

University of Maryland Baltimore Graduate School
Announcement of Doctoral Dissertation Defense*

Candidate: Meaghan St. Charles, MS

Date, Time, and Place: Tuesday, October 30, 2007; 9:00am; South Conference Room #229, Saratoga Garage Offices, 12th floor

Dissertation Title: **Gastroenterologists Prescribing of Infliximab for Crohn's Disease: A National Survey**

Dissertation Abstract**:

Objective: Our aim was to determine whether gastroenterologists (GI's) are prescribing maintenance infliximab (IFX) and utilizing immunomodulators (IM) prior to IFX (step-up approach) as recommended by gastroenterology society guidelines and the package insert. In addition, our study was designed to determine the awareness of adverse drug reactions to IFX among GI's.

Methods: An 18-item questionnaire was developed and validated by four experts in the field. The survey was emailed to 4,515 systematically selected GI's who are members of the American Gastroenterology Association (AGA). Selected GI's were randomly assigned to each of three study arms. Two of the three study arms received an incentive. Each study arm received a total of six email blasts of the survey.

Results: A total of 305 out of 4,515 (6.7%) eligible GI's responded to the survey. The majority (82.6%) of respondents reported using IFX and 78.4% of respondents believe that IFX has made a significantly positive impact on patient outcomes. Respondents prescribing patterns showed that 69.5% of respondents would use a step-up approach (SUA) prior to infusing IFX and 85.6% would prescribe maintenance IFX. In regards to knowledge of adverse events, 89.8% of respondents check a purified protein derivative (PPD) prior to starting IFX and most respondents accurately ranked the risk of infusion reactions and congestive heart failure (CHF). The ranking of the risk of serious infection (SI) and opportunistic infection (OI) was more difficult for respondents. GI's practicing in an academic setting and infusing IFX in their office more likely to report the use of a (SUA) and maintenance IFX. GI's practicing in the Northeast were 62% less likely to report the use of a SUA and maintenance IFX.

Conclusion: Our study found that the majority of GI's report utilizing IM prior to IFX use and appear to be prescribing maintenance IFX. However, approximately 30% of respondents are prescribing off-label. GI's are not familiar with the frequency of some of the serious side effects of IFX such as SI and OI. GI's located in the Northeast and who practice outside of an academic setting may need additional training regarding proper prescribing of the IFX.

Dissertation Committee Chair (name and title): Sheila Weiss Smith, Ph.D., FISPE

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The Open Presentation is open to the university community and invitees of the candidate. Any member of the Graduate Faculty may observe the Final Examination. Only committee members may vote. For more information, see **Procedures for Examination of the Doctoral Dissertation.*

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Updated: February 24, 2006