ASSESSING THE BARRIERS TO PRESCRIBING ADVANCED THERAPIES TO ELIGIBLE ATOPIC DERMATITIS PATIENTS

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BACKGROUND

In recent years, advanced therapies have been approved for moderate to severe atopic dermatitis (AD) patients, but conventional treatments still have a role to play in prescribing[1].

OBJECTIVE

The objective of this study was to assess the barriers to prescribing advanced therapies (biologics and JAK inhibitors) to AD patients deemed eligible.

METHODOLOGY

Study Design

- The Ipsos AD Therapy Monitor, a multi-centre online medical chart review study of patients with AD, was conducted among physicians practicing across hospital and private practices.
- A sample of physicians in UK, FR, DE, IT and ES provided data on a sample of de-identified patient record forms [PRFs] of moderate-severe AD patients they personally managed between October and December 2021.
- All data were collected online.

Study Population

HCP (Healthcare Professional) inclusion criteria

- Physicians were randomly recruited from a large panel to enable geographic representativeness

Each HCP had to satisfy the following criteria:

- Be a practicing dermatologist
- See ≥15 moderate-severe AD patients every 3 months
- Have experience in managing AD for between 3 and 30 years
- Prescribe biologics to their moderate-severe AD patients

Patient inclusion criteria

- HCPs identified the next consecutive 5 moderate-severe AD patients they saw for a treatment consultation during the study observation period. Biologic and JAK eligibility was determined based on HCP interpretation (yes/no) for each patient chart.

RESULTS

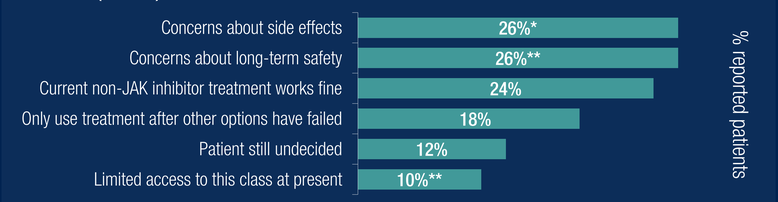
211 sampled physicians collectively reported 1166 moderate-severe AD patients. Among patients not currently treated with a biologic (n=440), 70% were deemed eligible for a biologic therapy, as per physician interpretation. Comparatively, whilst a greater number of sampled patients are not currently treated with a JAK inhibitor (n=1120), a smaller proportion are deemed eligible for a JAK inhibitor (46%).

When analysing sampled physician-indicated reasons why reported patients deemed eligible for a biologic are not currently treated with one (n=307), 'current non-biologic treatment works fine' is the primary reason (21%) (Fig.1). With this said, for 50% of this patient cohort their AD is deemed uncontrolled under their current treatment regimen. When looking at the same analysis for reported patients deemed eligible for a JAK inhibitor but are not currently treated with one in Fig. 2, 'concerns about side effects' is the top reason cited, and a greater driver vs the biologic eligible pool (26% (n=517) vs 20% (n=307), p<0.05). 'Concerns about long-term safety' is also a greater barrier among the JAK eligible vs biologic eligible cohort (26% vs 14%, p<0.01).

Fig. 1: Top reasons cited why reported biologic eligible patients are not treated with one (n=307)

Source: Ipsos Global AD Therapy Monitor (October – December 2021, data collected online. Participating physicians were primary treaters and saw a minimum number of patients per wave). Data are © Ipsos 2022, all rights reserved.

Fig. 2: Top reasons cited why reported JAK inhibitor eligible patients are not treated with one (n=517)



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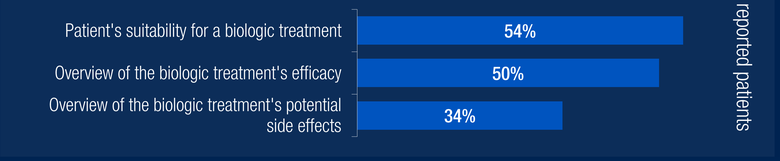
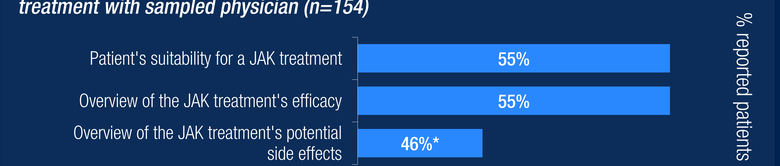
When comparing the proportion of reported patients deemed eligible for a biologic vs JAK inhibitor who have discussed these therapies with the sampled physician, discussions on JAK inhibitor therapy are less frequent (30% vs 65%, p<0.01). With this said, the primary topics covered during discussions across both cohorts are consistent (Fig. 3, Fig. 4). 'Patient's suitability for the treatment' and an 'overview of the treatment's efficacy' are most frequently cited, whilst an 'overview of the potential side effects' is more likely to be covered among JAK eligible patients (46%, n=154 vs 34%, n=198, p <0.05).

Fig. 3: Top 3 topics covered among reported biologic eligible patients who discussed biologic treatment with sampled physician (n=198)



Source: Ipsos Global AD Therapy Monitor (October – December 2021, data collected online. Participating physicians were primary treaters and saw a minimum number of patients per wave). Data are © Ipsos 2022, all rights reserved.

Fig. 4: Top 3 topics covered among reported JAK eligible patients who discussed JAK treatment with sampled physician (n=154)



Source: Ipsos Global AD Therapy Monitor (October – December 2021, data collected online. Participating physicians were primary treaters and saw a minimum number of patients per wave). Data are © Ipsos 2022, all rights reserved.

*Statistical tests: ** p<0.01, * p<0.05 significant difference Biologic eligible vs JAK eligible*

CONCLUSIONS

Comparisons in this study cohort highlight differing stated barriers to prescribing biologic therapies versus JAK inhibitors among patients deemed eligible. Whilst sampled physician determination of patients deemed eligible for a biologic is overall greater, the reported lack of disease control suggests scope to better align patients' AD severity with more efficacious treatments. Initial insights indicate side effects and safety look to be more limiting on the uptake of JAK inhibitors, although with these treatments in their infancy in the market, it will be prudent to monitor to what extent this evolves. Further investigation using a comparator cohort is warranted.

LIMITATIONS

Patient management practices reported in this study represent the practices of physicians participating in the study and may vary from those of non-participating physicians.

DISCLOSURES

Authors were employees of Ipsos at the time of submission. There are no conflicts of interest to declare for any of the listed authors.

REFERENCES

[1] Bieber, T. (2021). Atopic dermatitis: an expanding therapeutic pipeline for a complex disease, Nature Reviews Drug Discovery. 21, 21-40 (2022)