Inflammation of the colon can cause cancer than the general population. 3

THE FACTS:

The UC Narrative is a global initiative created by Pfizer to engage the UC community to help identify how people living with ulcerative colitis are impacted by the disease. The Global UC Narrative Advisory Panel, comprised of people living with UC, as well as leading gastroenterologists, IBD nurses, a psychologist, and patient organizations, including the Crohn’s & Colitis Foundation in U.S., from 10 countries will work together to turn the insights gleaned from the survey into actions that can help identify real-world needs and concerns about living with UC.

More than UC

About the UC Narrative U.S. Survey and Survey Methodology

In an effort to develop a comprehensive and accurate picture of the healthcare experience of people with ulcerative colitis (UC), Pfizer partnered with the Crohn’s & Colitis Foundation in the U.S. and the Global UC Narrative Advisory Panel to complete the Global UC Narrative Survey. The Global UC Narrative Survey was conducted online and by telephone by Harris Poll on behalf of Pfizer between August 23 and October 23, 2017, among 301 adults ages 18+ residing in the U.S. who have been diagnosed with ulcerative colitis (UC), have had an endoscopic procedure to confirm their diagnosis, and were aware of their diagnosis. Patients were recruited through an anonymous national online research panel and provided additional consent to complete the research. The research method and survey questionnaire were reviewed and received IRB approval from WIRB-Copernicus Group. Medication history was used to screen patients for the survey. Patients who qualified for and successfully completed the survey were compensated for their participation.

The UC Narrative U.S. survey findings represent a subset of the UC Narrative global survey, which was developed with input from the Global UC Narrative Advisory Panel. In addition to providing input into the development of the survey, the Global UC Narrative Advisory Panel was asked to review and provide feedback on preliminary findings from the survey online. The pathway from U.S. survey findings to collaboration with the Crohn’s & Colitis Foundation during the Crohn’s & Colitis Congress taking place in Las Vegas, January 18-20, 2018, survey results for all countries were anticipated in the spring of 2018.

The UC Narrative U.S. physician survey was conducted online by Harris Poll on behalf of Pfizer between August 23 and October 23, 2017, among 301 gastroenterologists (GIs) who practice in the U.S., who have been diagnosed with ulcerative colitis (UC), have had an endoscopic procedure to confirm their diagnosis, and were aware of their diagnosis. Patients were recruited through an anonymous national online research panel and provided additional consent to complete the research. The research method and survey questionnaire were reviewed and received IRB approval from WIRB-Copernicus Group. Medication history was used as a proxy for disease severity, and were reviewed and received IRB approval from WIRB-Copernicus Group. Results were weighted by region and practice type by gender to bring them in line with the actual proportions in the population of U.S. gastroenterologists. Physicians who qualified for and successfully completed the survey were compensated for this participation.

More for information, visit Pfizer.com/UCNarrative

The UC Narrative U.S. survey included 31% of patients with UC experience symptoms outside of the colon, including musculoskeletal pain, skin lesions, and joint pain.

Facts & Fiction: Knowledge Gaps that Could Impact UC Patients’ Health

A 2017 U.S. survey of 301 adults living with ulcerative colitis (UC) and 149 gastroenterologists (GIs) tested patients’ knowledge of UC and physicians’ perceptions about their patients’ knowledge. Here are the preliminary findings from the survey (see survey methodology below) that show there might be an opportunity to improve education and management of the disease.

THE FACTS:

1. More than 31% of patients with UC experience symptoms outside of the colon, including musculoskeletal pain, skin lesions, and joint pain.
2. UC patients typically experience periods of being symptom-free alternating with periods of active disease or flare.
3. “Mild” patients were defined as those who have ever taken a 5-ASA, steroids for 3 or less of the past 12 months, “Moderate to severe” patients were defined as those who have ever taken a biologic or immunosuppressant, or another medication for their UC, but have never taken a biologic or immunosuppressant, and have not taken steroids for 4 or more of the past 12 months.
4. Patients with UC at risk for developing colorectal cancer are compared to the general population, and the continuous turnover of cells in the intestinal lining, increasing the risk of irregularities that may lead to colorectal cancer.
5. Patients with UC who are at risk for developing colorectal cancer are compared to the general population.
6. 19% of patients thought that their UC patients understood that UC is mediated by inflammation.
7. 19% of patients thought that their UC patients understood that uncontrolled inflammation is a risk factor for colorectal cancer.
8. 28% of patients thought that UC patients understood that UC is an inflammatory disease.
9. 28% of patients thought that UC patients understood that UC is a risk factor for colorectal cancer.
10. 26% of patients thought that UC patients understood that UC symptoms (flare) can be associated with other conditions outside the colon.
11. 26% of patients thought that UC patients understood that UC symptoms (flare) are a proxy for disease severity.
12. 26% of patients thought that UC patients understood that UC is an inflammatory disease symptoms (flare).
About the UC Narrative U.S. Survey and Survey Methodology

The UC Narrative U.S. physician survey was conducted online by Harris Poll on behalf of Pfizer between August 23 and November 3, 2017, among 301 adults ages 18+ residing in the U.S. who have been diagnosed with ulcerative colitis (UC), have had an endoscopic procedure to confirm their diagnosis, have not had a colectomy, have been to a gastroenterologist’s office in the past 12 months, have ever taken a prescription medicine for their UC, and have not taken steroids for 4 or more of the past 12 months. “Mild” patients were defined as those who have ever taken a 5-ASA, steroids for 3 or less of the past 12 months, or another medication for their UC, but have never taken a biologic or immunosuppressant. “Moderate to severe” patients were defined as those who have ever taken a biologic or immunosuppressant, and have not taken steroids for 4 or more of the past 12 months. Data were not weighted, and are therefore only representative of the population of U.S. gastroenterologists. Physicians who qualified for and successfully completed the survey were compensated for their participation.

Patient hesitancy to speak up and lack of time at appointments could create missed opportunities for intervention and education.

UC’s impact may extend to mental health and intimacy, yet these topics are rarely addressed.

Resources are available to help close these gaps, yet the survey suggests that the gap is occurring at the office.

Moving Beyond Just Living with UC: Tips to Help You Reset the Conversation with your GI

1. Review your treatment plan and the management of your UC.2
2. Make a gradual plan for sharing information:
   a. Start by sharing your general symptoms and then gradually move on to more specific symptoms.
   b. Don’t worry that your GI will ask too many questions, their interest may reflect their perceived lack of time to ask questions.
   c. Remember that your GI is not alone: 64% of GIs said that more than half of their patients do not tell their GI about symptoms or treatment changes they experience outside of their appointments.

About

1 out of 3 patients (n=128/149) said they wish their GI would have more time during appointments to ask questions. 42% (n=137/301) of patients said they wish their GI understood how UC affects their mental health. 40% (n=137/301) of patients said they wish their GI would have more time during appointments to ask questions. 40% (n=137/301) of patients said they wish their GI would have more time during appointments to ask questions.

And nearly half of patients (n=137/301) said that more than half of their patients do not tell their GI about symptoms or changes they experience outside of their appointments. 33% of GIs said that more than half of their patients do not tell their GI about symptoms or changes they experience outside of their appointments.

More than half of patients (n=137/301) said they would have more time during their appointments if they didn’t have UC. 55% (n=128/149) of patients said they would have more time during their appointments if they didn’t have UC. 55% (n=128/149) of patients said they would have more time during their appointments if they didn’t have UC.

However

55% of patients (n=128/149) and 52% of GIs (n=137/257) think UC should take priority over personal relationships in managing their disease. 55% (n=128/149) of patients and 53% (n=137/257) of GIs think UC should take priority over personal relationships in managing their disease.

Patient’s perspective: 69% of patients said they wish their GI understood how UC affects their mental health. 63% (n=126/205) of patients said they wish their GI understood how UC affects their mental health. 63% (n=126/205) of patients said they wish their GI understood how UC affects their mental health.

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