

Unmet Need in CIDP Patients Treated with Immunoglobulin: Results of a Multinational Real-World Survey

Clémence Arvin-Berod, PharmD¹, Swapna Karkare, MS², Febe Brackx, Ir, MSc³, Arash Mahajerin, MD, MSCr², Dustin Nowacek, MD², Lucas Van de Veire, MA³, Rabiya Sahar, MSc⁴, Yasmin Taylor, MBiol⁴, Jack Wright, MSc⁴, Jonathan deCourcy, BSc⁴, Sarah Dewilde, PhD³

¹argenx BV, Ghent, Belgium, ² argenx US Inc., Boston, MA, USA, ³Services in Health Economics (SHE) BV, Brussels, Belgium, ⁴Adelphi Real World, Bollington, UKJONATHAN

Introduction

- Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) is an immune-mediated neurological disorder that causes muscle weakness and sensory symptoms.
- Immunoglobulin (Ig) is a first-line treatment option for CIDP that can be administered intravenously or subcutaneously. There is a lack of real-world evidence assessing unmet treatment needs of CIDP patients from both physician and patient perspective.

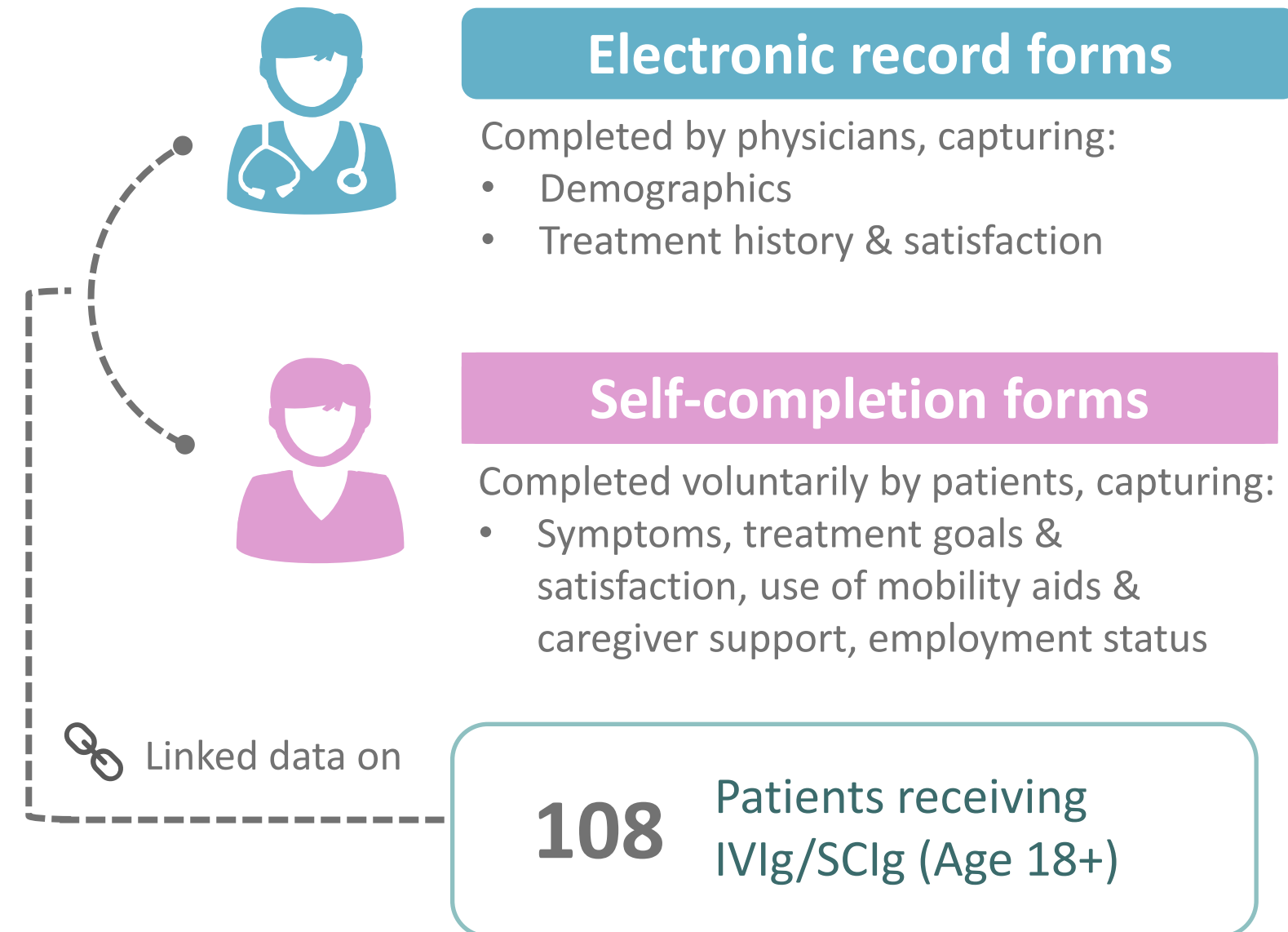
Objective



To characterize the **real-world experience of CIDP patients** treated with **intravenous or subcutaneous immunoglobulin (IVIg/SCIg)**.

Methods

- This was a secondary analysis of data collected as a part of Adelphi’s **CIDP Disease Specific Programme™**, a real-world cross-sectional survey of CIDP patients and their neurologists conducted between September 2022-April 2023 across 7 countries (France, Germany, Italy, Japan, Spain, UK and US).
- Our analysis concerns the **108** Ig-treated patients for whom both physician- and patient-reported data were available. Sample sizes vary per question as their completion by patients was voluntary. Missing data was not imputed.



Conclusions



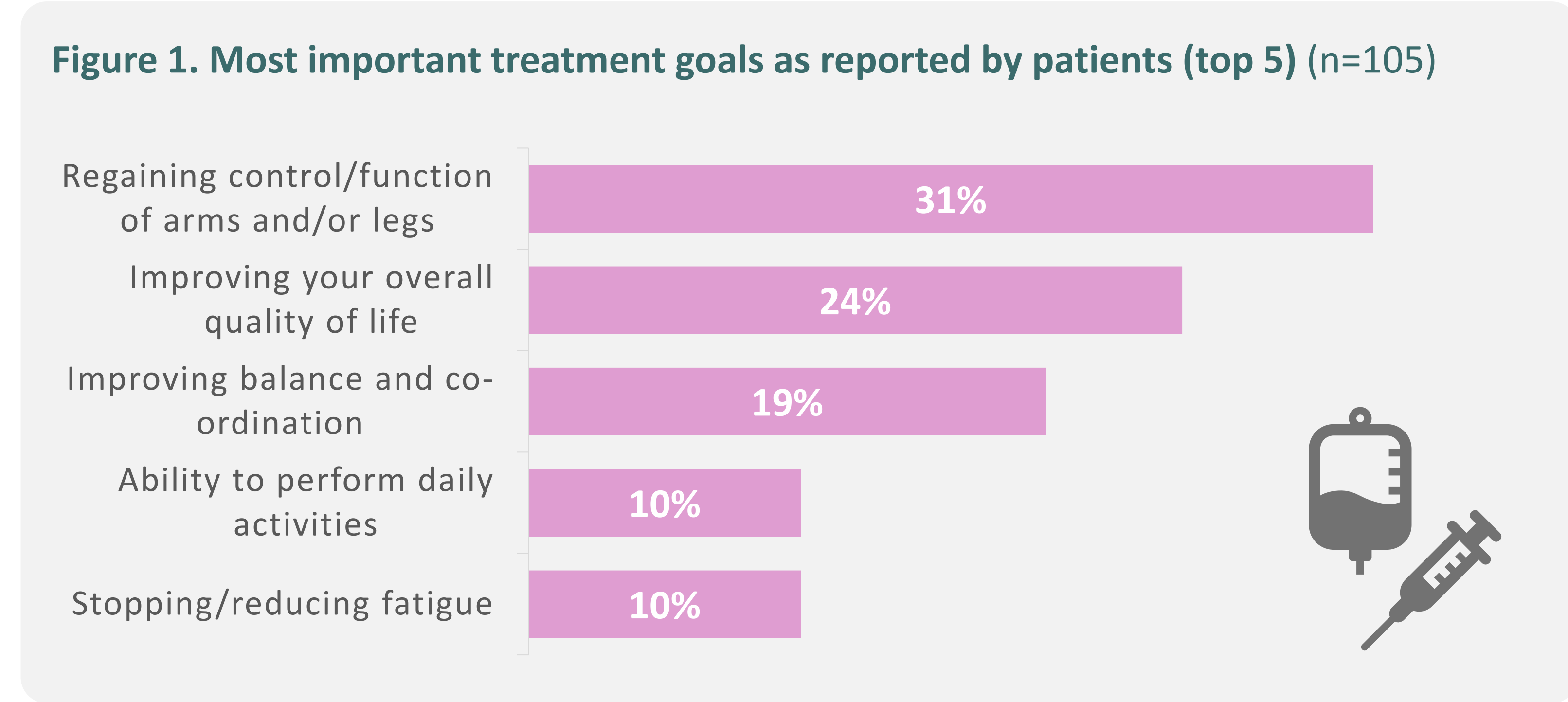
- There remains an **unmet need** in CIDP patients receiving IVIg/SCIg: many suffer reduced productivity or require mobility aids. Some rely on caregiver help in daily life.
- Despite treatment, nearly half of patients continue to experience **moderate to severe symptoms**.
- Physicians appear more satisfied with treatment than patients.
- The unaddressed needs of CIDP patients, the management thereof and the discrepancy between physicians’ and patients’ satisfaction with treatment warrant further study.

Results

1. Demographics and treatment goals

- Mean (SD) age of Ig-treated patients was 54.3 (14.11) years; 59% were male. The median (IQR) time since initiation of treatment was 1.8 (0.8-3.7) years (**Table 1**).
- Patients’ most important treatment goals were regaining control/function of arms and/or legs, improving overall quality of life and improving balance and co-ordination (**Figure 1**).

Table 1. Physician-reported patient characteristics	N=108
Age (years), mean (SD)	54.3 (14.11)
Sex, male, N (%)	64 (59%)
Time since treatment started, median (IQR) years	1.8 (0.8-3.7)



Abbreviations: CIDP: Chronic Inflammatory Demyelinating Polyneuropathy, N: Sample size, SD: standard deviation, IQR: Interquartile Ratio

Acknowledgments and disclosures: The material in this poster has not been previously presented or published. DN, SK, CA and AM are employees of argenx. FB, LV and SD are paid consultants for and receive grant support from argenx. RS, YT, JW and JD are employees of Adelphi Real World.

Funding: This study used data from the Adelphi Real World CIDP DSP, an independently conducted survey. The DSP is a wholly owned Adelphi Real World product. Argenx were one of multiple subscribers to the DSP, and funded the analysis described here.

2. Symptom severity, treatment satisfaction and caregiver burden

- Despite receiving Ig, 47% of patients (n=98) reported moderate-to-severe symptoms. The symptoms that were reported most often were leg weakness, numbness and tingling sensations (**Figure 2**).
- Figure 3** shows 50% of physicians were very satisfied with treatment, versus only 14% of patients were completely satisfied.
- Around a third of patients required caregiver help, mainly from a partner/spouse (**Figure 4**).

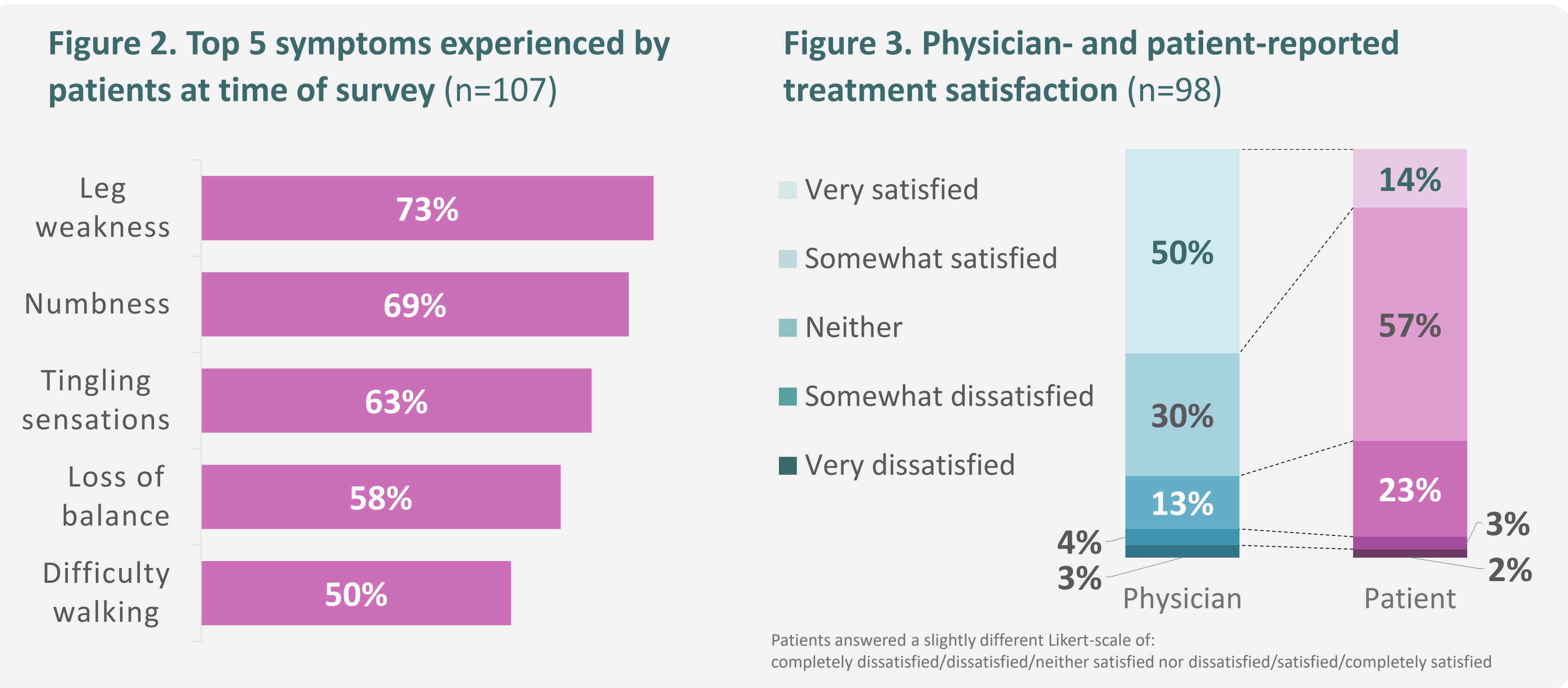
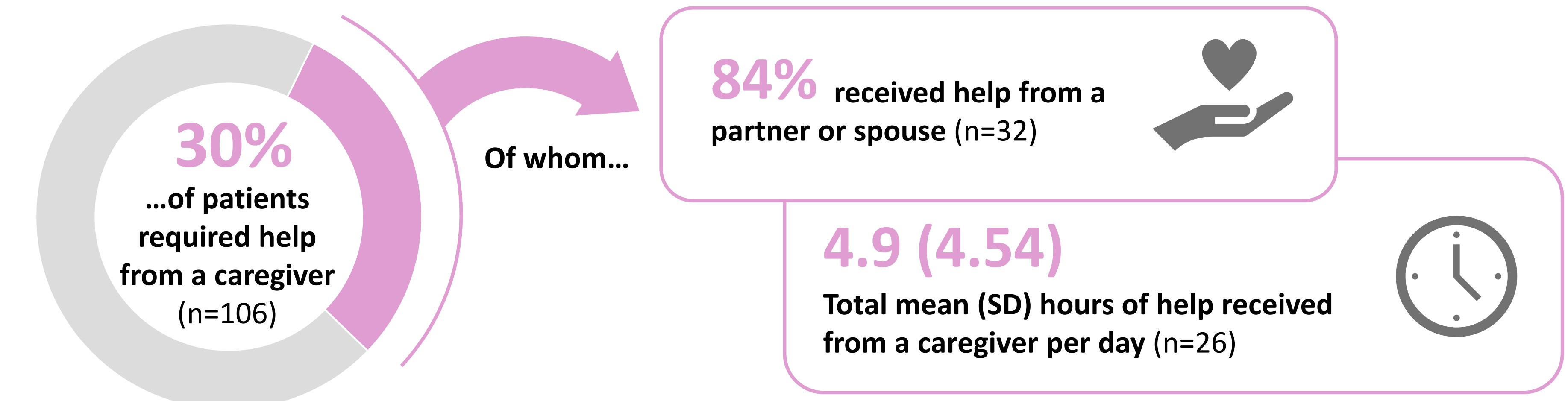


Figure 4. Caregiver burden as reported by patients (n=106)



3. Supportive aids/home modifications and employment status

- Nearly two-thirds patients required supportive aids at time of survey: a cane/walking stick, shower chair and support railings were the most common mobility aids (**Figure 5**).
- Nearly two fifths of patients were in full-time employment, while a little under half had left full time employment. Of those, over half had done so due to their CIDP (**Figure 6**).

Figure 5. Patient-reported supportive aids for mobility/home modifications (top 5)

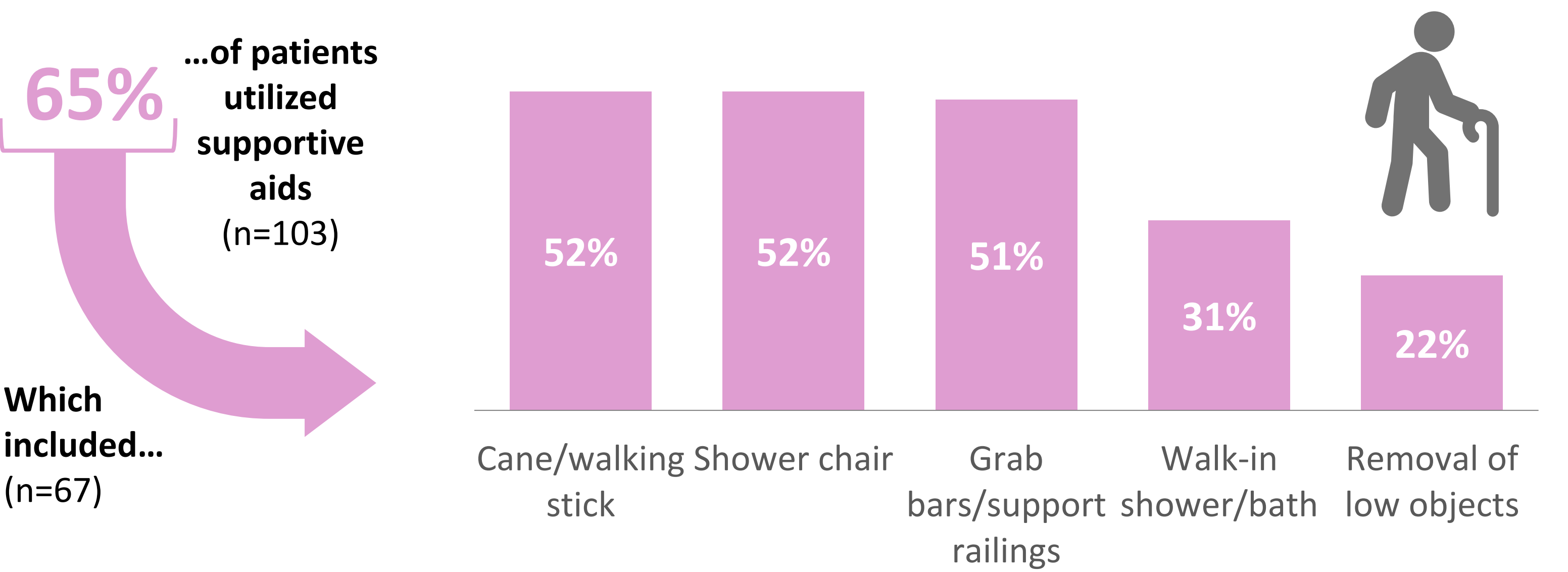


Figure 6. Employment status as reported by patients (n=108)

