

Healthcare professionals’ perceptions of intravenous and subcutaneous treatment administration for inflammatory bowel disease: a real-world study in the United States

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Background

- Inflammatory bowel disease (IBD) comprises both Crohn’s disease (CD) and ulcerative colitis (UC) and is an immune mediated inflammatory disorder of the gastrointestinal (GI) tract, affecting approximately 3 million people in the United States (US). (1)
- Multiple advanced therapies, such as ustekinumab and guselkumab, are available for moderate-to-severe IBD and differ in their routes and schedules of administration.
- Although intravenous (IV) administration has been the treatment standard, there is increasing patient and healthcare professional (HCP) interest in subcutaneous (SC) administration. Newer therapies, including guselkumab, provide SC options with shorter administration times for induction and maintenance phases.
- Evidence describing HCP perceptions of IV and SC administration in IBD remains limited.

Methods

- The analysis was conducted using secondary data from the Adelphi Real World IBD IX Disease Specific Programme (DSP)[™] (3-6), a linked HCP and patient cross-sectional survey with elements of retrospective data collection. Data was collected from patients with IBD in the US from October 2025 to April 2026.
- The HCPs involved in data collection were gastroenterologists (GIs) and advanced practitioners (APPs; nurse practitioners and physicians assistants) and were eligible for inclusion if they were involved in the treatment decisions of >6 patients with CD and ≥6 patients with UC.
- Patients were eligible for inclusion if they were ≥ 18 years old, had a HCP confirmed diagnosis of CD or UC, and were not participating in a clinical trial.
- HCP characteristics, perceptions of IV versus SC administration, willingness to prescribe under hypothetical administration-time scenarios, and preferred induction-to-maintenance administration sequences were summarized using descriptive statistics.

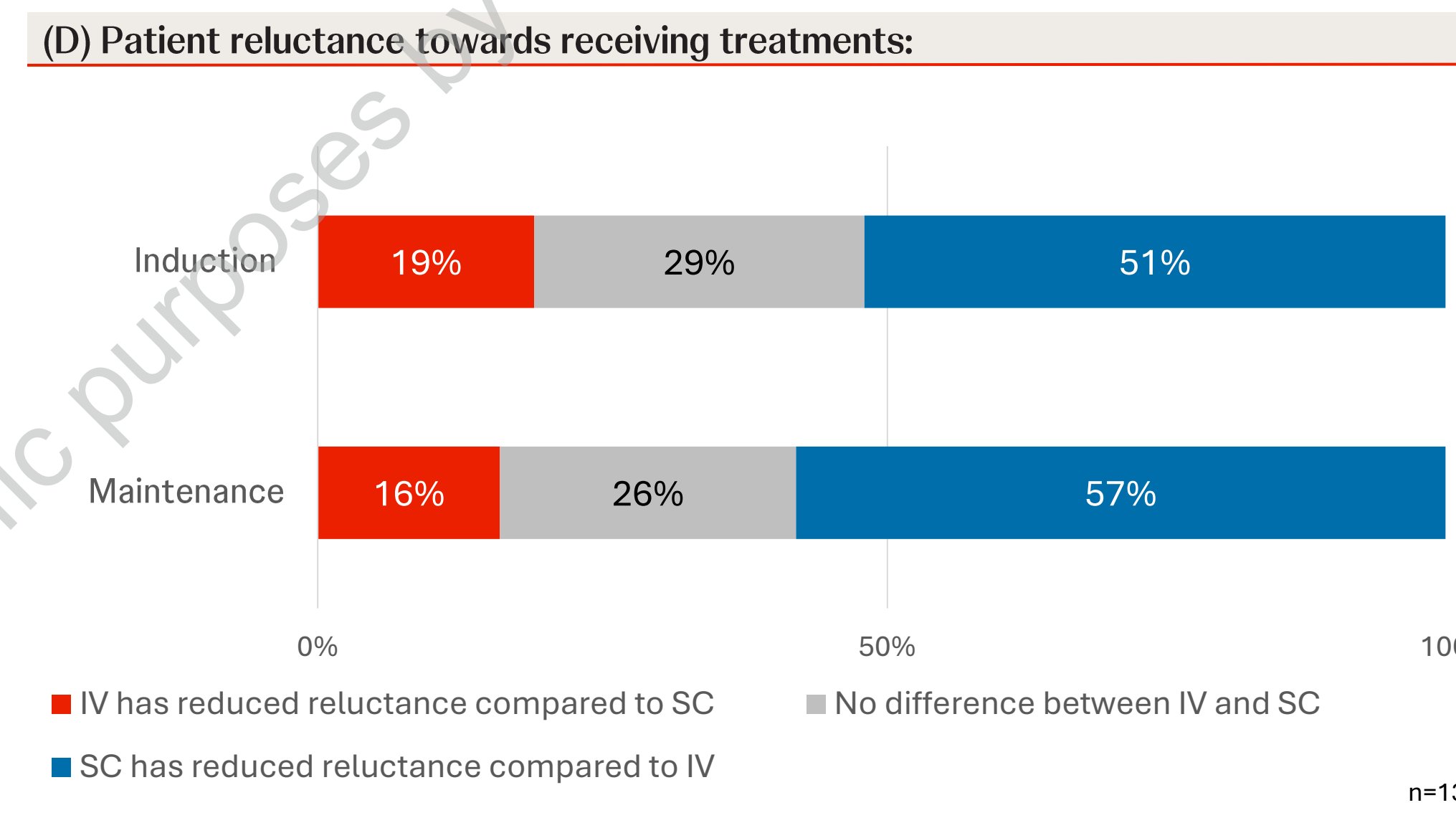
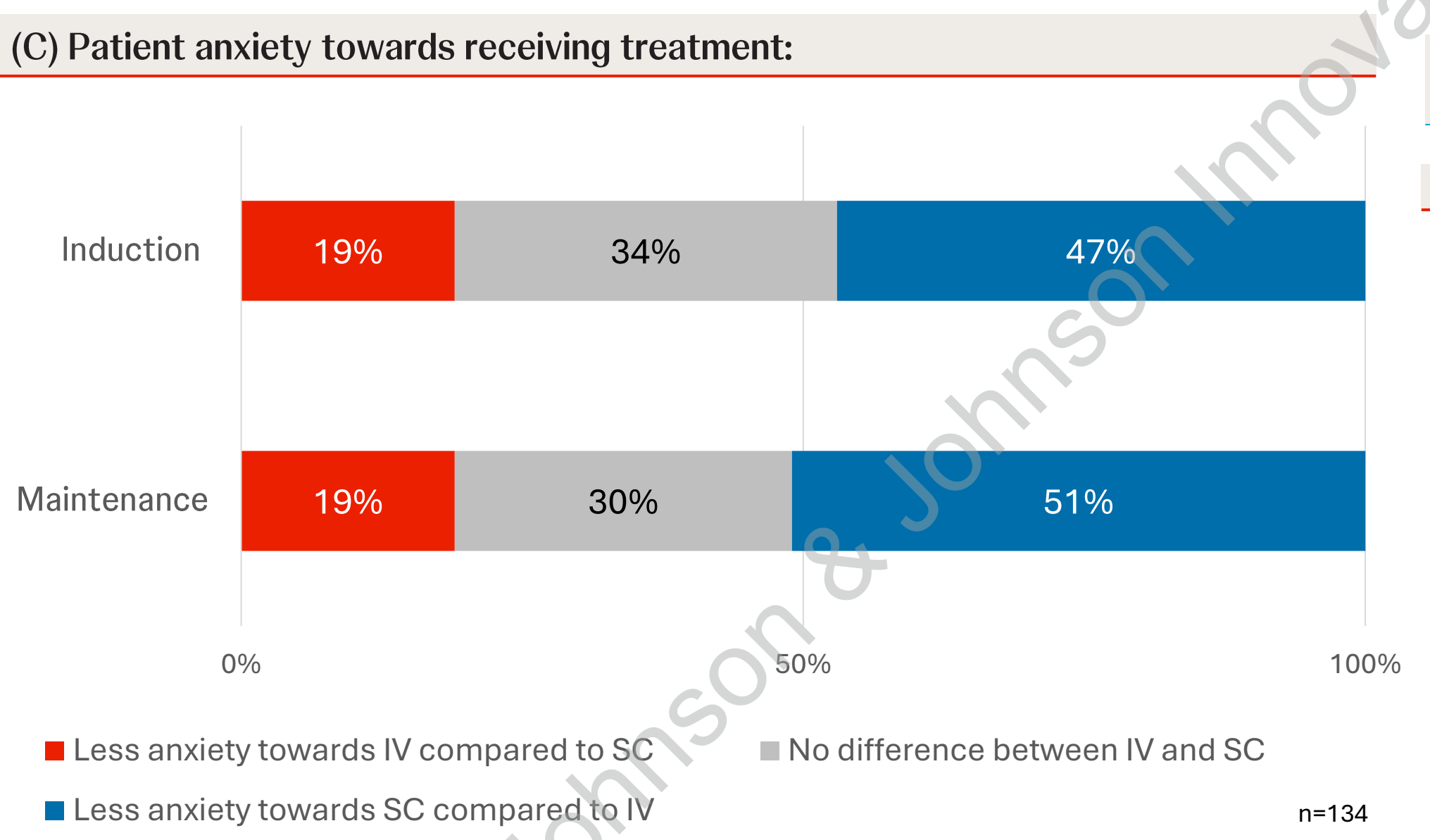
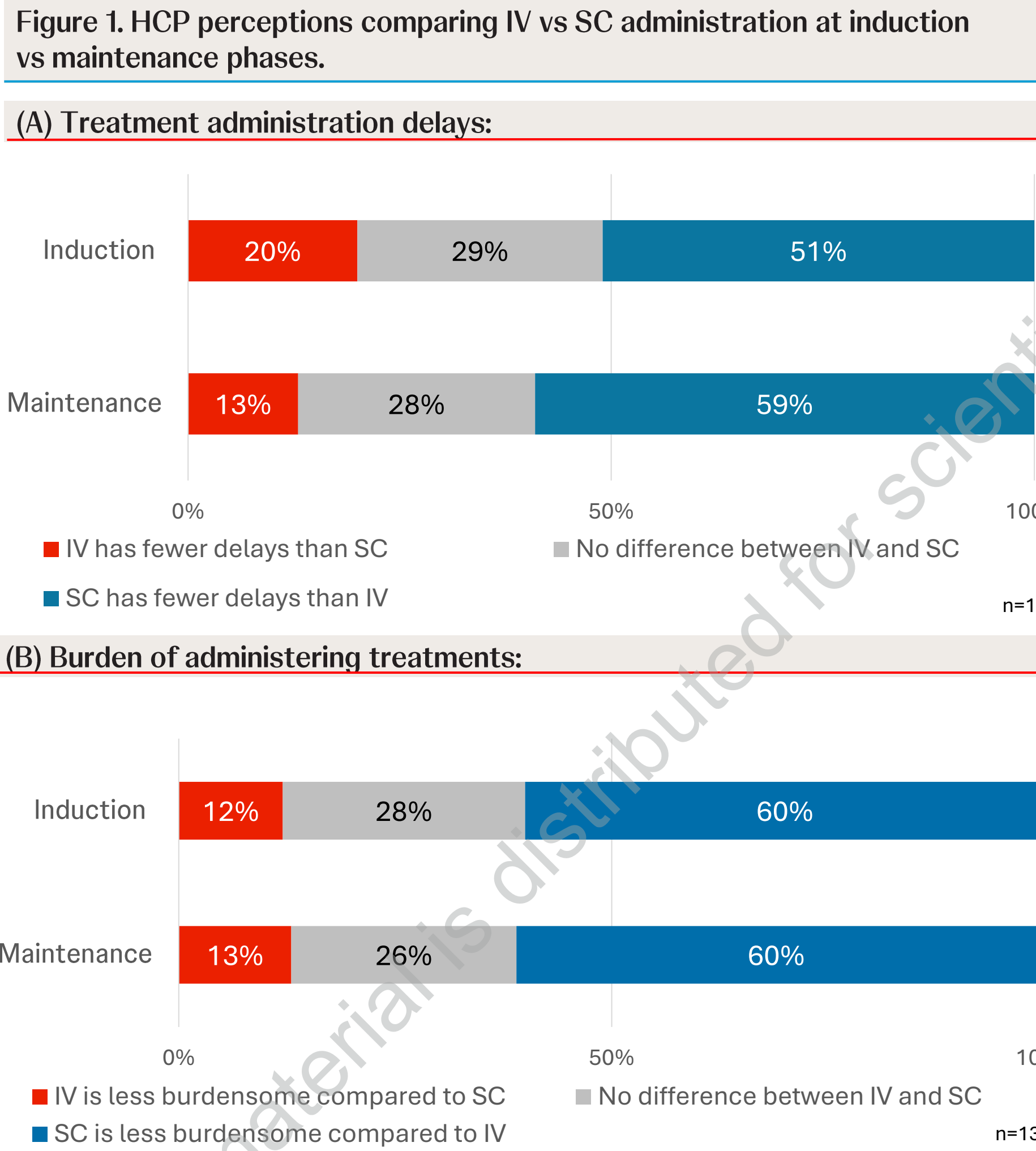
Results

- Overall, there were 134 HCPs involved in the study, of these 61 were GIs and the remaining 73 were APPs.
- Approximately 75% of these HCPs had been treating IBD patients for 5 or more years (Table 1).
- Mean (standard deviation; SD) patients with IBD who were seen in an office setting was 61% (37.5)
- HCPs saw a mean (SD) 123.4 (98.6) Crohn’s disease patients and 131.6 (104.62) ulcerative colitis patients.

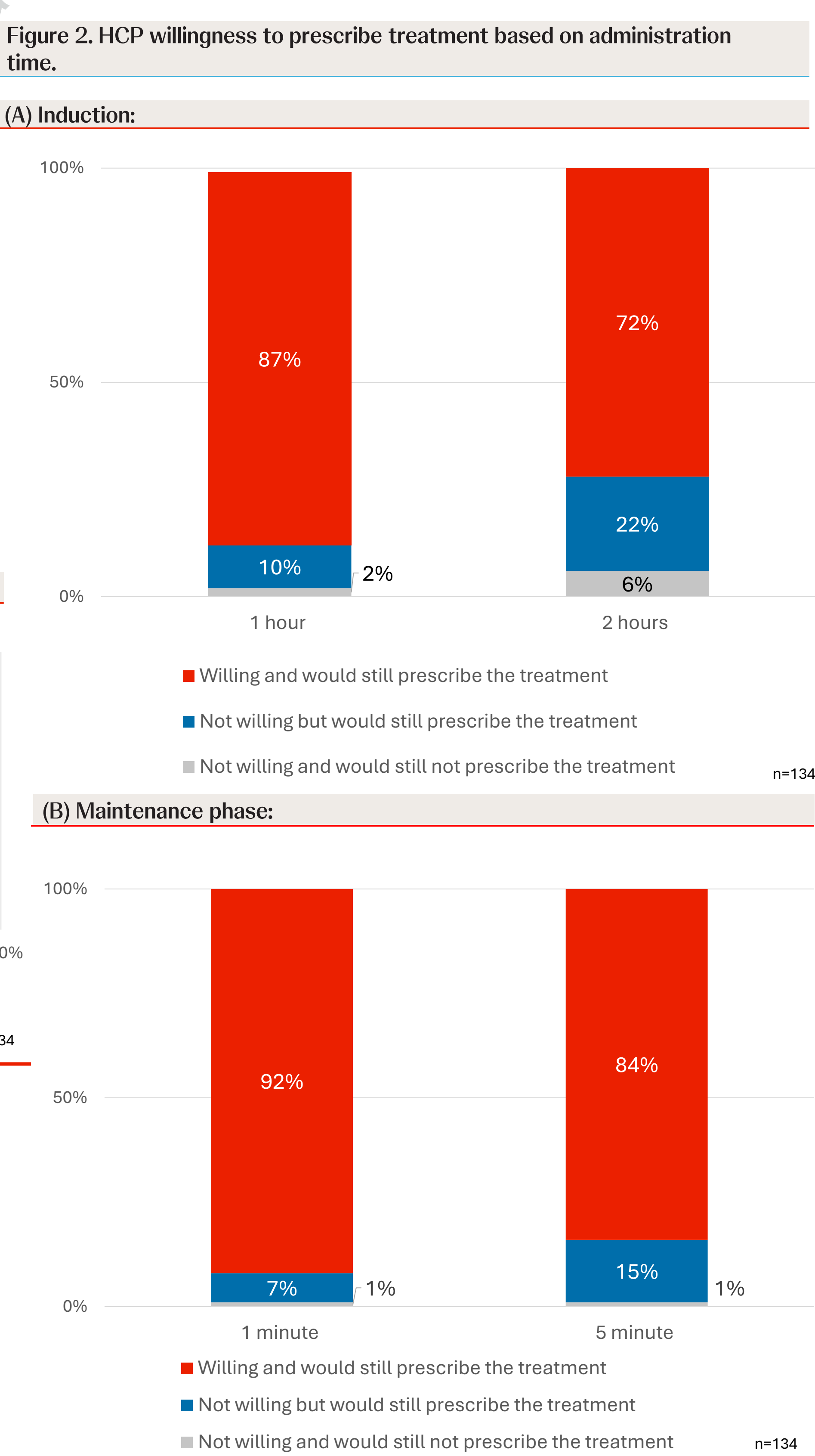
Table 1. HCP Profile	
	Overall HCP sample N=134
Years treating patients with IBD, n (%)	
Less than 1 year	0 (0%)
1-2 years	3 (2%)
2-3 years	13 (10%)
3-4 years	17 (13%)
5+ years	101 (75%)
Mean number of patients managed, mean (SD)	
Any condition	981.4 (962.5)
Crohn’s disease	123.4 (98.6)
Ulcerative colitis	131.6 (104.6)
Mean percentage of patients in each consultation setting, mean % (SD)	
Academic hospital	24.8 (33.6)
Community hospital	13.2 (18.8)
Office	61.0 (37.5)
Other	1.1 (2.9)
Clinical trials experience, n (%)	
Currently involved in clinical trials	12 (9%)
Have been involved in clinical trials but not currently	45 (34%)
Never been involved in clinical trials	77 (57%)

HCP, healthcare professional; IBD, inflammatory bowel disease; SD, standard deviation

- SC administration was perceived to have fewer delays in administration of treatment rather than IV, 51% in induction phase and 59% in maintenance phase (Figure 1a).
- HCPs reported SC, compared to IV, was less burdensome for patients; 60% in both induction and maintenance phases (Figure 1b).
- HCPs also reported reduced patient anxiety with SC administration in both induction (47%) and maintenance (51%) phases (Figure 1c).
- There was a reduced patient reluctance with SC administration (51% in induction phase, and 57% in maintenance phase) (Figure 1d).



- When considering administration times at induction phase, 87% of HCPs would prescribe treatments with 1-hour administration time compared to 72% of HCPs were willing to prescribe treatments with a 2-hour administration time (Figure 2a).
- During the maintenance phase, 92% of HCPs were willing to prescribe treatments with a 1-minute administration time compared to 84% (Figure 2b).



Key Takeaways

- HCPs more often perceived SC administration, compared with IV administration, as having fewer treatment-administration delays and lower patient burden, anxiety, and reluctance.
- HCP willingness to prescribe was higher for the shorter administration-time scenarios evaluated during both induction and maintenance.
- The most frequently preferred administration sequence was SC during both induction and maintenance, reported by 44% of HCPs.
- These findings suggest that administration route and time may influence HCP treatment preferences in IBD.

- HCPs reported the shortest delay in transition between induction and maintenance phases would be achieved via SC in both induction and maintenance phases (44%; Figure 3).

