Background
Biologic medications have revolutionized the treatment of inflammatory bowel disease (IBD). Subsequent Entry Biologics (SEBs) are not identical in structure, therapeutic equivalence, or approved indications, but are biosimilar to an original biologic medication. Given the recent presence of SEBs in Canada, there might be implications for IBD patients and/or caregivers.

Aims
To understand the perspectives of IBD patients and caregivers regarding SEBs and how Canadian drug programs will manage these products.

Methods
During early 2015, the Gastrointestinal Society hosted a survey on its two websites: www.badgut.org and www.mauxdeventre.org. The physicians included in this project shared the links with their patients. To qualify, survey participants confirmed they either had IBD or were a caregiver of a person with IBD. Questions included demographic information, disease characteristics, as well as their understanding and opinions regarding SEBs, including the possibility of switching from an innovator biologic to a biosimilar.

Conclusions
IBD patients who responded to our survey were quite familiar with SEBs, although they expressed high concerns around safety, efficacy, and regulatory process. The patient choice directive is very strong and shows the need for open dialogue among patients, physicians, manufacturers, and regulatory bodies for the safe introduction of SEBs into the marketplace.

Results
423 respondents: 317 English, 106 French. 68% had Crohn’s disease, 30% ulcerative colitis, 2% indeterminate colitis, 2% indeterminate IBD. 77% had at least a basic understanding of biologics and were currently prescribed an originator biologic (Remicade®, Humira®, or Simponi®). 76% had heard about SEBs. Majority of patients selected cost then manufacturing process, as the top ways SEBs might differ from originator biologics. 52% believed that having the same international non-proprietary name (INN) implied that patients could safely switch between the products during a course of treatment and expect the same effectiveness and safety, even though Health Canada states they are not interchangeable. 95% of those surveyed said that it is important their physician, together with them, have sole authority to decide the most suitable biologic medication to treat their disease. The most important considerations in choosing SEB treatment for patients were safety, efficacy, and that both the originator and biosimilar have identical review and approval processes. 96% of respondents were concerned about limited medication choice during induction and/or maintenance therapy.

The Gastrointestinal Society, a Canadian registered charity patient group, represents gastrointestinal and liver patients on a variety of health care fronts, including access to medications.

For access to all this study’s results contact:
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