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Summary

JAK INHIBITORS FOR THE TREATMENT OF INFLAMMATORY BOWEL DISEASE: RESULTS OF AN INTERNATIONAL SURVEY OF PERCEPTIONS, ATTITUDES, AND CLINICAL PRACTICE

Peter Irving

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A cross-sectional survey of 385 IBD clinicians from 48 countries reveals that while most practices align with international guidance, a significant minority remain deterred by JAKi safety concerns despite demonstrated efficacy in IBD.

KEY POINTS

- Among experienced IBD clinicians, 17% were unconfident discussing JAKi risk-benefit profiles and 7% had never prescribed JAKi despite seeing more than 100 unique IBD patients per year.
- JAKi were rarely used first line (8%) but were commonly used outside market authorisation (31%).
- When venous thromboembolism risks were present, 15% preferentially referred for surgery rather than initiate JAKi, and 21% would do so even if the patient was already anticoagulated.
- IBD subspecialists with full GI accreditation were less likely to refer to surgery over JAKi initiation (OR 0.40, 95% CI 0.17-0.85, p=0.02).
- Despite lack of detailed long-term safety data, 62% perceived novel JAK1-selective drugs to have more favourable safety profiles than tofacitinib, while 45% felt cardiovascular safety concerns from post-marketing studies were irrelevant to IBD.

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