Treatment preferences in adults with chronic spontaneous urticaria symptomatic on H1-antihistamines in the Netherlands: Insights from CHOICE-CSU 2 study

Poster # **PCR251**

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CSU IMPACT ON PATIENTS' DAILY WELLBEING[1-3]

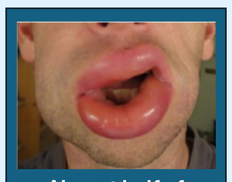
Physical signs and symptoms → Functional impact → Emotional impact

- Itch
- Hives
- Swelling

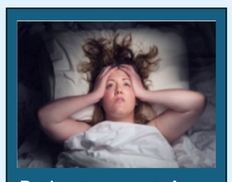
- Inability to sleep
- Missing work
- Impaired daily life (social/intimacy)

- Frustration
- Anxiety

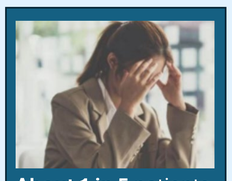
CSU impacts patients' lives with **unpredictable onset of itch and hives**



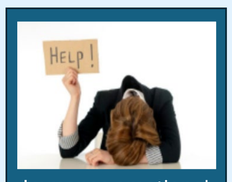
Almost half of people with moderate to severe CSU suffer from **painful angioedema**



Patients report **sleep** as on of **the worst affected aspects of their life**



About 1 in 5 patients report having to **take time away from work** due to their CSU



Immense emotional impact. Patients feel **nervous, helpless, frustrated & out of control**

METHODS

- A quantitative, online, 30-minute survey was conducted among adult patients with CSU who were inadequately controlled with (up-dosed) H1-antihistamines (Urticaria Control Test 7 < 12).
- Participants were recruited via patient panels, advocacy groups, and social media.
- Requirements: 18+ years old, self-reported confirmed diagnosis of CSU, time since diagnosis >6 months, currently on AH for CSU, switched AH ≥1, received up-dosed AH ≥1, currently not fully controlled under current treatment (as per UCT).[4]
- In this international study[5], a total of 30 participants from the Netherlands were included. Results from this subgroup are presented here.
- The relative importance of treatment attributes and patient preferences for hypothetical treatment profiles were assessed using a Maximum Difference Scaling Exercise and a Discrete Choice Experiment, respectively.
- Key attributes evaluated in MaxDiff and DCE included: urticaria control, onset of treatment effect, impact on quality of life, sleep improvement, swelling reduction, mode of administration, side effects and injection site reactions.
- In the MaxDiff exercise, different combinations of 5 items were shown on a screen, and participants were asked to select the most and least important factors in preferred choice. This was repeated until the full lists of factors was shown and covered.
- In the DCE, different mixed profiles of hypothetical treatments were shown, and participants were asked to choose their preferred option. Attribute levels for each profile were derived from published clinical trials (PEARL[6], REMIX[7]). These trials were selected to reflect current medical practice, including the use of rescue medications (Table 2).

RESULTS

- At the time of the survey, all patients perceived their CSU to be poorly controlled with an overall mean UCT score of 5,1 (**Table 1**).
- On average, time to diagnosis since symptoms started was 71 months and for 80% it took a year or more. In general, it took longer for women and also longer for patients above 50 years of age to receive a CSU diagnosis.
- 70% of participants experienced angioedema, on average 2,2 times a month [min-max 1-30].
- 63% of participants see a dermatologist for the management of their CSU, 23% an allergist, 0% an immunologist, and 53% (also) a GP.
- Asked about their current treatments, all participants used antihistamines and 83% received AH1, 43% received cream/injectable steroids, 17% received oral steroids, 23% received injectable CSU treatments, and 33% indicated to use other treatment(s). (**Figure 2**) Almost 3 in 4 patients believe to have been involved with the decision-making regarding their current treatment.
- Patients changed AH type on average 3,3 times (min-max 1-10), increased AH dose on average 2,0 times (min-max 1-10), and take AH on average 1,7 times a day (min-max 1-8),
- Overall, we observed that patient prioritized how well their urticaria symptoms are controlled, followed onset of treatment effect, impact of urticaria on quality of life, side effects, and effect on swelling (**Figure 1**).
- When attributes were evaluated using data from clinical trials with similar populations (**Table 2**), more patients preferred oral treatment (65%) over injectable (35%) to treat their CSU **(Figure 3**).

Table 1. Patient characteristics

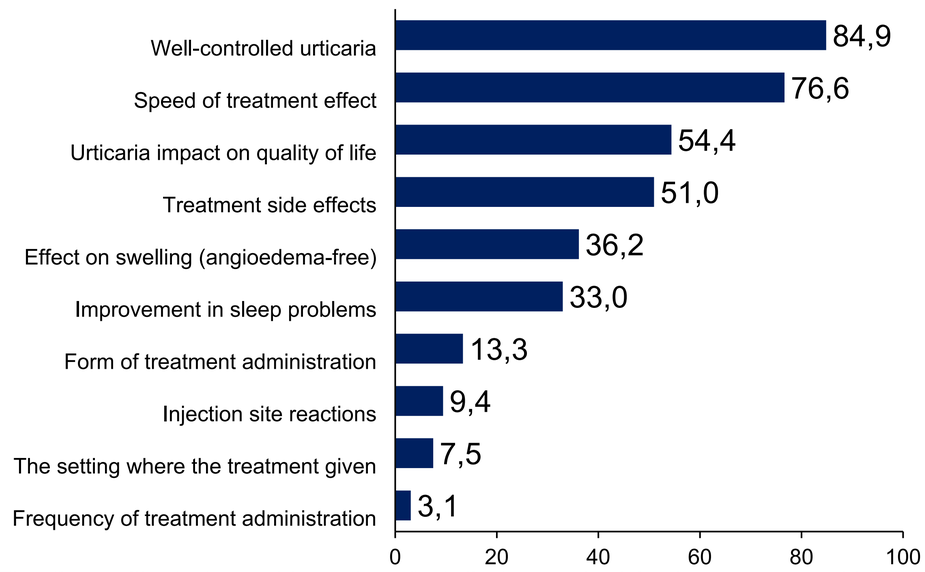
Population parameter	(N=30)
Gender %	
Male	10
Female	90
Time since CSU diagnosis %	
5+ years	40
4 to 4 year and 11 months	10
3 to 3 year and 11 months	7
2 to 2 year and 11 months	20
1 to 1 year and 11 months	3
up to 12 months	20
UCT Scores, Mean [Median]	
Overall	5,1 [5,0]
UCT1 (Physical symptom)	1,2 [1]
UCT2 (QoL)	1,4 [2]
UCT3 (Treatment failure in last 7 days)	1,3 [1]
UCT4 (Control in last 7 days)	1,2 [1]
Age in years	
18-39 (%)	40
40 and above (%)	60
median (years)	50
Suffered from angioedema (YES, %)	70
Experience with an injectable (YES, %)	33

Table 2. Treatment attributes and levels tested in DCE*

Attribute	Profile 1 (oral)[7]	Profile 2 (injectable)[6]
Well-controlled urticaria (symptoms are effectively managed and kept at a minimum) (% of patients at week 12 after the first treatment dose)	49%	52%
Speed of treatment effect (fast action) (% of patients achieving well controlled disease at week 1)	12%	9%
Urticaria impact on quality of life (DLQI) (% of patients who report no negative impact of CSU (urticaria) on their quality of life at week 12)	38%	48%
Improvement in sleep problems (weekly sleep interference score from the UPDD questionnaire) (% patients reported reduction in sleep problems after first treatment administration at week 12)	85%	85%
Effect on swelling (angioedema-free) - from AAS (% of patients who are angioedema free after first treatment administration at week 12)**	80%	76%
Form and frequency of treatment administration	Oral twice daily every day	Subcutaneous injection every 4 weeks
Mode of treatment administration	Self-administered	The initial few treatment doses are administered by a doctor; self-administered after training
Treatment side effects	Very low and comparable risk of serious adverse events / side effects	Very low and comparable risk of serious adverse events / side effects. Has a warning due to increased risk of anaphylaxis
Injection site reactions (% of patients with reactions in the skin where the medication was injected)	Not applicable	1 - 3%

**Attributes taken from PEARLs[6] (injectable) and REMIX[7] (oral), which have similarities in inclusion/exclusion criteria, background medication and posology of rescue medication. **This only includes patients who had angioedema at baseline*

Figure 1. Patient preferences by MaxDiff across different attributes when making treatment decisions – importance scores*



**The figure illustrates a hierarchy of attributes ranked by importance, with scores measured on a default scale from 0 to 100, showing their relevance in comparison to each other.*

Figure 2. Current treatment (more than one option possible)

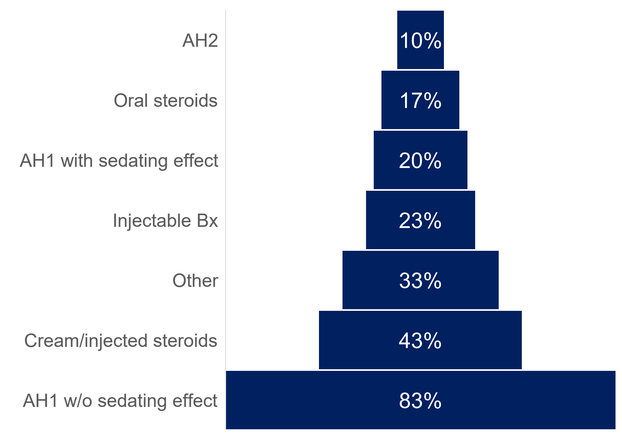
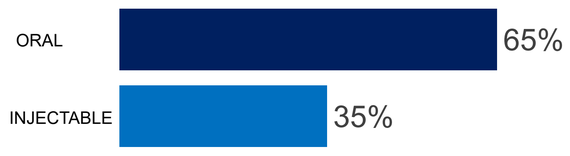


Figure 3. Patient preference based on PEARL (injectable) and REMIX (oral) trial data



DISCUSSION

Patients with CSU waited long for a diagnosis and received cycling of (up-dosed) AH, with in general poor disease control.

Increasing disease awareness and ensuring the availability of both oral and injectable options are crucial to be able to offer treatments tailored to patients' needs. In addition, involving patients in the decision-making process by offering these choices embeds patient-centric insights into treatment strategies.

Therefore, fostering alignment between medical advancements and patient expectations among healthcare stakeholders - including pharmaceutical developers, regulatory authorities, and payers - could contribute to faster and improved treatment outcomes and satisfaction throughout the healthcare continuum.

A limitation of this study is the number of participants who provided data. Future research with a larger study population should allow to substantiate the results.

KEY FINDINGS & CONCLUSIONS

- CSU patients in our study preferred oral treatments over injectables when efficacy and safety were comparable.
- The most important treatment characteristics that have impact on patients' choice are: clinical effectiveness, onset of action, impact on quality of life, and side effects.
- It takes >5 years (average) for patients to obtain the diagnosis CSU and it is most often diagnosed by a dermatologist. Half of the patients in the survey, all having current uncontrolled CSU, obtained diagnosis >4 years ago, indicating a large unmet medical need.
- While effectiveness, onset of action, quality of life and safety predominantly guide patients' treatment selection for CSU, acknowledging their preferences for treatment administration is essential to establishing the best treatment option for each patient.
- Offering multiple alternatives could assure patient-centric therapeutic approaches, potentially leading to better adherence, improved outcomes, and treatment satisfaction.

LIST OF ABBREVIATIONS

AAS	angioedema activity score
AH1/AH2	anti-histamines 1st/2nd generation
Bx	biological
CSU	chronic spontaneous urticaria
DCE	discrete choice experiment
DLQI	dermatology quality of life index
MaxDiff	maximum difference scaling exercise
UCT	urticaria control test
UPDD	urticaria patient daily diary

ACKNOWLEDGEMENTS

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DISCLOSURES

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