

Physician Opinions on Treatment Preferences and Long-term Treatment Goals in Moderate to Severe Ulcerative Colitis and Crohn’s Disease in Germany

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Background

Inflammatory bowel disease (IBD), including ulcerative colitis (UC) and Crohn's disease (CD), represents a growing healthcare burden in Germany. A nationwide administrative analysis reported increasing prevalence between 2012 and 2020, rising from 0.30% to 0.38% for UC and from 0.26% to 0.33% for CD.¹

Despite the increasing disease burden and expanding therapeutic armamentarium, advanced therapy uptake in Germany remained low (<5% in UC from 2016 to 2022 and <15% in CD from 2014 to 2018).^{2,3}

Guselkumab, a selective dual-acting IL-23p19 subunit inhibitor, was recently approved in the European Union for the treatment of moderate to severe UC and CD and is the first IL-23 inhibitor to offer both intravenous (IV) and subcutaneous (SC) induction options.

Given the rapidly evolving treatment landscape in Germany, understanding physician perspectives on treatment preferences and long-term treatment goals may provide important insights into contemporary treatment decision-making for patients with moderate-to-severe UC and CD.

Objectives

This study aimed to understand physicians’ preferences on route of administration, long-term treatment goals, and early perceptions on guselkumab use for moderate-to-severe UC and CD in Germany.

Methods

Study design:

- Cross-sectional, web-based, invitation-only, German-language survey of gastroenterologists practicing in Germany (Sept–Oct 2025), invited from a large, national physician directory.
- The questionnaire underwent review by experts with domain knowledge, internal stress testing and consistency checks, and pretesting for clarity and usability.

Study measures:

Data on physician demographics and their practice settings were collected.

Physicians provided their perspectives on:

- Preferences on route of administration
- Factors influencing the choice of guselkumab as the first-line advanced therapy, rated on a 5-point Likert-type scale for importance
- Importance of long-term treatment goals on a 5-point Likert-type scale

Eligibility criteria:

Inclusion criteria included:

- Primary specialty in gastroenterology
- Practiced in Germany
- Prescribed an advanced treatment to ≥1 patient with moderate-to-severe UC or CD in the past 12 months.

Physicians who participated or planned to participate in the GORGEIOUS NIS trial were excluded.

Statistical analysis:

- Continuous measures were summarized as means and standard deviations (SDs), and categorical measures as counts and proportions.



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Key Takeaways



German physicians treating moderate to severe UC and CD reported perceived advantages of SC or flexible administration for convenience and efficiency.



Physicians reported clinical remission, clinical response, and remission in patient reported outcomes as the top long-term treatment goals.



Physicians also reported perceived suitability of guselkumab for certain patient profiles, including disease severity in UC and inflammatory burden in CD. These findings reflect exploratory physician perceptions about potential early adoption of guselkumab and may evolve as real-world experience with the therapy increases.

Results

A total of 76 physicians participated in the survey (mean age 52.9 [SD 8.1] years; 85.5% male; mean years practicing 21.8 [SD 6.8]; Table 1).

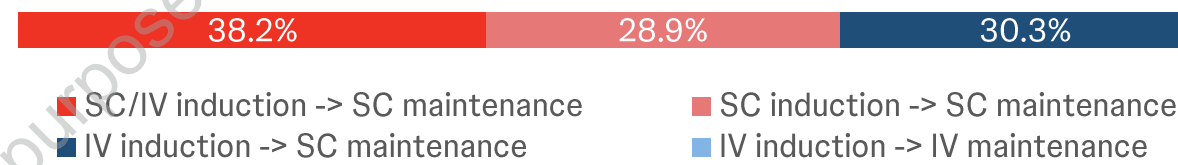
Table 1. Characteristics of participating physicians

	Overall (N = 76)
Age (years), mean (SD)	52.9 (8.1)
Male, n (%)	65 (85.5)
Years practicing medicine, mean (SD)	21.8 (6.8)
Number of UC patients, mean (SD)	
Treated in the last 12 months	92.3 (78.9)
Prescribed an advanced treatment in the last 12 months	58.1 (61.7)
Number of CD patients, mean (SD)	
Treated in the last 12 months	87.4 (72.9)
Prescribed an advanced treatment in the last 12 months	52.5 (48.9)
Practice setting, ¹ n (%)	
Private practice	31 (40.8)
Non-university hospital	19 (25.0)
University hospital	18 (23.7)
Medical care center	17 (22.4)

Abbreviations: SD, standard deviation. Note: ¹Multiple responses permitted.

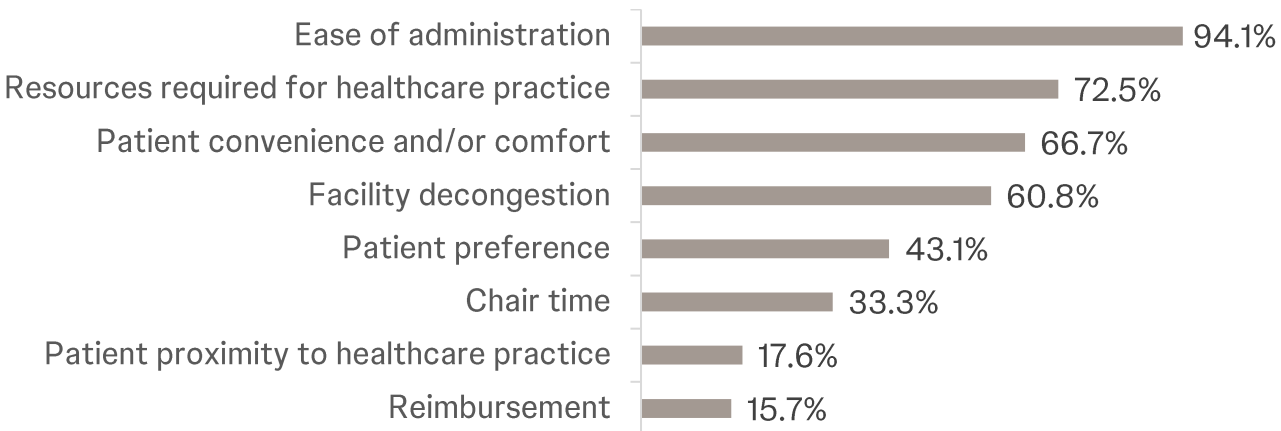
Overall, nearly two thirds (67.1%) of physicians preferred SC or flexible use of SC or IV induction (Figure 1).

Figure 1. Physician preferences on route of administration for biologic therapy



Physicians cited ease of administration, resources required for healthcare practice, and patient convenience and/or comfort as the top reasons for SC or flexible SC or IV induction (Figure 2).

Figure 2. Physician-reported reasons for preference of SC induction



Physician-rated top long-term treatment goals were clinical remission/response, remission in PROs, and corticosteroid-free remission for both UC and CD (Figure 3).

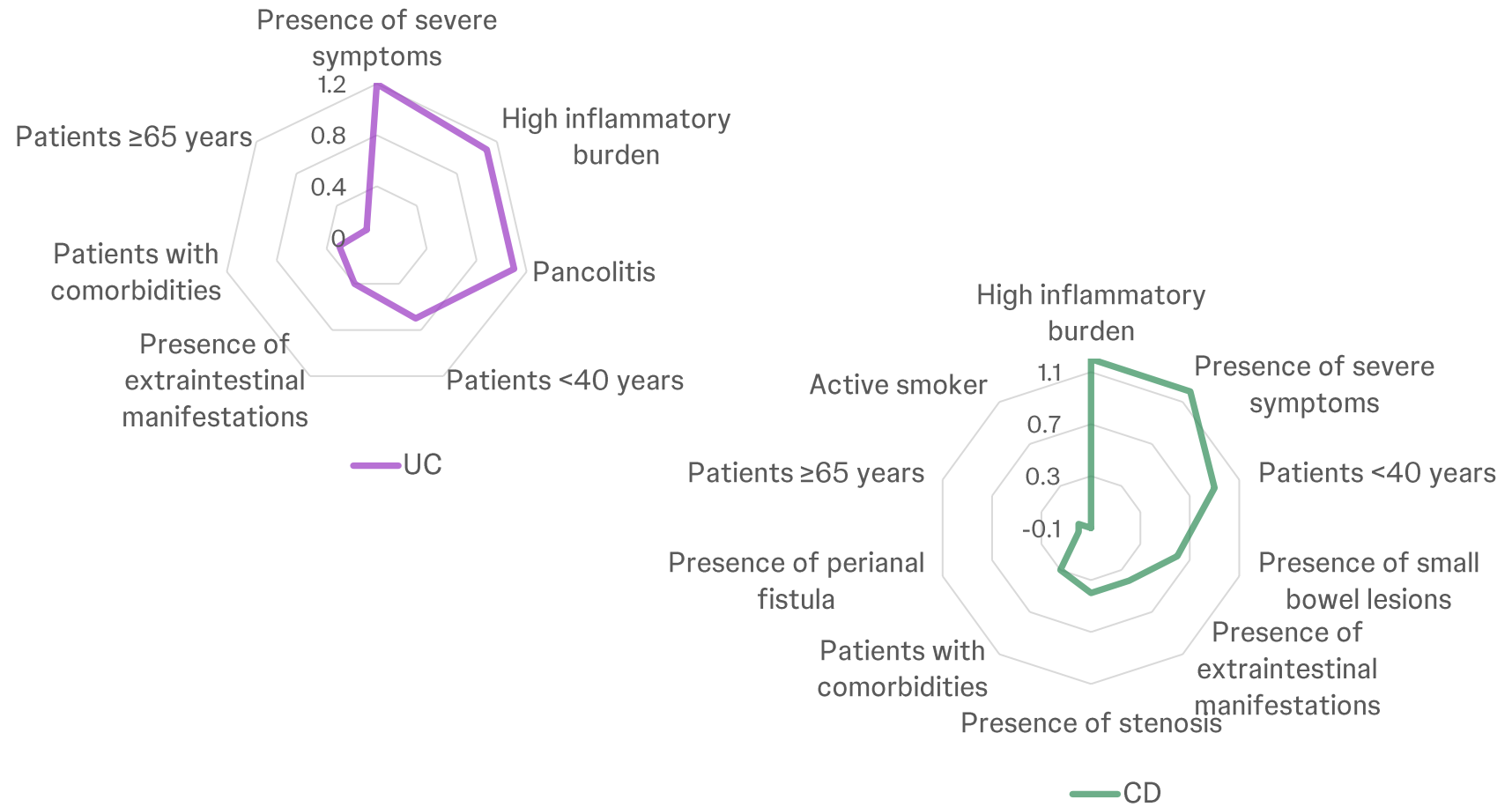
Figure 3. Physicians’ ranking of long-term treatment goals for moderate-to-severe UC and CD



Participants were asked to rank the long-term (i.e., ≥12 months) treatment goals they would like to achieve from 1 (least important) to 5 (most important). The mean importance scores were displayed in the figure. Abbreviations: PROs, patient-reported outcomes; CRP, C-reactive protein.

The highest perceived suitability of guselkumab as first-line therapy for both UC and CD included severe symptoms and high inflammatory burden (Figure 4).

Figure 4. Physician-reported importance of patient profile preferred for guselkumab as a first-line advanced therapy for moderate-to-severe UC and CD



Scores reflect the degree of influence each factor has on physicians' decisions, using a scale from +2 (most likely) to –2 (least likely). Higher scores indicate a greater likelihood of the factor positively impacting treatment choice. Figure showed the mean scores.