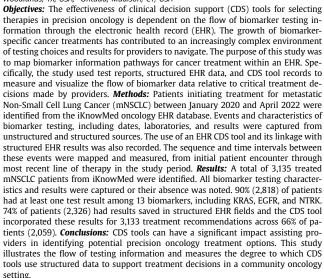
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enrollment. Incidence of CDI was determined by identifying any claim with primary/ secondary diagnosis of CDI during the one year follow-up period following diagnosis. Recurrent CDI was identified by presence of any claim that was >2 weeks and ≤8 weeks from the index CDI diagnosis date. Covariates including antibodies/proton pump inhibitors usage were captured and included in the analysis. Chi-square tests, and hierarchical generalized logistic models were conducted to identify determinants of CDI. **Results**: We identified 41,470 elderly patients with lung/breast/ovarian/colorectal/prostate cancer, or lymphoma/multiple myeloma/leukemia diagnosis during the study years. While few (393) patients developed CDI within one year of diagnosis, more than 50% (197) of those patients developed recurrent CDI. Patient characteristics were not associated with risk of developing CDI, however, significant differences were observed in antibiotics/proton pump inhibitors exposure across all cancer types (p<0.001). **Conclusions:** While the incidence of CDI is lower among cancer patients, the rate of recurrent CDI was significantly higher. Strategies to prevent CDI recurrence in this population are therefore warranted.

RWD127

MAPPING THE FLOW OF BIOMARKER TESTING INFORMATION, FROM TEST ORDER THROUGH IMPACT ON TREATMENT DECISION-MAKING: A CASE STUDY IN METASTATIC NSCLC





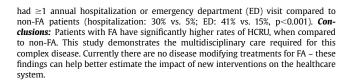
RWD128

A RETROSPECTIVE CLAIMS ANALYSIS CHARACTERIZING HEALTH CARE RESOURCE USE AMONG PATIENTS WITH FRIEDREICH ATAXIA IN THE UNITED STATES

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Objectives: Friedreich Ataxia (FA) is a progressive and systemic neuromuscular disease, affecting ~1:20,000 births, characterized by ataxia, scoliosis, and loss of ambulation, and other clinical manifestations. Our aim was to characterize realworld healthcare resource use (HCRU) among commercially insured patients with FA in the United States (US) and compare that to non-FA patients. Methods: The Merative MarketScan Commercial database subset from Aug 2010 to Sept 2020 was used. Patients (children and adults) with ≥ 1 inpatient, or ≥ 2 outpatient visits separated by ≥30 days, with primary or secondary diagnosis of FA (ICD-9 334.0) prior to Oct 2015 were identified, as 334.0 was replaced by a non-specific ICD-10 code in September 2015. Those with \geq 12 months of follow-up were included. HCRU by service type, age, and select clinical features were summarized and compared to a 5:1 age-, sex-, and index-year-matched comparison non-FA cohort. Results: 447 patients with FA (mean[SD] age of 34.9[17.5] years at index) and 2,309 non-FA comparison patients (35.8[17.5]) years) were included. HCRU was significantly higher among those with FA across all resource types (all p<0.001), with the most frequent being outpatient visits. FA patients had an annual mean(SD) of 30.2(34.1) outpatient visits per patient compared to 7.0(9.7) without FA. Among the outpatient visits in the FA cohort, 6.8(15.5) annual visits were to physiotherapists, 3.1(6.7) to general practitioners, 1.2(3.2) to neurologists, and 1.0(1.9) to cardiologists. Significantly more FA patients

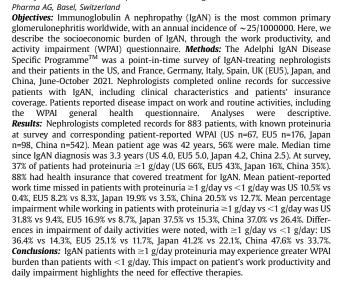


RWD129 WORK, PRODUCTIVITY, AND ACTIVITY IMPAIRMENT IN PATIENTS WITH IMMUNOGLOBULIN A NEPHROPATHY: RESULTS FROM A REAL-WORLD STUDY

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RWD130

DIFFERENCES IN HEALTHCARE RESOURCE UTILIZATION FOR THE MANAGEMENT OF IMMUNOGLOBULIN A NEPHROPATHY IN EUROPE, THE US, CHINA AND JAPAN

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Objectives: Immunoglobulin A nephropathy (IgAN) is the most common primary glomerulonephritis worldwide, with an annual incidence of ~25/1000000. Healthcare resource utilization (HCRU) for IgAN patients is not well documented. Here we describe HCRU across four geographical regions. Methods: The Adelphi IgAN Disease Specific Programme was a point-in-time survey of IgAN-treating nephrologists in France, Germany, Italy, Spain, UK (EU5), the US, China, and Japan, June-October 2021. Nephrologists completed online records for successive IgAN patients, including consultation history, tests/assessments, hospitalizations, and dialysis. Analyses were descriptive. *Results:* Nephrologists (n=295) completed records for 1792 patients (EU5: n= 618, US: n=305, China: n=587, Japan: n=282). Mean patient age was 43.6 years, 59% were male. Median time since IgAN diagnosis was 2.0 years. In the 12 months prior to survey, patients had a mean of 7.1 consultations (EU5: 6.5, US: 5.8, China: 7.5, Japan: 9.1) of which 5.6 were with a nephrologist (4.4, 3.8, 7.0, 7.4, respectively). Patients received a mean of 25.4 tests/assessments to monitor their IgAN (EU5: 17.8, US: 15.1, China: 35.4, Japan: 31.6), most commonly blood pressure, serum creatinine and urinalysis. Overall, 25% of patients were hospitalized; hospitalizations were more common in China (44%, 1.8 mean hospitalizations per patient) and Japan (27%, 1.7) than the EU5 (11%, 1.3) and US (8%, 1.1). At survey, 4% of patients were receiving dialysis. Physicians expected that 46% of the patients not currently receiving it would require chronic dialysis in the future. Kidney transplant had been received by 1% of patients with a further 25% currently on a waiting list. Conclusions: Patients in China and Japan consulted, were tested and hospitalized more frequently than in the EU5 and the US. Physicians expect ~half of IgAN patients will require chronic dialysis. Results highlight geographical differences in HCRU which may be impacting IgAN management and patient outcomes.



