

Patients' and Physicians' Perceptions of Treatments and Goal Setting in Immune Thrombocytopenia (ITP): Findings reported by UK patients and physicians from the ITP World Impact Survey (I-WISH)

N.COOPER¹, D. PROVAN², M. MORGAN³, T. BAILEY⁴, B.TAYLOR⁵

1 Hammersmith Hospital, Imperial College, London, UK

2 Barts and The School of Medicine and Dentistry, London, UK

3 ITP Support Association, Bedfordshire, UK

4 Adelphi Real World, Bollington, Cheshire, UK

5 Novartis Pharmaceuticals, London, UK



INTRODUCTION

- Immune Thrombocytopenia is a haematological disorder characterised by reduced platelet count¹
- Symptoms of ITP are varied, with some patients presenting with acute bleeding while others are diagnosed with mild or no symptoms²
- The I-WISH study captured perceptions from patients and treating physicians on treatment patterns and their perceptions on treatment goals

AIMS & METHODS

- The ITP World Impact Survey (I-WISH) is a cross-sectional survey of ITP patients and treating haematologists across thirteen countries. Overall, 1507 patients and 472 physicians participated in the study between December 2017 and August 2018
- Patients were recruited via both the ITP Support Association UK and by treating physicians. Eligible patients were aged 18 or over at point of data capture and were diagnosed with ITP
- Patients and physicians were asked to provide details of treatment patterns and satisfaction with therapy. They were also asked to select their top three treatment goals, and answered perceptual questions pertaining to the patient-physician relationship in terms of discussing and agreement treatment goals
- A steering committee of expert physicians and patient advocacy ITP specialists designed and endorsed the survey materials
- Here we present data from UK patients and physicians
- Patients and physicians were asked to rate their agreement with a number of statements relating to the patient-physician relationship using a 7-point Likert scale. Scores of 5-7 were combined to indicate high agreement

RESULTS

Demographics

- 31 physicians and 120 patients participated in the UK. Mean (SD) patient age was 55 (14.17) years and over two thirds of patients were female (68%)
- On average, patients reported to having been diagnosed for 11.4 (10.25) years
- Over two thirds (68%) of patients reported their current health state to be ≥ 5 using a 7-point Likert scale (7 is excellent health)
- Physicians were primarily specialised in either haematology or haematology-oncology and had reported a mean ITP caseload of 47.5 (39.22). The majority of physicians were based in university/teaching hospitals (77%) versus regional/community hospitals (23%)
- Patient and physician demographics are summarised in **table 1**

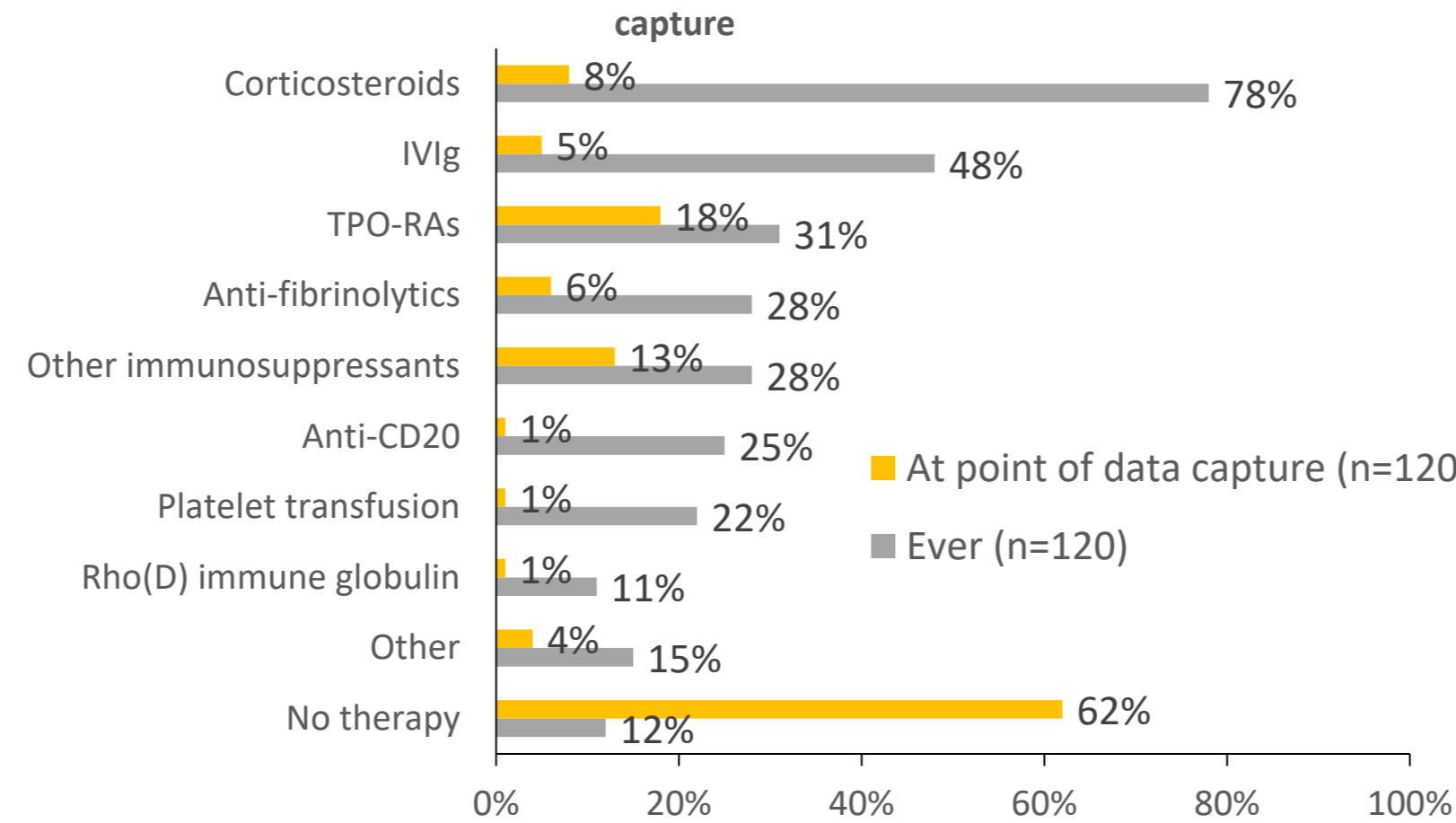
Table 1. Respondent demographics

Patient Demographics	Patients (n=120)
Age, mean (SD)	55.0 (14.17)
Gender: female, n (%)	81 (68)
Years since diagnosis, mean (SD)	11.4 (10.25)
Self-reported current health state (7 is excellent health)	
Score of 1-3, n (%)	11 (9)
Score of 4, n (%)	27 (23)
Score of 5-7, n (%)	81 (68)
Physician Demographics	Physicians (n=31)
Primary specialty	
Haematology, n (%)	27 (87)
Haematology-Oncology, n (%)	4 (13)
Current ITP caseload, mean (SD)	47.5 (39.22)
Primary setting	
University/Teaching hospital	24 (77)
Regional/Community hospital	7 (23)

Treatment patterns reported by patients

- At the point of data capture, patients had been on their current treatment for a mean (SD) of 31.1 (45.98) months
- Almost two thirds (62%) of patients were on no therapy at point of data capture, with thrombopoietin receptor agonists (TPO-RAs) (18%), 'other immunosuppressants' and 8% receiving corticosteroids being the most commonly reported 'current' therapies
- Most patients (78%) received corticosteroids at some point to manage their ITP (**figure 1**)

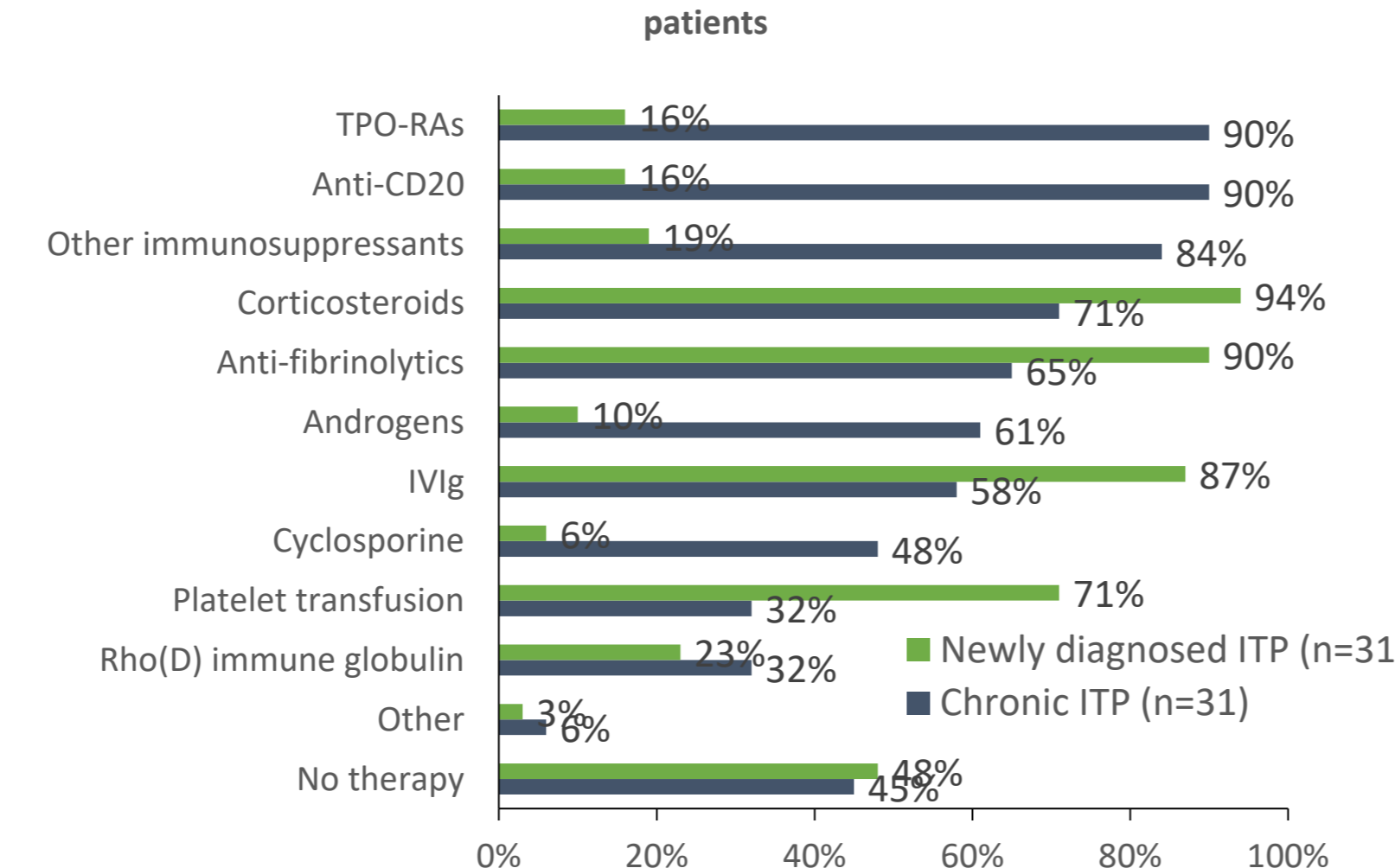
Figure 1. Patient-reported prescribed treatment ever and at point of data capture



Treatments used to managed newly diagnosed and chronic ITP

- Half (48%) of physicians indicated they use a 'watch and wait' (no therapy) approach for newly diagnosed patients. Corticosteroids (94%), anti-fibrinolytics (90%) and intravenous immunoglobulins (87%) also reported to being used for patients newly diagnosed with ITP
- Just under half (45%) of physicians reported using a 'watch and wait' strategy for chronic patients. TPO-RAs (90%), anti-CD20s (90%) and other suppressants (84%) were also reported by physicians as treatments used for chronic patients (**figure 2**)

Figure 2. Treatments used by physicians in newly diagnosed and chronic ITP patients



Treatment goals

- Patients reported their leading treatment goals to be healthy blood counts (73%), reduced fatigue (62%) and slowing disease progression (39%), none of which featured in the most frequently selected treatment goals reported by physicians
- Physicians indicated reducing spontaneous bleeding (74%), improving quality of life (61%) and symptom improvement (55%) to be the most important goals when considering treatment for ITP (**figure 3**)
- Just over half (51%) of patients believed symptoms and quality of life were factors in driving treatment decisions (**figure 4A**), while less than half (45%) of patients believed their platelet counts were taken into consideration alongside symptoms and quality of life (**figure 4B**)
- Over a quarter (26%) of patients do not believe their current treatment plan is helping to reach their goals, and just under a third (31%) of patients do not believe their physician is aware of their treatment goals

Figure 3. Patient- and physician-reported treatment goals relating to ITP

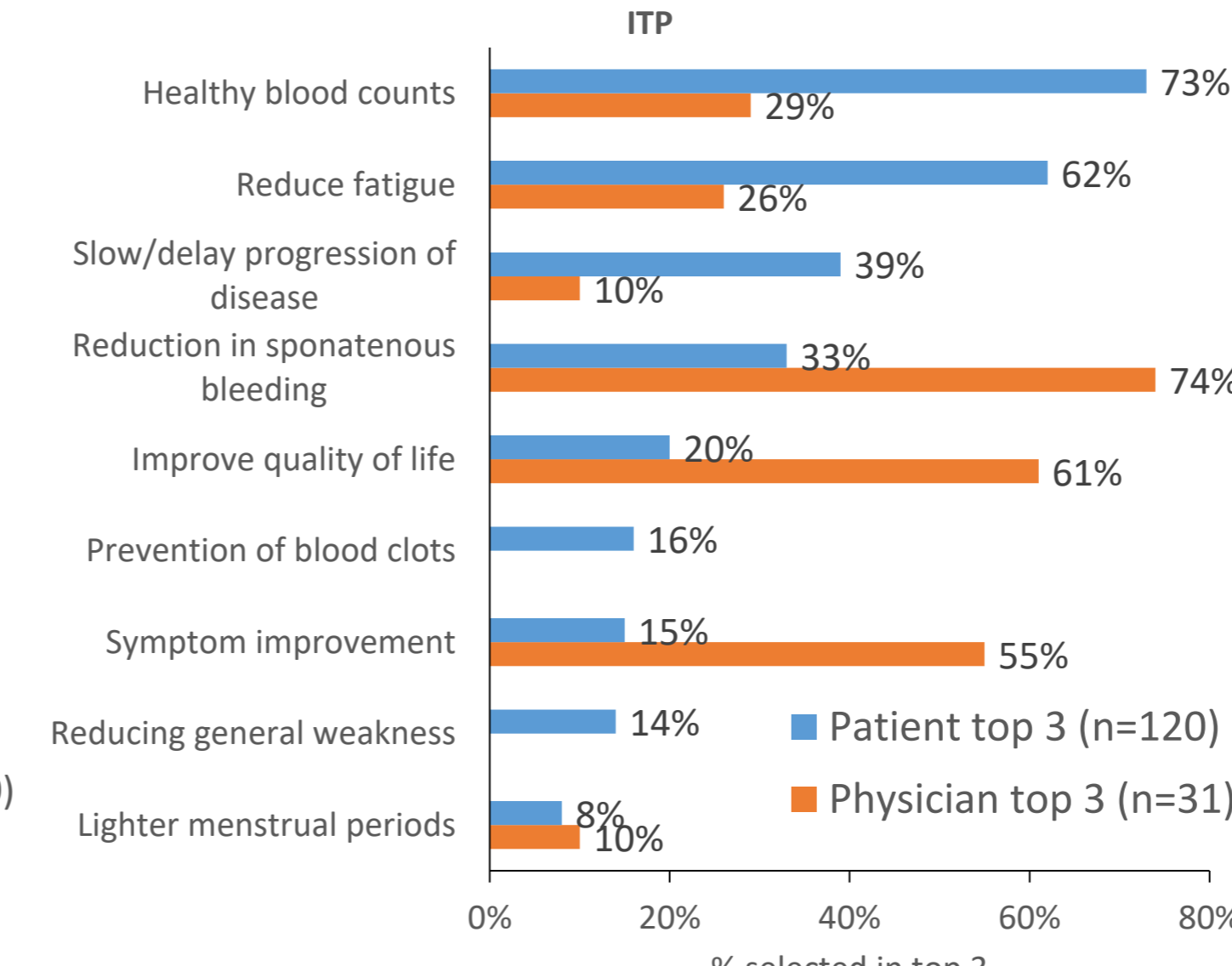


Figure 4. Patient-reported factors effecting treatment decisions

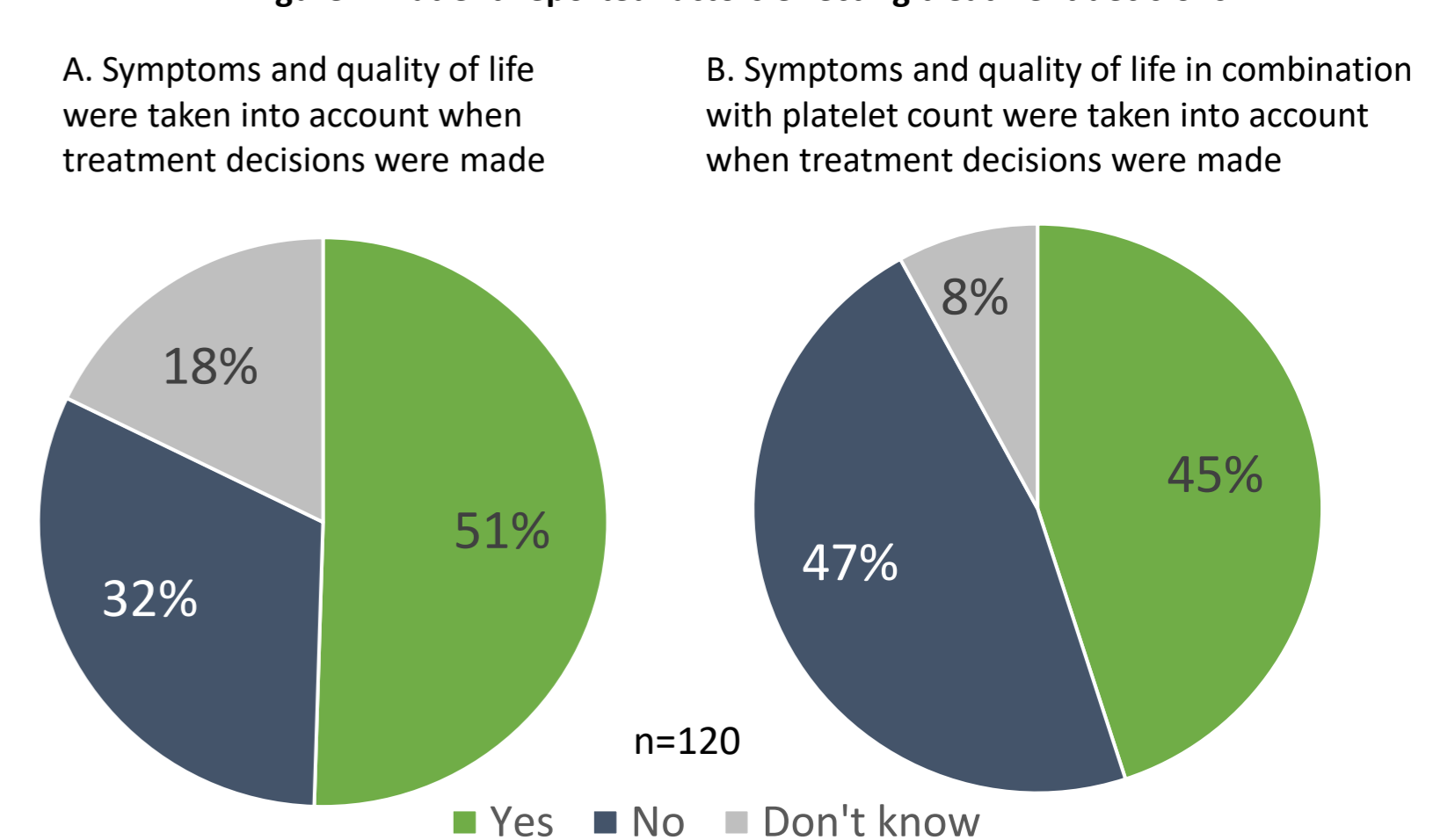
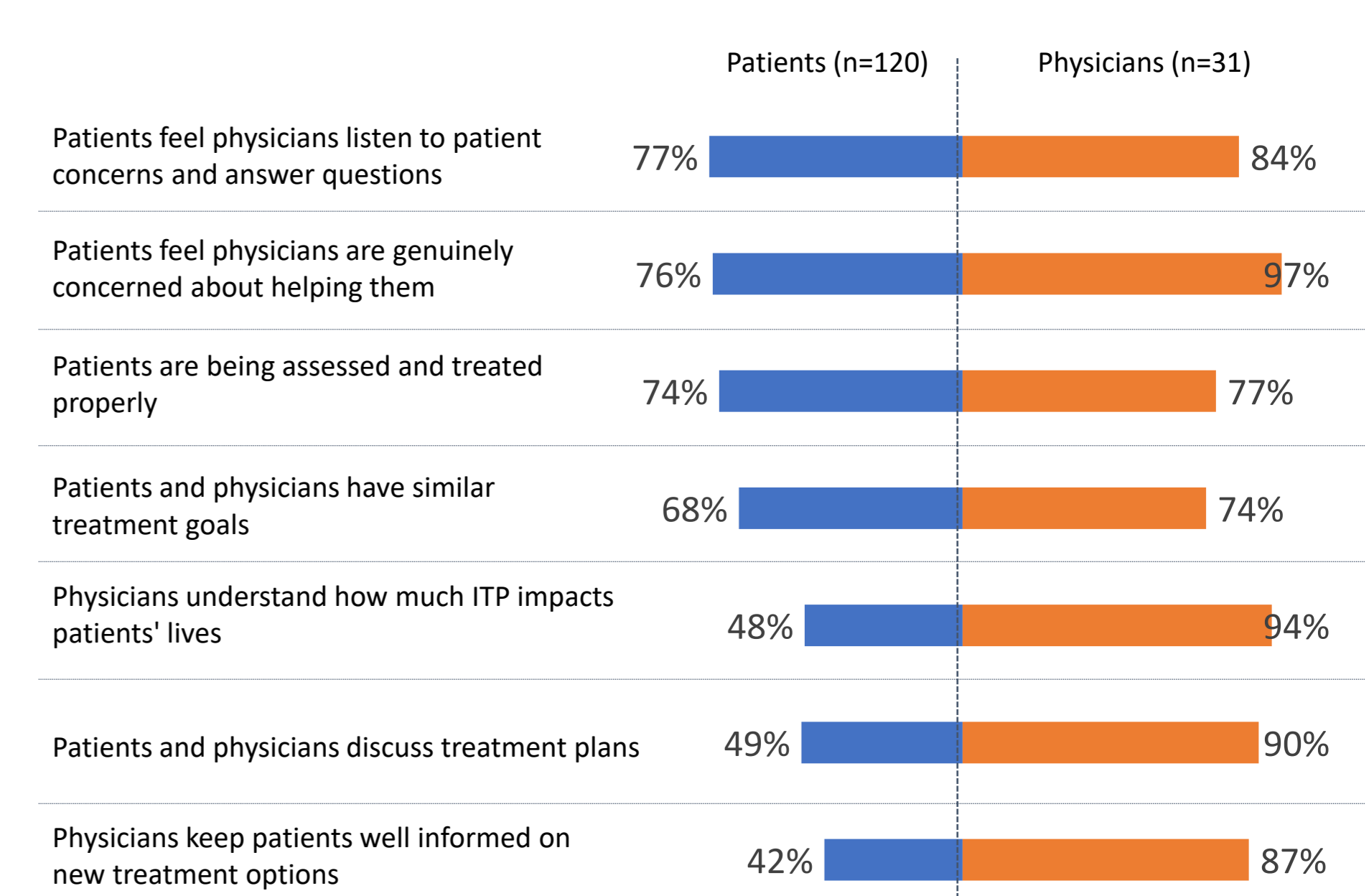


Figure 5. Patient and physician perceptions on communication

Patient-physician communication

- Most patients and physicians agreed that treatment goals were well aligned (67% and 74% respectively). However, less than half (49%) of patients felt treatment plans were discussed with their treaters, versus 90% of physicians
- Less than half of patients (43%) believe they were kept informed about treatment options (versus 87% physicians)
- Patients and physicians disagreed on whether physicians understand how much ITP impacts patients' lives (94% versus 49% respectively) (**figure 5**)



CONCLUSIONS

- There is a considerable disparity between patients and physicians in the UK with regard to what they prioritise when treating ITP, with patients believing a healthy blood count is most important while physicians prioritise reducing spontaneous bleeds when making treatment decisions
- There is a clear disconnect between patients and physicians in terms of how treatment goals are communicated, indicating a potential area for improvement in the patient-physician relationship to ensure patients are optimally treated

ACKNOWLEDGEMENT

- We thank the patients, caregivers, and physicians who have participated in I-WISH, and Adelphi Real World for executing the survey, collating data and running analyses.
- We thank the ITP Support Association UK for supporting with patient recruitment
- We thank our I-WISH Steering Committee.
- This study was sponsored by Novartis Pharmaceuticals Corporation. Medical writing assistance was provided by Tom Bailey from Adelphi Real World and funded by Novartis Pharmaceuticals Corporation.

REFERENCES

- Kistanguri G & McCrae KR. Immune Thrombocytopenia. Hematol Oncol Clin North Am 2013; 27(3): 495-520
- Kayal L, Jayachandran S & Singh K. Idiopathic thrombocytopenic purpura. Contemp Clin Dent 2014; 5(3): 410-414

CONTACT INFORMATION

Please contact Barbara Taylor:
barbara-1.taylor@novartis.com