenterologist would present the two treatments below, would you prefer treatment A or treatment B?

Please assume that these treatments are the same on the effects that are not shown.

You can read more information about the effects by dragging your cursor over the effects if you are using a laptop or a computer or by clicking on them if you are using a tablet.

	Treatment A	Treatment B
Risk of undergoing SURGERY in the next year	LOW: 2% (2 out of 100 people)  	HIGH: 10% (10 out of 100 people)  
Duration and severity of REDUCED ENERGY	Temporary and mild 	Temporary and mild 
Need to use CORTICOSTEROIDS	YES	NO
Risk of SERIOUS INFECTION in next year	HIGH 5% (5 out of 100 people)  	LOW: 1% (1 out of 100 people)  
	<input type="button" value="SELECT"/>	<input type="button" value="SELECT"/>

Study context and research team

- European study
- IBD patients – minimum 18 years old
- To be as inclusive as possible
- Recruitment: physicians and patient organizations across Europe

For discussion:

- Study partner?
 - Feedback on attributes and survey
 - Pilot phase
 - Bi-weekly meeting?
 - Acknowledgment of EFCCA on all communication of the study (abstract, conferences, publications, website, survey) + use of results
- Recruitment + countries
- Clinicians
- Translations
- Upcoming: project around shared decision making and the development of a patient decision aid in IBD