

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

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Objectives: The effectiveness of clinical decision support (CDS) tools for selecting therapies in precision oncology is dependent on the flow of biomarker testing information through the electronic health record (EHR). The growth of biomarker-specific cancer treatments has contributed to an increasingly complex environment of testing choices and results for providers to navigate. The purpose of this study was to map biomarker information pathways for cancer treatment within an EHR. Specifically, the study used test reports, structured EHR data, and CDS tool records to measure and visualize the flow of biomarker data relative to critical treatment decisions made by providers. **Methods:** Patients initiating treatment for metastatic Non-Small Cell Lung Cancer (mNSCLC) between January 2020 and April 2022 were identified from the iKnowMed oncology EHR database. Events and characteristics of biomarker testing, including dates, laboratories, and results were captured from unstructured and structured sources. The use of an EHR CDS tool and its linkage with structured EHR results was also recorded. The sequence and time intervals between these events were mapped and measured, from initial patient encounter through most recent line of therapy in the study period. **Results:** A total of 3,135 treated mNSCLC patients from iKnowMed were identified. All biomarker testing characteristics and results were captured or their absence was noted. 90% (2,818) of patients had at least one test result among 13 biomarkers, including KRAS, EGFR, and NTRK. 74% of patients (2,326) had results saved in structured EHR fields and the CDS tool incorporated these results for 3,133 treatment recommendations across 66% of patients (2,059). **Conclusions:** CDS tools can have a significant impact assisting providers in identifying potential precision oncology treatment options. This study illustrates the flow of testing information and measures the degree to which CDS tools use structured data to support treatment decisions in a community oncology setting.

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 real-world 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 ≥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

had ≥1 annual hospitalization or emergency department (ED) visit compared to non-FA patients (hospitalization: 30% vs. 5%; ED: 41% vs. 15%, $p < 0.001$). **Conclusions:** Patients with FA have significantly higher rates of HCRU, when compared to non-FA. This study demonstrates the multidisciplinary care required for this complex disease. Currently there are no disease modifying treatments for FA – these findings can help better estimate the impact of new interventions on the healthcare system.

RWD129

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

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Objectives: Immunoglobulin A nephropathy (IgAN) is the most common primary glomerulonephritis worldwide, with an annual incidence of ~25/100,000. Here, we describe the socioeconomic burden of IgAN, through the work productivity and activity impairment (WPAI) questionnaire. **Methods:** The Adelphi IgAN Disease Specific Programme™ was a point-in-time survey of IgAN-treating nephrologists and their patients in the US, and France, Germany, Italy, Spain, UK (EU5), Japan, and China, June-October 2021. Nephrologists completed online records for successive patients with IgAN, including clinical characteristics and patients' insurance coverage. Patients reported disease impact on work and routine activities, including the WPAI general health questionnaire. Analyses were descriptive. **Results:** Nephrologists completed records for 883 patients, with known proteinuria at survey and corresponding patient-reported WPAI (US n=67, EU5 n=176, Japan n=98, China n=542). Mean patient age was 42 years, 56% were male. Median time since IgAN diagnosis was 3.3 years (US 4.0, EU5 5.0, Japan 4.2, China 2.5). At survey, 37% of patients had proteinuria ≥1 g/day (US 66%, EU5 43%, Japan 16%, China 35%). 88% had health insurance that covered treatment for IgAN. Mean patient-reported work time missed in patients with proteinuria ≥1 g/day vs <1 g/day was US 10.5% vs 0.4%, EU5 8.2% vs 8.3%, Japan 19.9% vs 3.5%, China 20.5% vs 12.7%. Mean percentage impairment while working in patients with proteinuria ≥1 g/day vs <1 g/day was US 31.8% vs 9.4%, EU5 16.9% vs 8.7%, Japan 37.5% vs 15.3%, China 37.0% vs 26.4%. Differences in impairment of daily activities were noted, with ≥1 g/day vs <1 g/day: US 36.4% vs 14.3%, EU5 25.1% vs 11.7%, Japan 41.2% vs 22.1%, China 47.6% vs 33.7%. **Conclusions:** IgAN patients with ≥1 g/day proteinuria may experience greater WPAI burden than patients with <1 g/day. This impact on patient's work productivity and daily impairment highlights the need for effective therapies.

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 ~25/100,000. 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.