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Physician Reported Reasons for CIDP Treatment Choice Across 5 European Countries: Results from a Real-World Survey

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INTRODUCTION

- Chronic inflammatory demyelinating polyneuropathy (CIDP) is a rare, chronic, neurological condition causing progressive muscle weakness and impaired sensory function[1].
- Treatments include intravenous/subcutaneous immunoglobulin (IVIg/SCIg), corticosteroids (CS), non-steroidal immunosuppressive therapies (NSISTs), or biologics; plasma exchange (PLEX) may be recommended in some cases[2].

OBJECTIVES

- To explore physician-reported reasons for treatment choice among CIDP patients across line of therapy and drug class received in five European countries.

METHODS

- The Adelphi CIDP Disease Specific Programme™ (DSP) collected point-in-time data from physicians and their patients across France, Germany, Italy, Spain and the UK between September 2022 – April 2023. The DSP methodology has been previously published[3].
- Physicians reported patient demographics, treatment history and reasons for treatment choice.
- Reasons for choice of maintenance treatment were grouped into five categories from a preselected, multiple-choice list of options (***table 1***).
- Treatment use and reasons for treatment choice were reported by drug class and by line of therapy (1st, 2nd, 3rd or later).

LIMITATIONS

- Patients included in the DSP sample may not be truly representative of the overall population of CIDP patients, as patients who consult with HCPs more frequently are more likely to be included.
- The quality of the data depends on the reporting accuracy of information by physicians which may be subject to recall bias.
- The groupings of reasons for treatment choice were categorized by the authors of this study.

RESULTS

- Eighty-three (n=83) physicians reported the current and historic reasons for choice of maintenance/chronic treatment for 436 patients with CIDP.
- At the time of the survey the mean patient age was 53.6 (SD±12.3), 62.5% were male, and the mean time since diagnosis was 47.4 months (SD±50.1).
- Across all lines of therapy, IVIg/SCIg/PLEX were the most frequently prescribed treatments (54.9%), followed by CS (45.1%), and NSISTs (16.0%). Use of biologics were more frequently prescribed at later lines (40.0% 3rd line/later) (**table 2**).
- Symptom control was more frequently selected as a reason for treatment choice for 2nd (84.3%) and 3rd line (83.3%) therapies than for 1st line therapy (74.7%). Safety was more frequently selected for 3rd line/later therapies (76.7%) than for 1st/2nd line therapies (62.5% and 66.4% respectively; **figure 1**).
- General efficacy (93.7%), symptom control (78.2%) and safety (64.6%) were the three most frequently selected reasons for the physician's treatment choice across all drug classes (**figure 2**).
- Mode of administration and access/cost were more frequently selected as reasons for NSIST use than for other drug classes (55.4% and 44.6% respectively), while safety was more frequently selected as a reason for IVIg/SCIg/PLEX use (74.0%; **figure 2**).

Table 1. *Physician reported reasons for choice of maintenance treatment grouped in five categories*

Symptom control	Administration	Safety	Access/cost	General efficacy
Treats sensory symptoms	Ease of administration for patient	Reduces the need for steroids	Affordability for patient / caregiver	Quick onset of action
Treats muscle weakness / motor symptoms	Flexibility of dosage regimen	Reduces the need for immunosuppressants	Covered by patients insurance	Long term efficacy
Treats bulbar / cranial nerve symptoms	Easy for patient to adhere to frequency of treatment	Low incidence of severe side effects	Cost effectiveness for clinic / centre / hospital	Improves / maintains ability to perform daily activities
Treats fatigue / tiredness	Reduced need for patient monitoring	Good tolerability	Covered on health plan / formulary / hospital approved drug list	Improves / maintains productivity at work / school
	Patient autonomy / decreased reliance on HCP to administer	Low risk for adverse events		Improves / maintains ability to participate in physical activities
	Reduced requirement for hospital / clinic visits	Safe to use with other medications		Improves / maintains independence
	Due to COVID-19	Safe for long term use		Improves patients outlook on life
				Other

Table 2. *Currently prescribed treatments, by drug class and line of therapy*

Currently prescribed treatments, n (%)	All patients (n=463)	Line 1 (n=293)	Line 2 (n=140)	Line 3 or later (n=30)
IVIg / SCIg / PLEX	254 (54.9)	170 (58.0)	68 (48.6)	16 (53.3)
Corticosteroids (CS)	209 (45.1)	125 (42.7)	73 (52.1)	11 (36.7)
Non-steroidal Immunosuppressants (NSISTs)	74 (16.0)	46 (15.7)	25 (17.9)	3 (10.0)
Biologics	52 (11.2)	20 (6.8)	20 (14.3)	12 (40.0)
Others	42 (9.1)	23 (7.8)	18 (12.9)	1 (3.3)

Figure 1. *Frequency of reasons for choice of treatment by current line of therapy*

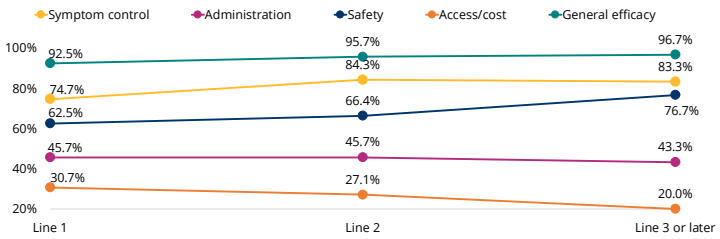
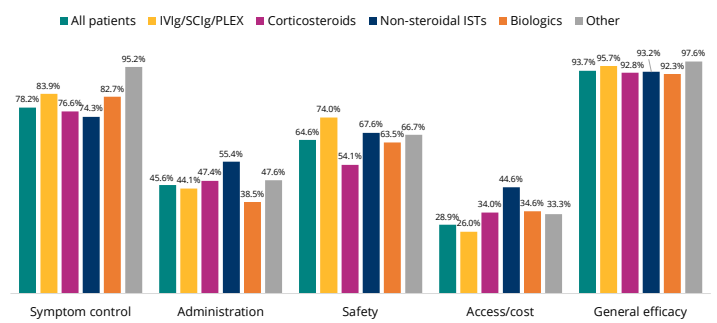


Figure 2. *Reasons for current treatment choice, by class of therapy*



KEY TAKEAWAY

- Efficacy and symptom control are key drivers of treatment choice across multiple lines of therapy.

CONCLUSIONS

- These results highlight that physician priorities for treatment choice change as patients progress through lines of therapy.
- IVIg/SCIg/PLEX therapies are the most common CIDP treatments across lines of therapy.
- General efficacy, symptom control and safety are the most frequent reasons for treatment choice, however physician priorities may differ by line of therapy.
- These findings highlight limitations with available therapies and potential need for new treatment options.

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DISCLOSURES:

AB, WK, WN, SS, KG and AB are employees of Janssen

JdC, JW, YT and HI are employees of Adelphi Real World

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