Treatment preferences in Adults with Chronic Spontaneous Urticaria in Italy: Insight from the CHOICE-CSU 2 Study

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INTRODUCTION

- Chronic spontaneous urticaria (CSU) is characterized by recurrent itching and hives, with or without angioedema, lasting over six weeks in the absence of identifiable external triggers[1,2].
- Symptoms are unpredictable and significantly impair quality of life (QoL).[3]
- In Italy ~40-45% of patients remain symptomatic despite first-line H1-antihistamines (H1-AH) as shown in a retrospective real-world analysis using administrative healthcare data[4].
- Assessing patient preferences for treatment regimens, considering benefits, risks, and uncertainties, is essential to improve healthcare decision-making.
- As new therapeutic options emerge, understanding which treatment characteristics are most valued by patients becomes increasingly important
- The CHOICE-CSU 2 study is an international patient-preference study conducted across the United States, Germany, the United Kingdom, the Netherlands, Canada, China and Italy. As part of this multi-country research, preferences of Italian adults with CSU who remained symptomatic despite treatment were investigated.

OBJECTIVES

Primary objective

To assess treatment preferences among Italian adults with CSU focusing on how treatment attributes influence patient choice.

Secondary objectives

- To characterize Italian CSU patient profiles by sociodemographic and treatment characteristics.
- To explore differences between patients preferring oral versus injectable options.
- To assess the relative importance of treatment attributes and patient preferences for hypothetical treatment profiles using a Maximum Difference Scaling exercise (MaxDiff) and a Discrete Choice Experiment (DCE).

METHODS

- A quantitative 30-minutes online survey was conducted among 75 Italian adults with CSU who were inadequately controlled with H1-antihistamines (Urticaria Control Test 7 [UCT] < 12).
- Participants were recruited through patient panels, advocacy groups, and specialist referrals. Eligibility criteria included a diagnosis of CSU for >6 months, current use of antihistamine(s), and symptoms not fully controlled.
- Treatment attributes, including urticaria control, speed of effect, QoL, sleep improvement, swelling reduction, mode of administration, side effects, and injection site reactions, were identified from literature, patient advisory boards, and the CHOICE-CSU 1 study.
- The study employed MaxDiff and DCE methodologies:
  1. In the MaxDiff exercise participants repeatedly selected the most and least important factors from sets of five items to determine the relative importance of each attribute.
  2. In the DCE respondents were shown different mixed profiles of hypothetical treatments and asked to choose their preferred option. Attribute levels for each profile were derived from published clinical trials (PEARL[5], REMIX[6]).
- Sensitivity analysis with scenarios of parity in efficacy were conducted to assess robustness of the results.

RESULTS

- A total of 75 adult Italian patients participated in the study (median age: 38; 72% women)
- At the time of the survey, patients perceived their urticaria to be poorly controlled with an overall median UCT score of 6 (**Table 1**).
  - Over 70% experienced angioedema (average frequency of 5.5 episodes per month).
  - 63% were diagnosed by an allergist or allergist-dermatologist, with 44% having a condition for over 5 years.
  - A large majority (79%) reported being involved in treatment decision-making.
- According to MaxDiff results, the top five prioritized attributes were: 1) well-controlled urticaria, 2) impact on QoL, 3) speed of treatment effect, 4) side-effect profile / safety, and 5) effect on swelling (**Figure 1**).
- In the DCE, Italian CSU patients showed a modest preference for oral treatments (53.6%) compared with injectable options (46.4%) when efficacy and safety were similar (**Figure 2**). While only 5% expressed concerns about oral treatments, 27% had reservations about injectables. The main reason, reported by those concerned, was fear of potential side effects or adverse events (80%), followed by issues of treatment adherence (30%) and administration frequency (25%) (**Figure 3**).
- Italian patients are less satisfied with their current medication. Among those dissatisfied n=36), the top reasons were lack of QoL improvement (61%) and incomplete symptom relief (58%) (**Figure 4**).
- Among patients not currently receiving injectables, 45% had been advised to try injectable therapy, but of those who received this recommendation, 59% declined. The majority (80%) cited safety or side-effect concerns as their main reason for refusal, while 20% mentioned aversion to injections (**Figure 5**).
- Among those who had declined, 80% (n=10) stated they would be more willing to try injectable therapy if it were available in oral form.

CONCLUSIONS

- Italian CSU patients showed a slight preference for oral treatments over injectables when efficacy and safety profiles were similar, reflecting a desire for greater treatment convenience.
- Effective symptom control, QoL and speed of treatment effect were the main drivers of treatment choice, while concerns about side effects and safety limited acceptance of injectable options.
- Safety concerns reduce acceptance of injectables, though most patients would prefer oral alternatives.

Incorporating patient preferences into clinical decisions and ensuring flexible treatment options may improve adherence and satisfaction in Italian CSU management.

Table 1: Patient characteristics

Population parameter		Italy (N=75)*
Gender (%)	Male	28
	Female	72
Time since CSU diagnosis (%)	5+ years	44
	4 to 4 year and 11 months	13
	3 to 3 year and 11 months	12
	2 to 2 year and 11 months	9
	1 to 1 year and 11 months	13
	up to 12 months	8
UCT Scores, Mean (Median)	Overall	5.3 (6)
	UCT1 (Physical symptom)	1.3 (1)
	UCT2 (QoL)	1.2 (1)
	UCT3 (treatment failure in last 7 days)	1.3 (1)
	UCT4 (Control last 7 days)	1.5 (2)

Global number: 635 participants

Figure 1: Importance scores

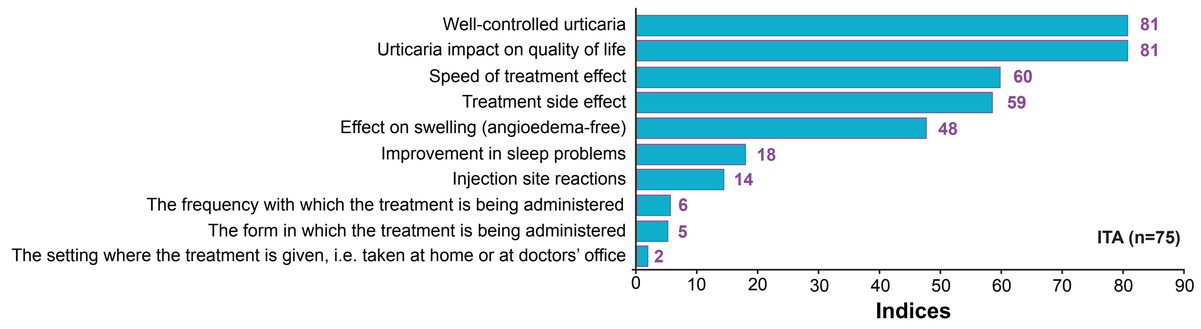
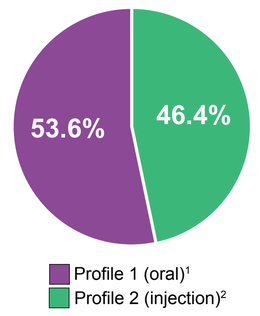
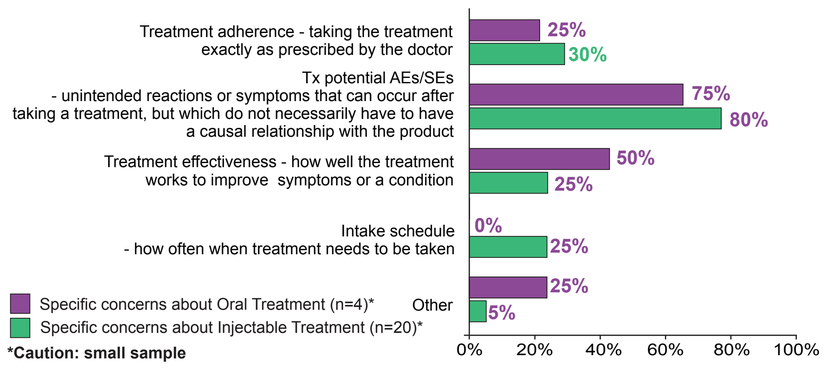


Figure 2: Patient preferences



[1]Profile corresponds to remibrutinib
[2]Profile corresponds to omalizumab

Figure 3: Specific concerns



***Caution: small sample**

Figure 4: Dissatisfaction reasons with current medications (across all treatments)

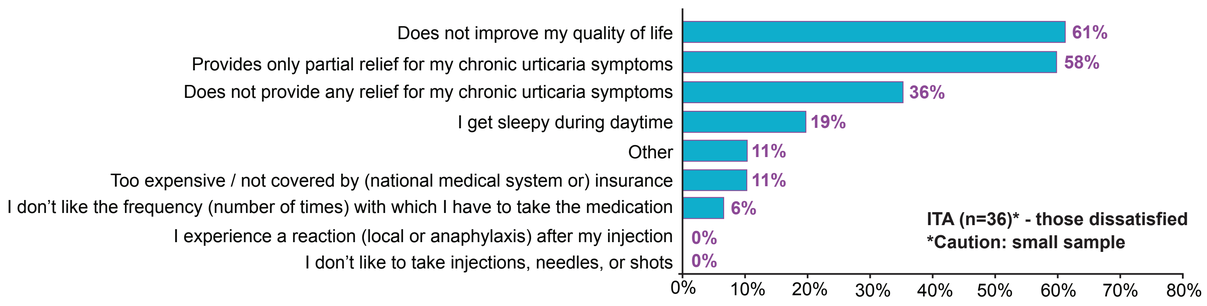
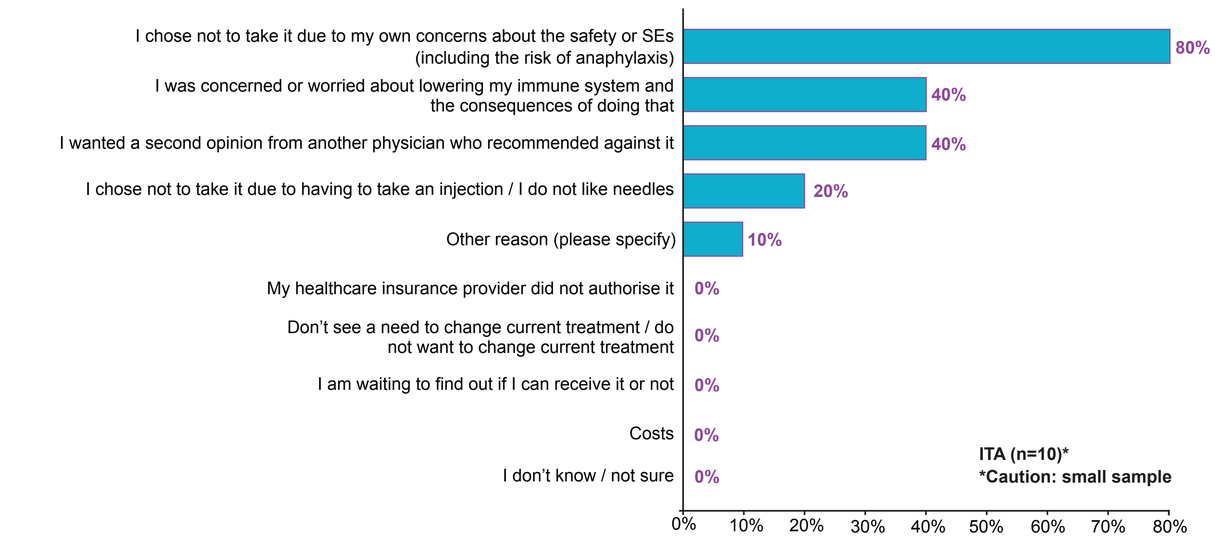


Figure 5: Reasons for refusal of injectable therapies for CSU



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