OVERVIEW

The EU inflammatory bowel disease (IBD) market has been experiencing large-scale changes as gastroenterologists continue the adoption of alternative mechanism-of-action (MOA) biologics and the biosimilar agents for infliximab and adalimumab, which are strongly favored in the more restrictive health care systems in the EU compared to the US.

RealWorld Dynamix™: Biologic Switching in IBD (EU) uncovers insights at the patient level and juxtaposes the beliefs that EU gastroenterologists hold about how they manage patients with IBD with data taken directly from patients’ charts. This study delivers deep insight into the treatment journey of each patient who has recently undergone a biologic treatment change, capturing their biologic and pre-biologic treatment history, their symptomology, concomitant medications and conditions, assessments they have undergone, and their current disease state. For each patient, the reasons for the biologic switch are uncovered, as well as projected future treatment options (should the current therapy choice fail), and the alternative treatment choice if the current option was not available. Candidacy for future pipeline products is explored in addition to barriers-to-use for all approved agents. For commercial teams managing in-line brands or pipeline assets, this report provides the “why” behind biologic usage and choice in UC and Crohn’s and is the perfect complement to large population claims data.

SAMPLE & METHODOLOGY

The report is based on a robust and deep patient chart analysis of ~1000 ulcerative colitis and Crohn’s disease patients who were switched from one biologic to a different brand in the past three months. Each physician (n=200) completes an in-depth medical history of their last 3-7 patients who meet the study inclusion criteria. In addition to patient demographics and treatment history, clinical assessments, diagnostic tests, and laboratory values are included to provide insight into the clinical course of the disease.

KEY QUESTIONS ANSWERED

- Highly detailed patient profiles, with physician rationales for their current choice of biologic for patients with IBD recently switching between biologic therapies
- Patient-level treatment histories showing how drugs are sequenced in different patient types within the EU5 country healthcare systems
- What types of patients are candidates for treatments currently in development for UC and Crohn’s in the EU?
- How do the various healthcare systems impact access to IBD biologics and how do country-level variations influence the use of branded vs biosimilar agents?
- Among the crowded biosimilar market in Europe (compared to the US) which agents are winning and which are losing for their respective reference agent (infliximab and adalimumab)?
- What are the barriers to use for all of the approved agents in each country?