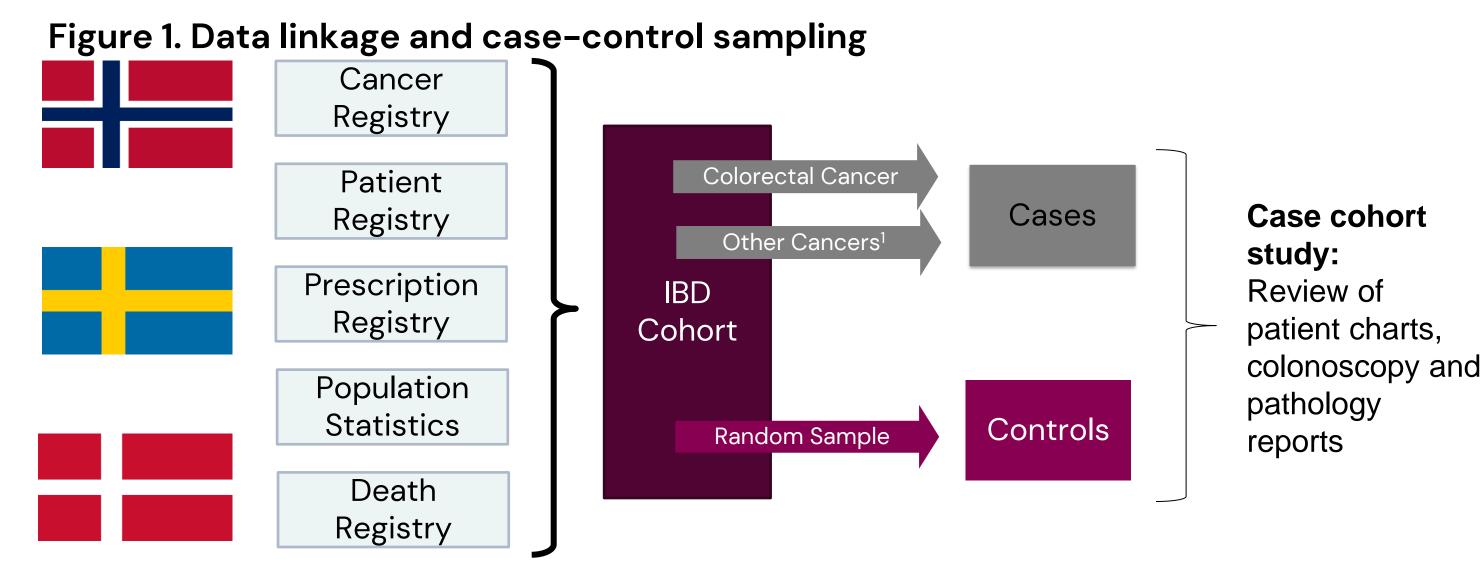
Shifts in the Management of Inflammatory Bowel Disease in Scandinavia, 1982 – 2016

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Advancements in endoscopic techniques and pharmacotherapies for inflammatory bowel disease (IBD) have emerged, but their impact on clinical care remains unclear. We aim to reveal changes in IBD management practices.



¹ Non-Hodgkin lymphoma, gall bladder cancer, myelodysplastic neoplasm, small bowel cancer, leukemia

We established an IBD cohort enhancing registry data with detailed structured medical chart review

In more recent periods we see:

- More extensive endoscopy procedures
- A shift away from surveillance towards clinically indicated endoscopies
- Increased use of immunosuppressants/biologics
- Decreased colon resection rates in individuals with Crohn's Disease

Table 1. Endoscopy exams occurring prior to and within 90 days of IBD diagnosis, by time period

Endoscopic Exams	Crohn's Disease		Ulcerative Colitis	
	Pre-biologic	Post-biologic	Pre-biologic	Post-biologic
	Period	Period	Period	Period
	N=109	N=186	N=186	N=254
Number of patients with at least 1 Endoscopy (%)	71 (65.1)	167 (89.8)	150 (80.6)	239 (94.1)
Type of lower endoscopy, %				
Colonoscopy	70.4	91.6	68	85.4
Sigmoidoscopy	16.9	12.6	12.7	20.1
Rectoscopy	36.6	10.8	54.7	20.9
Other*	4.2	4.2	3.3	2.9
Indication, %				
Clinical	88.7	98.2	96.7	96.7
IBD-surveillance	11.3	6.6	22	11.3
Other **	7	3	0.7	4.2
Unknown	5.6	1.2	0.7	3.3

Figure 2. Cumulative proportion of patients undergoing colon resection surgery during follow-up, by time period

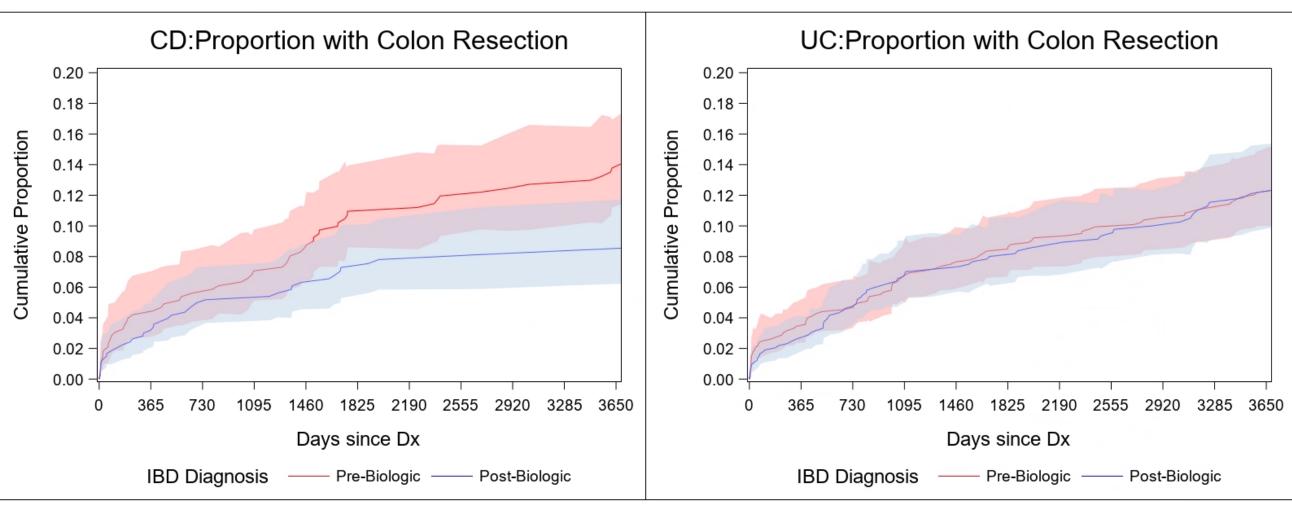
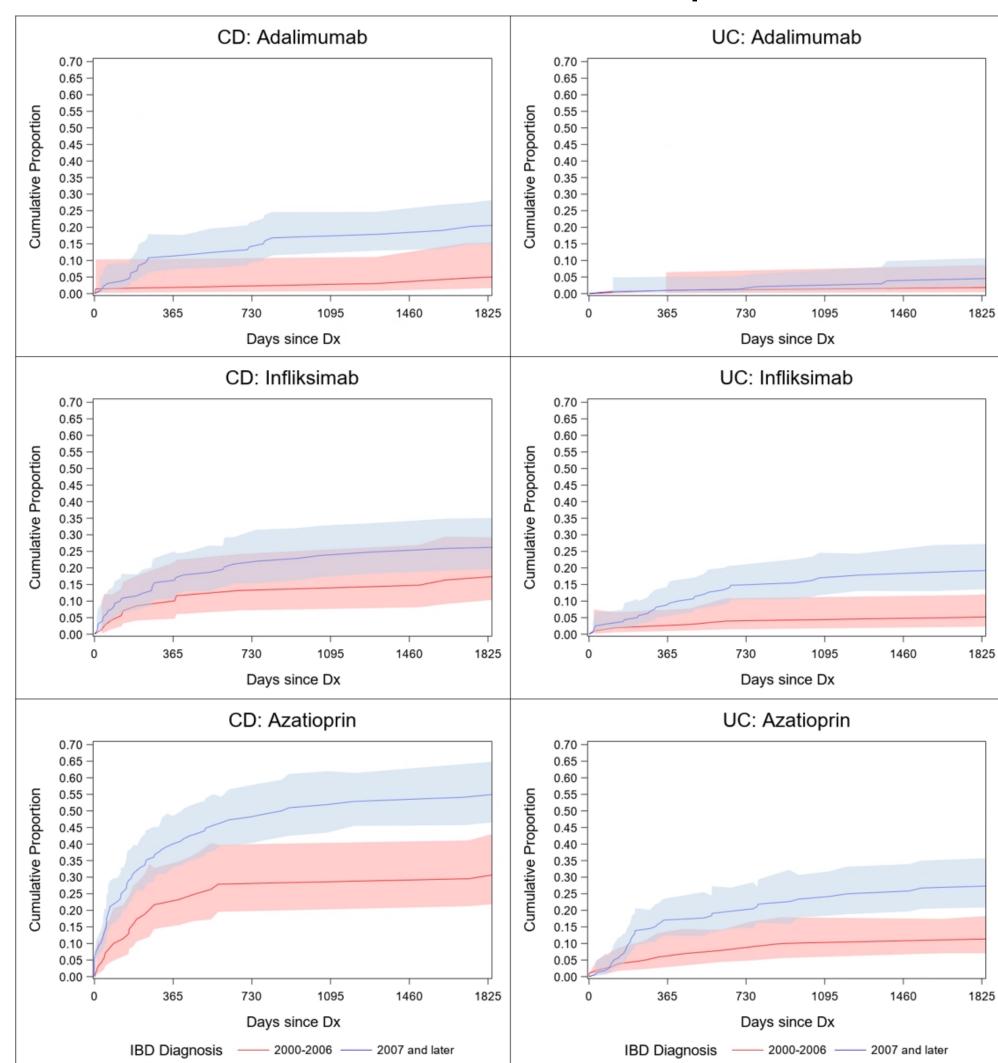


Figure 1. Proportion of patients initiating azathioprine, infliximab, or adalimumab over follow-up



Methods

- All individuals diagnosed with IBD between 1987 – 2016 were identified from nationwide registries
- Detailed chart abstraction was conducted for a randomly selected representative sample
- We stratify by Chron's Disease(CD) and Ulcerative colitis (UC), and compare patients diagnosed in the pre-biologic period (1982–1999) and the post-biologic period (2000–2016).





