



Trends in the Therapeutic Management of Localized Scleroderma in the Real-World Setting

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BACKGROUND

- Localized scleroderma (LSc) is a rare idiopathic inflammatory disorder of unknown etiology that causes sclerotic changes in the skin.^{1,2}
- Different therapeutic modalities have been suggested, including the use of topical medications, immunosuppressive pharmacological agents, physical therapy, and phototherapy.³
- However, evidence in support of many of these therapies is limited, and therapeutic management of LSc is not standardized and generally unsatisfactory.^{2,3}

OBJECTIVES

- The objective of this research was to characterize real-world treatment patterns among LSc patients in diverse healthcare delivery settings in the United States.

METHODS

- Patients from 6 specialty dermatology networks and 7 integrated delivery networks within the OMNY Health Database with any indication of LSc (ICD-10: L94.0) from 2017-2022 were included.
- Demographic characteristics were tabulated at first LSc diagnosis.
- Percentages of patients with prescriptions/procedures for any of the following modalities were computed and tabulated by year:
 - Topical corticosteroids (TCS)
 - Systemic corticosteroids (SCS)
 - Methotrexate
 - Cyclosporine
 - Phototherapy
 - Phenytoin
 - Interferon
 - D-penicillamine
- Results across the study period were regenerated by disease severity as measured by physician global assessment.

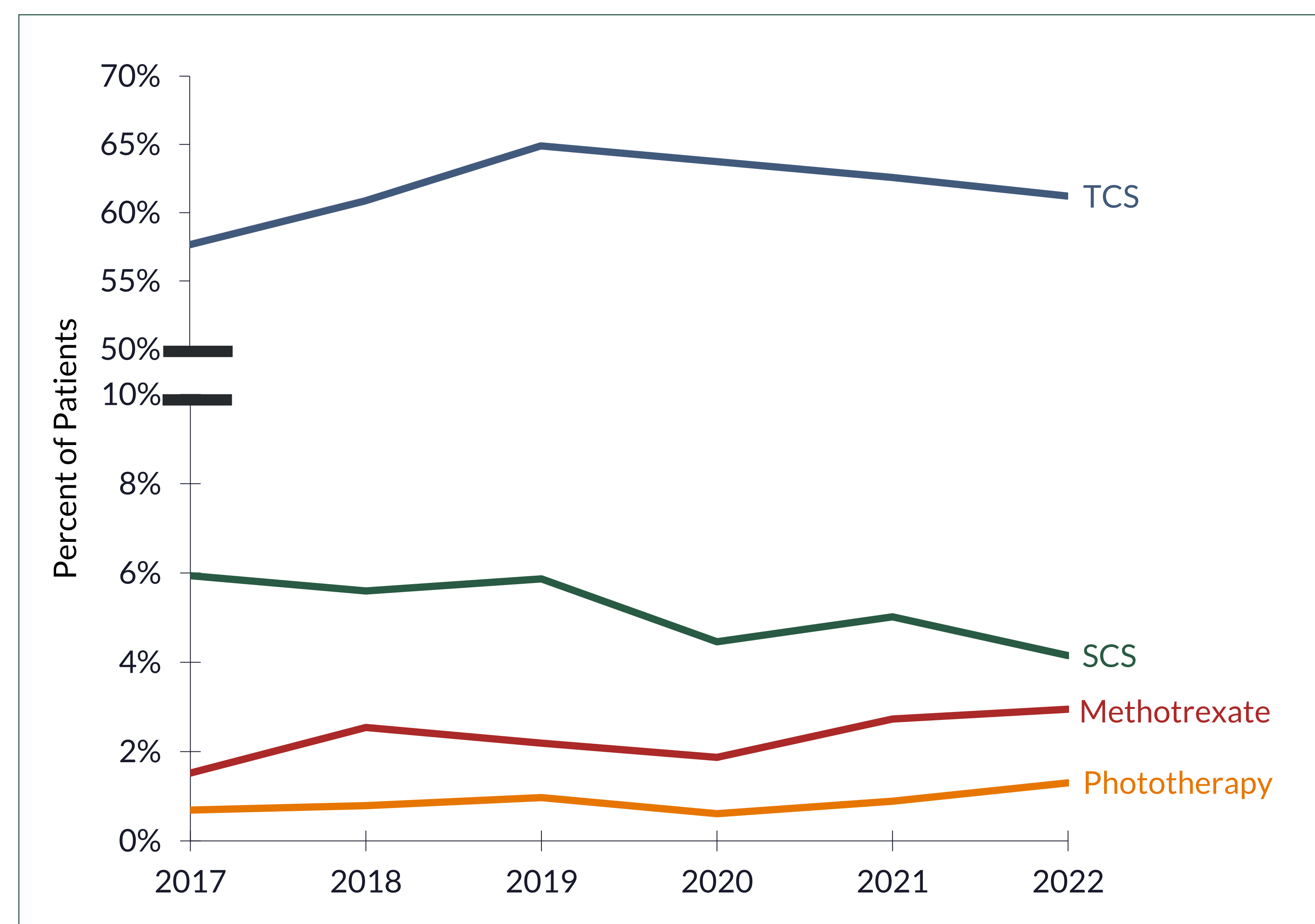
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RESULTS

- Across 2017-2021, a total of 5,466 LSc patients and 13,756 associated encounters were included.
- Demographic characteristics of LSc patients were as follows:
 - Gender: 74% female; 26% male
 - Race: 84% White; 5% Black or African American; 8% Other
 - Age: 8% < 21 years; 50% 21-60 years; 42% > 60 years
- Secular trends in annual treatment patterns are described in Figure 1:
 - TCS were the most common treatments observed, ranging from 58% to 65% of patients, peaking in 2019.
 - SCS prescriptions remained steady between 4.2% and 5.9% across calendar years.
 - Methotrexate use grew slightly from 1.5% in 2017 to 3.0% in 2022.
 - Phototherapy was performed minimally, in approximately 1% of the patients across the study period.
 - Cyclosporine, phenytoin, interferon, and D-penicillamine use were negligible over the study period.

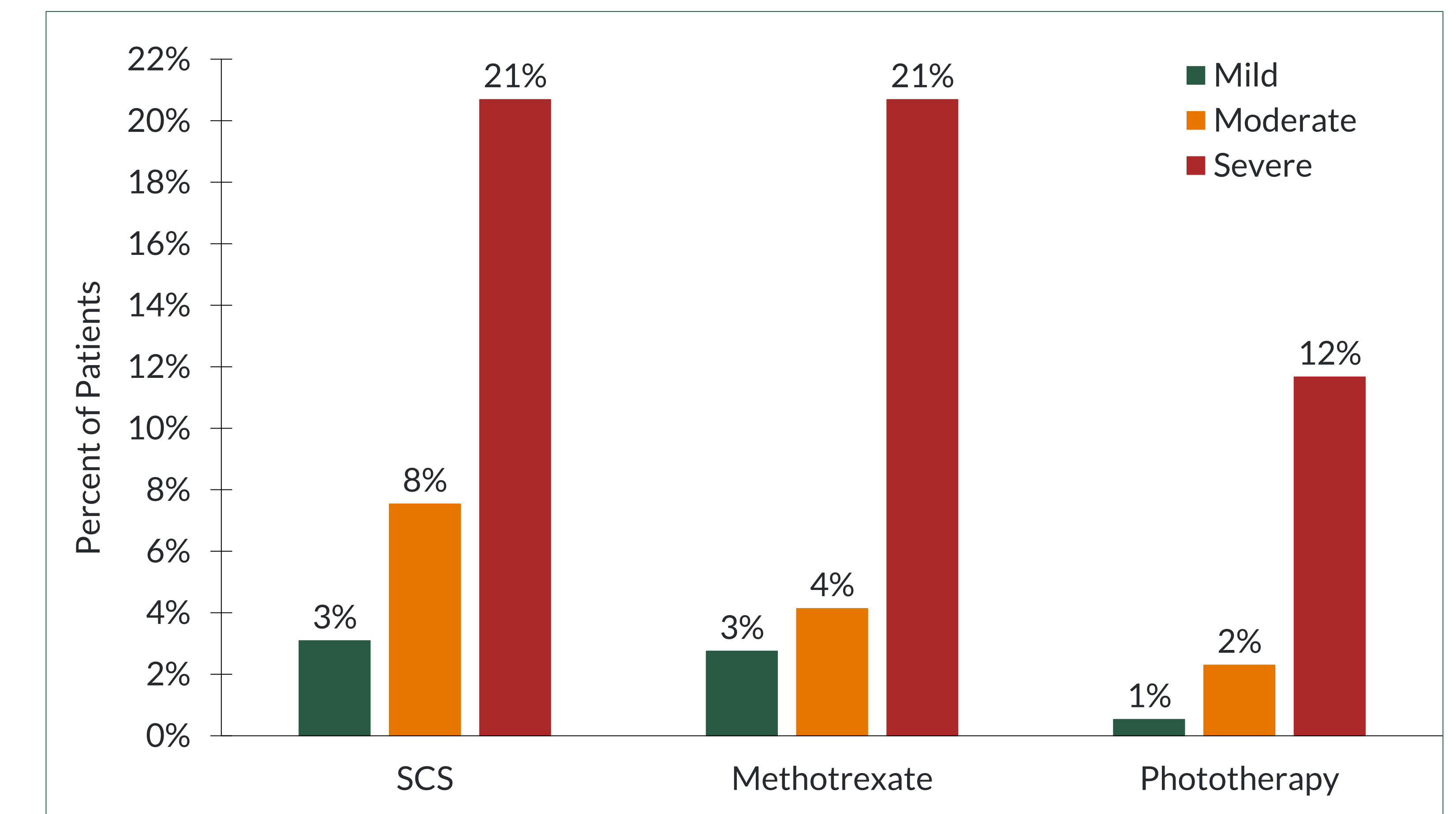
Figure 1: Secular Trends in Annual Treatments for LSc



SCS = systemic corticosteroids; TCS = topical corticosteroids

- Treatment patterns by physician global assessment of LSc severity (mild, moderate, or severe) are presented in Figure 2:
 - Prescriptions of SCS, methotrexate, and phototherapy increased monotonically with disease severity.
 - Most dramatic increases were observed between moderate and severe categories.
 - TCS prescription percentages were not associated with LSc severity (63%/68%/60% for mild/moderate/severe).

Figure 2: Treatment Patterns by LSc Severity



SCS = systemic corticosteroids

DISCUSSION AND CONCLUSIONS

- Results provide insights into real-world therapeutic management of LSc.
- Trends over time were relatively stable across most therapies.
- Disease severity was strongly associated with greater prescriptions of most therapies.
- As treatment guidelines evolve, future analyses would be helpful to understand the landscape of LSc therapeutic management.

CONTACT INFORMATION

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