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Physician Recommendations May Influence Patient Acceptance of Ulcerative Proctitis Therapy

Although both oral and topical formulations of mesalamine are effective treatments for mild to moderately active ulcerative proctitis (UP), the topical 5-ASA therapies (i.e., suppositories and enemas) are first-line treatment options for mild to moderately active UP according to guidelines developed by the American College of Gastroenterology (2010) and Crohn's and Colitis Foundation of America (2006). The guidelines note that topical formulations generally result in quick relief of symptoms, are dosed once daily, and have low systemic absorption. The choice of topical medication should be guided by extent and severity of disease as well as patient preference. CANASA[®] (mesalamine, USP) 1000 mg suppositories, administered once daily, is indicated for the treatment of mild to moderately active UP and is contraindicated in those with demonstrated hypersensitivity to mesalamine, the suppository vehicle contents, or salicylates.* Safety and effectiveness of CANASA beyond 6 weeks have not been established.

James F. Marion, M.D., Associate Clinical Professor of Medicine, a Gastroenterologist at Icahn School of Medicine at Mount Sinai, Attending physician at Mount Sinai Hospital in New York City, and a consultant for Aptalis Pharma[™], states: *"I have treated many patients suffering from the troubling symptoms of mild to moderately active ulcerative proctitis. Addressing these symptoms requires both candid communication and collaborative effort between patient and clinician. In any discussion regarding medical therapy, both patient perspective and clinical symptoms need to be considered when selecting a treatment, but this is particularly important when choosing a topical therapy for UP. Education can help patients ask the right questions and improve a patient's reporting of relevant symptoms, so that we can better identify, document, and treat disease flare-ups. By doing so, we can improve our chances of getting these patients to a state of remission."*

Patient Education is Crucial

One UP patient says in her [blog post](#): *"I've come to discover (particularly through my own experience being diagnosed with ulcerative proctitis three years ago) that knowing, trying to understand, and accepting our problem, along with educating ourselves about that particular problem, is just as important and just as crucial as getting the right medications/treatment/professional help."*

A 2009 patient survey showed that if their UP symptoms worsened, 93% of patients reported that they would be willing to try suppositories if their doctors recommended it. Yet, a two-year retrospective study found that only 50% of patients diagnosed with UP were treated with a rectal form of mesalamine, and more specifically, only 42% of these UP patients were treated with mesalamine suppositories.

Dr. Marion asks, *"Why is it that so many cases are being treated first with something other than topical mesalamine? Could it be due entirely to patients'*

resistance to using suppositories? Also, what role can we play in helping our patients understand why localized treatment might be appropriate for them?"

His conclusion is that both patient acceptance and physician clinical understanding of the disease must inform treatment selection. *"Balancing a patient's opinion of a treatment option with our understanding of what is the most appropriate treatment option for them can be a challenge. When reaching this treatment crossroad, education becomes crucial."*

* The safety, efficacy and tolerability of Canasa was demonstrated in two double-blind placebo-controlled studies and an open-label, randomized parallel group non-inferiority trial.

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