Sunil Kumar<sup>2</sup>, Sumeet Attri<sup>2</sup>, Pankaj Rai<sup>2</sup>, Gagandeep Kaur<sup>2</sup>, Barinder Singh<sup>1</sup> <sup>1</sup>Pharmacoevidence, London, UK; <sup>2</sup>Pharmacoevidence, Mohali, India

MarketScan Commercial and

Targeted literature review and

Medicare Supplemental

primary data (survey)

Web-based or telephone

\$14,988.00

Telephone surveys

Databases

collection

surveys

### CONCLUSIONS

- The SLR underscores the substantial economic burden associated with RP, revealing high healthcare costs across the globe
- The formal care or indirect costs were the major contributor towards the higher cost incurred by the RP population

### PLAIN LANGUAGE SUMMARY

Table 1: Study characteristics of included studies

Study design

study

study

study

Prospective cohort

Cross-sectional

Prospective cohort

Prospective cohort

**Cross-sectional** 

**Cross-sectional** 

Country

USA

Spain

condition affects people's quality of life

Yamanaka 2023 Japan

Watanabe 2023 Japan

USA; Canada

Study name

Ferro 2024

Frick 2012

Gong 2021

Blanch 2023

Total health care costs

Total pharmacy costs

Total outpatient costs

Total inpatient costs

- A total of six studies reported data for cost burden among patients with RP
- In the US, the estimated total annual cost among prevalent RP patients ranged from US\$ 3,708.4 to US\$ 8,790.6 million. Further, in Canada, the estimated total annual cost among RP patients ranged from CAN\$ 452.5 to CAN\$ 1,847.5 million
- In Japan, the total annual mean cost among RP patients was ¥ 218,520, with a lifetime mean cost of ¥ 18,523,909. In Spain, the mean annual cost for low-vision aids/adaptations among RP patients with visual impairment or blindness was €16,056.5

Conference

Journal Article

Journal Article

Conference

Journal Article

Conference

**Abstract** 

In the US ( == ), the estimated total annual costs among prevalent RP patients ranged

from US\$ 3,708.4 to US\$ 8,790.6 million. The largest economic burden comes from the

loss of wellbeing, which accounts for 63-65% of the total costs showing how much the

The RP patients had significantly higher mean annual total direct healthcare costs than

non-RP groups (US\$ 14,988 vs. US\$ 9,965, p<0.001), driven primarily by outpatient

costs (US\$ 10,589 vs. US\$ 6,791) (Figure 3). Disability and visual impairment among

RP patients was associated with higher total lifetime mean costs compared to those

\$6,791.00

Mean cost per patient per year

\$2,000.00 \$4,000.00 \$6,000.00 \$8,000.00 \$10,000.00 \$12,000.00 \$14,000.00 \$16,000.00

**Abstract** 

Abstract

**Publication type Sample size Data source** 

2990

838

118

122

41

\$9,965.00

\$10,589.00

## INTRODUCTION

- Retinal pigmentosa (RP), which includes a class of hereditary retinal dystrophies (IRDs) marked by progressive vision loss, is the primary cause of blindness and visual impairment in people with age < 60 years
- Since there are currently no treatments to cease the progression of the disease or restore vision, RP is regarded as incurable and has a high unmet demand which results to a high illness burden<sup>1</sup>

# **OBJECTIVE**

 The systematic literature review (SLR) aims to investigate the global economic burden of Retinitis Pigmentosa (RP)

## METHODS

- A systematic search was performed across key biomedical databases (EMBASE® and MEDLINE®) to identify cost-burden studies conducted in patients with RP published in the last 15-year timeframe (Jan 2009 to May 2024)
- The SLR followed the Preferred Reporting Items for Systematic Reviews and Metaanalyses (PRISMA) guidelines, the Cochrane Handbook, and the National Institute for Health and Care Excellence (NICE) standard approach for conducting this review. The prespecified eligibility criteria is presented in Figure 1
- Two independent reviewers reviewed each study, and a third reviewer resolved disagreements

# **Population** Adult patients with RP **PICOTS** Study design Cohort studies 0-00 000 0-00 0-00 Cross-sectional studies Case-control studies HCRU/cost studies

### **Intervention and comparator**

No restriction

### Outcome

- Direct healthcare costs
- Indirect healthcare costs
- Disability and visual
- Caregiver cost
- Figure 1: Eligibility criteria for selection of evidence

- Economic burden

- impairment costs

### ■Non-RP ■RP Figure 3: Annual health services cost in United States

without disability (US\$ 2,314,495 vs. US\$ 584,800)

\$1,524.00

\$1,651.00

\$2,539.00

\$1,860.00

- Further, in Canada ((\*)), the estimated total annual costs for RP patients ranged from CAN\$ 452.5 to CAN\$ 1,847.5 million
- In Japan ( ), the total annual mean cost for RP patients was ¥ 218,520, with a lifetime ! mean cost of ¥ 18,523,909. Formal care (healthcare services and paid care) was the major contributor to annual costs (¥ 191,666, 87%)
- The salary gap (¥ -49,054) is a persistent financial burden, reflecting a long-term reduction in income for patients. Paid care costs (¥ 170,742 on average) can far exceed the salary gap, especially for those needing long-term or specialized care
- The mean annual total societal cost for RP patients was ¥ 1,579,864, with indirect costs is (productivity loss and caregiver costs) comprising 68.2%, nearly double the direct costs |

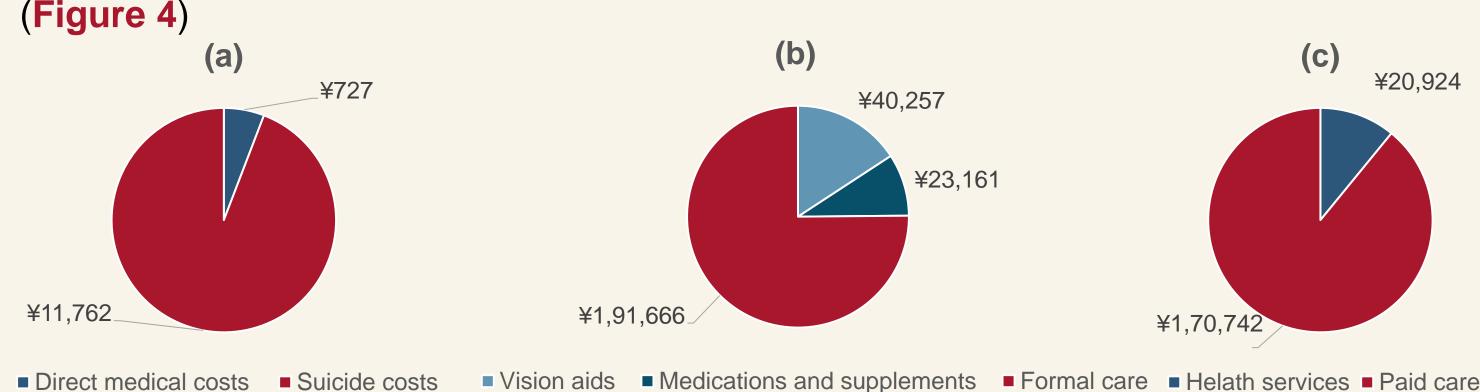


Figure 4: Mean per patient per year cost of (a) depression/anxiety; (b) out of pocket; (c) formal care

In Spain ( ), the mean annual cost for low-vision aids/adaptations among RP patients with VI or blindness was €16,056.5, primarily related to optical aids, with caregivers incurring an \ annual mean indirect cost of €1,040.9

# RESULTS

- A PRISMA diagram for the screening process is presented in Figure 2
- Among the 643 publications identified and screened, six studies reported the data for cost burden in patients with RP
- The included studies were conducted in the United States (n=2), Japan (n=2), Spain (n=1) and globally (US and Canada, n=1)

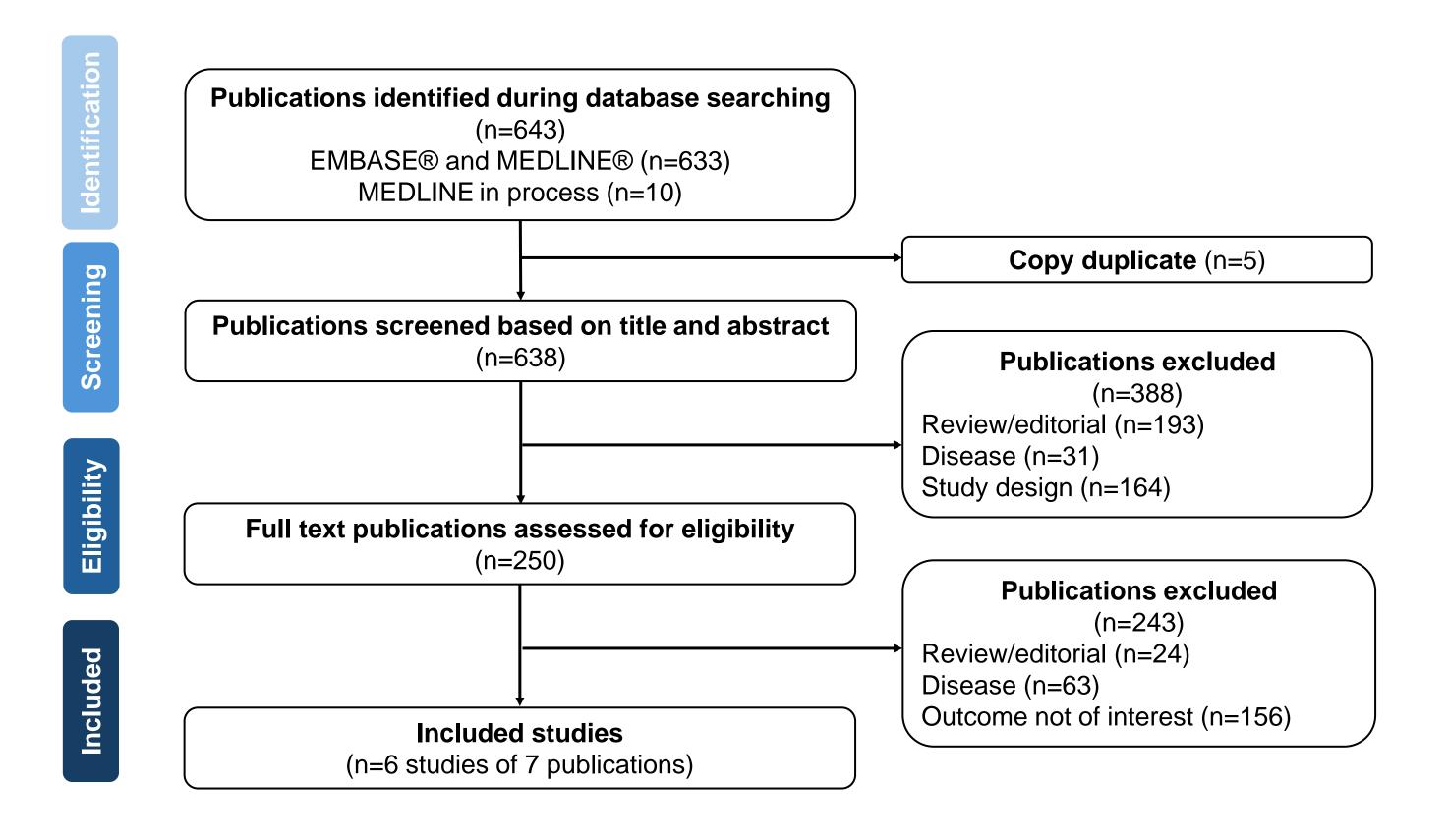


Figure 2: Flow of studies through the systematic literature review

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- Disclosures We extend our thanks to the Gunjan Bist who assisted in the poster development. This study

SK, SA, PR, GK and BS, the authors, declare that they have no conflict of interest

Acknowledgments

was not funded by anyone