## Chronic and/or Recurrent Pouchitis - FDA-requested Listening Session

January 24, 2023

### Objectives of Session

The session objectives were to gain a better understanding of the experiences of patients living with pouchitis, including the manifestations and corresponding symptoms that are most burdensome for patients, and how they are currently managing their symptoms.

*Discussions in FDA Listening Sessions are informal and not meant to replace, but rather complement, existing patient engagement opportunities in the Agency. All opinions, recommendations, and proposals are unofficial and nonbinding on FDA and all other participants. This report summarizes the input provided by persons from the pouchitis community at the meeting. To the extent possible, the terms used in this summary describe the health needs, perspectives, and preferences of the individual participants. This report is not meant to be representative of the views and experiences of the entire pouchitis population or any specific group of individuals or entities. There may be experiences that are not mentioned in this report.*

### Summary of Discussion by Question

### Round 1: Pouchitis Flares/Episodes

1. **The following is a three-part question:**

   a. **First, please describe how you feel when you are not experiencing a pouchitis flare. For example, how do you feel and how are you able to function with your pouch when at your best? What is your normal bowel pattern like?**
      - Two participants shared that when they are not experiencing a pouchitis flare-up they are able to live a relatively normal life.
      - Three participants said that they experience at least 7-8 bowel movements per day when not experiencing a pouchitis flare.
      - One participant noted that they have had pouchitis for decades and have learned it is just a part of life. This participant shared that they average 10 bowel movements a day.
      - A caregiver said their child experienced constant complications from the moment their pouch was created. The complications were so severe that it was decided that removing the pouch was the best course of action.

   b. **Next, please describe what a pouchitis flare is like for you. For example, what symptoms do you have, how does it start and progress, how long does it last, and how do you know when it is resolving/resolved? When answering, please indicate which symptom you consider to be the most burdensome.**
      - Two of the patients mentioned fever and flu-like symptoms when experiencing a pouchitis flare-up.
      - One patient said that they feel as if they might have pouchitis all the time. They might go more often and experience abdominal tenderness during a flare-up.
      - Two patients shared that urgency was a problematic symptom experienced during a flare-up. One participant explained they have 25-30 bowel movements/day during a

flare-up. The other said they feel as if they could go to the bathroom every two minutes.

  - One patient expressed the impact pouchitis flare-ups have on their emotional well-being. Flare-ups lead to a lack of bowel control overnight and cause a feeling of being uncomfortable.
  - The caregiver participant did not respond to this question.

c. **Finally, if you have experienced medical complications related to an episode of pouchitis, please briefly describe them.**
  - One patient explained that they are currently struggling with a fissure as a result of frequent bowel movements from pouchitis. They also shared that the skin around their rectum is often irritated due to pouchitis, and this happens with or without a flare-up.
  - Another patient said that they have abdominal tenderness regularly. Recently, their doctor had diagnosed them with *C. Difficile* during a check-up of their pouchitis-related symptoms.
  - Two patients said they haven't had any medical complications related to an episode of pouchitis.
  - The caregiver participant did not respond to this question.

2. **Follow-up question: Several people mentioned the frequency of bowel movements when you feel well. Can you comment on stool consistency? Are stools formed? Are they always watery with a flare? Do you see blood or mucus? Does anything else bother you other than the number of stools?**
   - One patient said that the consistency of their stools is same regardless of how well they are feeling. They shared that their stool is strained and mucousy. What they eat often determines the consistency. On average, they have a bowel movement 15 times/day.
   - Another patient shared that their stools vary from watery to pieces.
   - A patient stated that their experience is somewhat different from other participants. They take Metamucil® when feeling fine. While taking Metamucil® twice/day (once in the morning; once before bed), the patient's bowel movements are dependent upon what they ate during the day. Their bowel movements are closer to pre-surgery bowel movements. When experiencing pouchitis, the patient's stools are mucousy, watery, and contain some blood.
   - One patient reiterated the effect pouchitis has on their urgency to use the restroom. The constant going to the bathroom can lead to other issues such as hemorrhoids. They shared that they have chronic pouchitis, and their stools are loose and acidic leading to irritation on the external skin.
   - Two participants noted not feeling completely empty after having a bowel movement.
   - The caregiver participant said that their child had semi-formed stools when not experiencing pouchitis. During a flare-up, bowel movements consisted of bloody diarrhea or very loose stool with blood.

3. **How much of an impact do the symptoms of pouchitis have on your quality of life or day to day life? Please describe the impact on you personally. If they also impact your family, caregivers, or others, please comment on that aspect as well.**

- Four of the five participants said that pouchitis has had a huge impact on their lives. Two patients and a caregiver stressed the mental and emotional toll pouchitis has had on their lives and the life of the patient.
- Two patients shared that over time they have learned to live with it. They have learned to adapt their lives to the need to use the bathroom more frequently.
- One patient shared that pouchitis has affected their diet. They now have to pay more attention to what they eat to avoid foods that could cause a flare-up.
- Several patients mentioned either avoiding activities where frequent access to a bathroom may be problematic, and/or embarrassment if they might need to share a bathroom with a group.
- The caregiver participant said that her child missed large chunks of school due to pouchitis-related symptoms. In order to care for her child, the caregiver needed to go on family medical leave to stay home. Pouchitis and related symptoms led to anxiety about traveling and visiting family members due to the urgency to use a bathroom.

4. **Follow-up question: Several people mentioned having to use the bathroom overnight or it has been a long time that you haven't slept 8 hours. Do you experience this with a flare up or is it how your bowels function?**
    - Each participant said that they regularly get up in the middle of the night to use the restroom.
    - One patient shared that they always have some level of inflammation and often get up 1-2 times/night.
    - Another patient noted that they used to get up 3-4 times/night but after understanding how their diet impacts their symptoms, they now only get up 1-2 times/night.
    - A patient explained that even when they are feeling fine it isn't uncommon for them to get up in the middle of the night. When experiencing a bout of pouchitis they get up 6-8 times in the night.
    - Another patient said that they often get out of bed 9-10 times per night to use the restroom, but that they can often manage to do so without an accident occurring. They also shared that diet plays a large role in the number of bowel movements in the night.
    - The caregiver participant explained that her child didn't get up much in the night when the pouch was working. During a flare, however, their child would have to get up to the restroom so often the child eventually moved to the master bedroom for easier access to a bathroom.

## Round 2: Symptom Management

5. **Please describe how you currently manage symptoms of pouchitis when they occur, such as any medications or other dietary/lifestyle interventions that you have tried, and how they have helped you. If you have been prescribed medications to treat pouchitis, did you experience any problems/side-effects from them?**
    - All of the participants listed ciprofloxacin (Cipro®) as a medication they were prescribed by their physicians during a flare-up.
    - All five participants said they've found VSL#3® (a probiotic) to be successful in alleviating symptoms. The caregiver also mentioned that the ciprofloxacin (Cipro®), metronidazole (Flagyl®), and VSL#3® only worked for a very short period of time for her child.

- One patient said that they still pay for VSL#3® out of pocket as they've found it to be the best medication for dealing with pouchitis flare-ups. They mentioned they haven't had a flare-up since April 2020.
- Another participant indicated that she tried over the counter products, VSL#3®, and fiber supplements but these caused excessive gas and discomfort, making these products not worthwhile.
- Three of the participants mentioned taking metronidazole (Flagyl®).
- Two patients highlighted the importance in monitoring what they eat to help prevent pouchitis flare-ups.
- The caregiver shared that the combination of ciprofloxacin (Cipro®) and metronidazole (Flagyl®) caused her child to develop yeast infections.

## Round 3: Potential Treatments

6. **If you could create a treatment for chronic pouchitis, what would be the first and most important symptom you would want to treat?**
    - Four of the participants listed the frequency of bowel movements as the most important symptom they would want treated.
    - Another patient shared that the urgency to use the restroom as the most important symptom to treat.

7. **If that treatment was not able to completely resolve all of your symptoms, what amount of improvement in your most bothersome symptom would you hope to achieve?**
    - Two of the patients shared that they would like to see an 80% improvement of their most bothersome symptom.
    - One patient said they would like to improve control in nighttime urgency to have a bowel movement and reduce the frequency of bowel movements overnight.
    - Another patient said they would like an improvement in how often they use the restroom.
    - The caregiver reiterated that her child's most important symptom to improve is reducing frequency of bowel movements.

8. **Follow-up question: Some reduction in symptoms can be different things in different people. If you want experience less trips to the bathroom, how much improvement? If you are experiencing 20 stools/day and were given a medication that improved 19 stools/day, would that be meaningful, or how about a medication that reduced frequency to 10-15 stools/day? If you were offered a treatment, what amount of reduction in symptoms would be meaningful? If you had a flare and were taking a treatment that caused some improvement, but could not bring you to your normal status, would you take that treatment?**
    - One patient participant expressed the desire for a 50% reduction in symptoms would help normalize their days, in particularly less urgency, fewer trips to the bathroom. They did state they are wary of what medications they take so if it isn't going to reduce pouchitis symptoms back to a normal level they would hesitate to take anything. They said they take ciprofloxacin (Cipro®) because they know it works for them, and they know the effects it has on their body.

- One patient shared that an 80% reduction in frequency of stools or reaching a total of only 5-6 stools/day would be meaningful improvement. They did note they would only take a medication if it wasn't a strong immunosuppressant.
- Another patient said that if a medication could help prevent the need to get up in the middle of the night that would be a meaningful improvement.
- A patient said that reducing bowel movements from a pouchitis-level to a normal-level would be great; a 90% reduction. They take a double dose VSL#3® and a competitor, Visbiome®, which has helped prevent an episode of pouchitis in three years.
- The caregiver said she doesn't believe her child would take any medication at this point unless it improved quality of life to a normal level. The child's pouchitis was so bad that the child was diagnosed with post-traumatic stress disorder (PTSD) and depression which made taking medications for pouchitis difficult.

**<u>Round 3: Optional (*time dependent*)</u>**

9. **Is there anything else you would like to share with FDA about your healthcare concerns and needs?**
    - Two patients shared the impact pouchitis has on their personal lives. It is a private disease as few people want to talk about the issues that pouchitis patients deal with.
    - Another patient shared that they have learned to live with pouchitis.
    - One patient shared that they have familial adenomatous polyposis (FAP) which causes colorectal cancer, so their pouch was a life-saving procedure. They have also learned to live with pouchitis and talk about their experiences with anyone close to them.
    - The caregiver stressed how impactful pouchitis has been on her child. Issues related to pouchitis emerged during high school and led to difficulties adjusting mentally as well as physically. Her child has an ostomy now and is doing better, but the caregiver still wishes for more medications and treatment options for pouchitis.

**FDA Offices & Divisions in Attendance**

- **Office of the Commissioner (OC) – *5 offices***
    - OC/OCPP/PAS – Office of Clinical Policy and Programs/ Patient Affairs Staff *(organizer)*
    - OC – Office of the Commissioner
    - OC/OCPP/OCP – Office of Clinical Policy and Programs/Office of Combination Products
    - OC/OCPP/OOPD – Office of Clinical Policy and Programs/Office of Orphan Products Development
    - OCS/ACOMS - OCS/ACOMS - Office of Chief Scientist/Advisory Committee Oversight and Management Staff

- **Center for Biologics Evaluation and Research (CBER) –** ***1 office***
  - CBER/OCD – Office of the Center Director

- **Center for Devices and Radiological Health (CDRH) –** ***11 offices/divisions***
  - CDRH/OM/DMS/AC – Office of Management/Division of Management Services
  - CDRH/OPEQ/OHTI/DHTIA – Office of Product Evaluation and Quality/Office of Health Technology I/Division of Health Technology I A
  - CDRH/OPEQ/OHTIII -- Office of Product Evaluation and Quality/Office of Health Technology III
  - CDRH/OPEQ/OHTIII/DHTIIIA -- Office of Product Evaluation and Quality/Office of Health Technology III/Division of Health Technology III A
  - CDRH/OPEQ/OHTIII/DHTIIIB – Office of Product Evaluation and Quality/Office of Health Technology III/Division of Health Technology III B
  - CDRH/OPEQ/OHTIII/DHTIIIC – Office of Product Evaluation and Quality/Office of Health Technology III/Division of Health Technology III C
  - CDRH/OPEQ/OHTIV/DHTIVA - Office of Product Evaluation and Quality/Office of Health Technology IV/Division of Health Technology IV A
  - CDRH/OPEQ/OHTIV/DHTIVB - Office of Product Evaluation and Quality/Office of Health Technology IV/Division of Health Technology IV B
  - CDRH/OSTPI/DAHRSSP – Office of strategic Partnership and Technology Innovation/Division of All Hazards Response, Science and Strategic Partnerships
  - CDRH/OSTPI/DAHRSSP/PSE - Office of strategic Partnership and Technology Innovation/Division of All Hazards Response, Science and Strategic Partnerships/Patient Science and Engagement

- **Center for Drug Evaluation and Research (CDER) –** ***4 offices/divisions***
  - CDER/OND/ODES/DCOA - Office of New Drugs/Office of Drug Evaluation Science/Division of Clinical Outcome Assessment
  - CDER/OND/OII/DG – Office of New Drugs/Office of Immunology and Inflammation/Division of Gastroenterology (*requestor*)
  - CDER/OND/ORDPURM/DRDMG – Office of New Drugs/Office of Rare Diseases, Pediatrics, Urologic and Reproductive Medicine/Division of Rare Diseases and Medical Genetics
  - CDER/OTS/OB/DBIII – Office of Translational Sciences/Office of Biostatistics/Division of Biometrics III

**Non-FDA Attendees**

- Reagan-Udall Foundation for the FDA
- National Organization for Rare Disorders

**Participants Represented**

- Five participants participated in this session.
- Four participants were patients with pouchitis.
- One participant was a parent to an adult child with pouchitis.
- The patients' ages ranged from 21-74

**Prior to the Listening Session, Participants Shared**

- Most patients were first diagnosed with pouchitis over 10 years ago.
- All participants shared that they consider their pouchitis severe.

**Financial Interest**

Participants did not identify financial interests relevant to this meeting and are not receiving compensation for participation in this listening session.