PATIENT PREFERENCES FOR INFLAMMATORY BOWEL DISEASE TREATMENTS: A EUROPEAN PREFERENCE SURVEY USING A DISCRETE CHOICE EXPERIMENT

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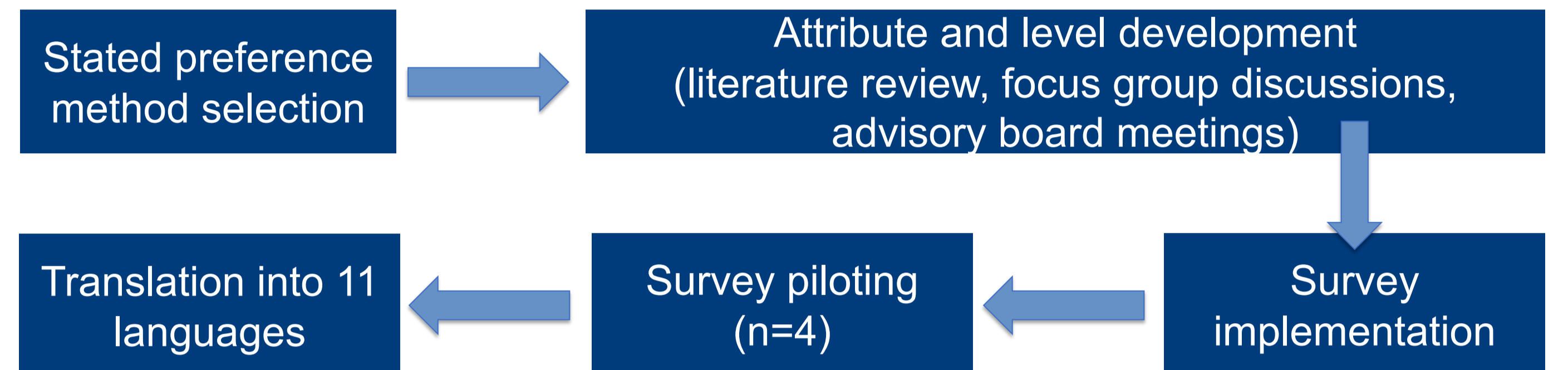
BACKGROUND & OBJECTIVE

There is a growing consensus on the **value of patient preference (PP) studies**, as recognized by the European Medicines Agency and the European Network for Health Technology Assessment. PP studies provide **evidence-based information** on treatment characteristics that patients consider important and on the **trade-offs** patients are willing to accept.

Objective: To develop a PP survey to quantitatively evaluate which characteristics are most important to inflammatory bowel disease (IBD) patients, so that the results can inform the medicinal product life cycle.

METHODS

Following the PREFER recommendations, a five-step approach was followed to develop the PP survey:

Stated preference method selection → Attribute and level development (literature review, focus group discussions, advisory board meetings) → Survey implementation → Survey piloting (n=4) → Translation into 11 languages

RESULTS

Stated preference method

When comparing the characteristics of different methods, **discrete choice experiment (DCE)** was chosen as ideal elicitation method because it allows to:

✓ Quantify relative importance of attributes

✓ Elicit trade-offs that patients are (un-)willing to make

✓ Measure preference heterogeneity

Attributes included in the patient preference survey

1. Risk of undergoing **surgery**
2. **Frequency** of having to go to the toilet
3. **Urgency** and **pain** of having to go to the toilet
4. Severity of daily **abdominal pain** and **cramps**
5. Severity of **fatigue**
6. Frequency of **sleeping problems**
7. Severity of **psychological impact**
8. Risk of **serious infection**
9. Duration of **severe physical changes**
10. Duration of **severe skin problems**
11. Decreased **libido**
12. **How** the treatment is **administered**
13. Achievement of **long-term endoscopic remission**
14. How **fast** the treatment will work

Survey implementation

The DCE survey using partial profiles **included 14 attributes** next to measures about **sociodemographic variables, health literacy, and treatment experience.**

Example of a DCE question

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CONCLUSION

➢ It is key to develop a PP study in **partnership** with an **advisory board** (patients, patient organizations, gastroenterologists, IBD nurses, and statisticians). Their feedback across the different steps of the survey guaranteed that **the aims and methodology** of the study were **relevant and appropriately applied,** that the **included questions were clear and plausible,** and the **survey technology** was **tailored** towards the specific IBD patient population**.**

➢ This study highlights a variety of **attributes** (such as fatigue and sleeping problems) that **affect patients' quality of life** and may serve **pharmaceutical industry, regulators, and payers** in **understanding patient relevant treatment outcomes.**

➢ Results of this study should **inform drug development decisions** such as clinical trial endpoint selection to steer IBD development, evaluation, and clinical decision-making towards **IBD patients' unmet needs and perspectives on the most important disease and treatment related attributes**.