



# A Patient's Perspective on Impact of Immune Thrombocytopenia on Emotional Wellbeing: ITP World Impact Survey (I-WISh)

Nichola Cooper,<sup>1,a</sup> Waleed Ghanima,<sup>2</sup> Alexandra Kruse,<sup>3</sup> Caroline Kruse,<sup>3</sup> Yoshiaki Tomiyama,<sup>4</sup> Drew Provan,<sup>5</sup> Ming Hou,<sup>6</sup> Cristina Santoro,<sup>7</sup> Serge Laborde,<sup>8</sup> Mervyn Morgan,<sup>9</sup> Barbara Lovrencic,<sup>10</sup> Tom Bailey,<sup>11</sup> Jens Haenig,<sup>12</sup> James B. Bussel<sup>13</sup>

<sup>1</sup>Hammersmith Hospital, Imperial College London, London, United Kingdom; <sup>2</sup>Department of Medicine, Østfold Hospital Trust, Kalnes, Norway; <sup>3</sup>Platelet Disorder Support Association, Cleveland, OH, United States; <sup>4</sup>Osaka University Hospital, Osaka, Japan; <sup>5</sup>Barts and The London School of Medicine and Dentistry, London, United Kingdom; <sup>6</sup>Department of Hematology, Qilu Hospital of Shandong University, Jinan, China; <sup>7</sup>Hematology, University Hospital Policlinico Umberto I, Rome, Italy; <sup>8</sup>O'Cyto, Saint Loubès, France; <sup>9</sup>ITP Support Association, Bolnhurst, United Kingdom; <sup>10</sup>Italian Association for Immune Thrombocytopenic Purpura, Caprino Veronese, Italy; <sup>11</sup>Adelphi Real World, Bollington, United Kingdom; <sup>12</sup>Novartis Pharma AG, Basel, Switzerland; <sup>13</sup>Division of Hematology/Oncology, Weill Cornell Medical College, New York, NY, United States

<sup>a</sup>Corresponding author

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# Disclosures

- **NC** reports honoraria for speaking engagements and advisory boards from Amgen and Novartis. **WG** reports honoraria for speaking engagements and participation in advisory boards from Amgen, Novartis, Pfizer, and Principia, and also received research grants from Bayer, Bristol Myers Squibb, and Pfizer. **CK** reports that PDSA received payment for recruiting patients to I-WISh and for promoting I-WISh on the globalitp.org website, grant and consultancy fees outside the submitted work from Novartis, grant and honorarium from Amgen, grant and consultancy fees from Pfizer and UCB, and grants from Argenx, Principia, Rigel and CSL Behring. **YT** reports consultancy fees and honoraria from Novartis, honoraria from Kyowa Kirin, and consultancy fees from Sysmex. **DP** received research grants and honoraria from Novartis and Amgen and consultancy fees from UCB, MedImmune, and ONO Pharmaceutical. **CS** reports honoraria for participating in speakers' bureaus and advisory boards for Novartis, Amgen, Takeda, Novo Nordisk, Bayer, CSL Behring, Roche, and Sobi. **MM** received consultancy fees paid to the ITP Support Association from Novartis, UCB, and Sobi. **BL** received consultancy fees from UCB and an honorarium from Novartis, paid to AIPIT. **TB** is an employee of Adelphi Real World, which has received consultancy fees from Novartis. **JH** is a full-time employee of Novartis Pharma AG. **JBB** reports consultancy fees from Rigel, Principia, Regeneron, 3SBios, Dova, Momenta, RallyBio, Amgen, Novartis, Argenx, UCB, CSL Behring, and Shionogi. **AK**, **MH**, and **SL** have nothing to disclose

# Introduction

**ITP impacts patients' QoL beyond thrombocytopenia and bleeding, and also has a negative emotional impact<sup>1,2</sup>**



I-WISH assessed the burden of ITP and its impact on QoL using a global patient and physician sampling frame

**Here, we report the impact of ITP on patients' emotional wellbeing**

ITP, immune thrombocytopenia; I-WISH, ITP World Impact Survey; QoL, quality of life.

1. Mathias SD, et al. *Health Qual Life Outcomes*. 2008;6:13. 2. Trotter P and Hill QA. *Patient Relat Outcome Meas*. 2018;9:369-384.

# Methods

I-WISh was an exploratory, cross-sectional 30-minute survey conducted in 13 countries between December 2017 and May 2018



**1507**  
patients with ITP



**472 physicians**

- The emotional impact of ITP on patients was assessed via responses to emotional concern statements. Responses were rated on a 7-point Likert scale to indicate the level of agreement or disagreement with a particular statement, eg:

“Not at all”

“A great deal”



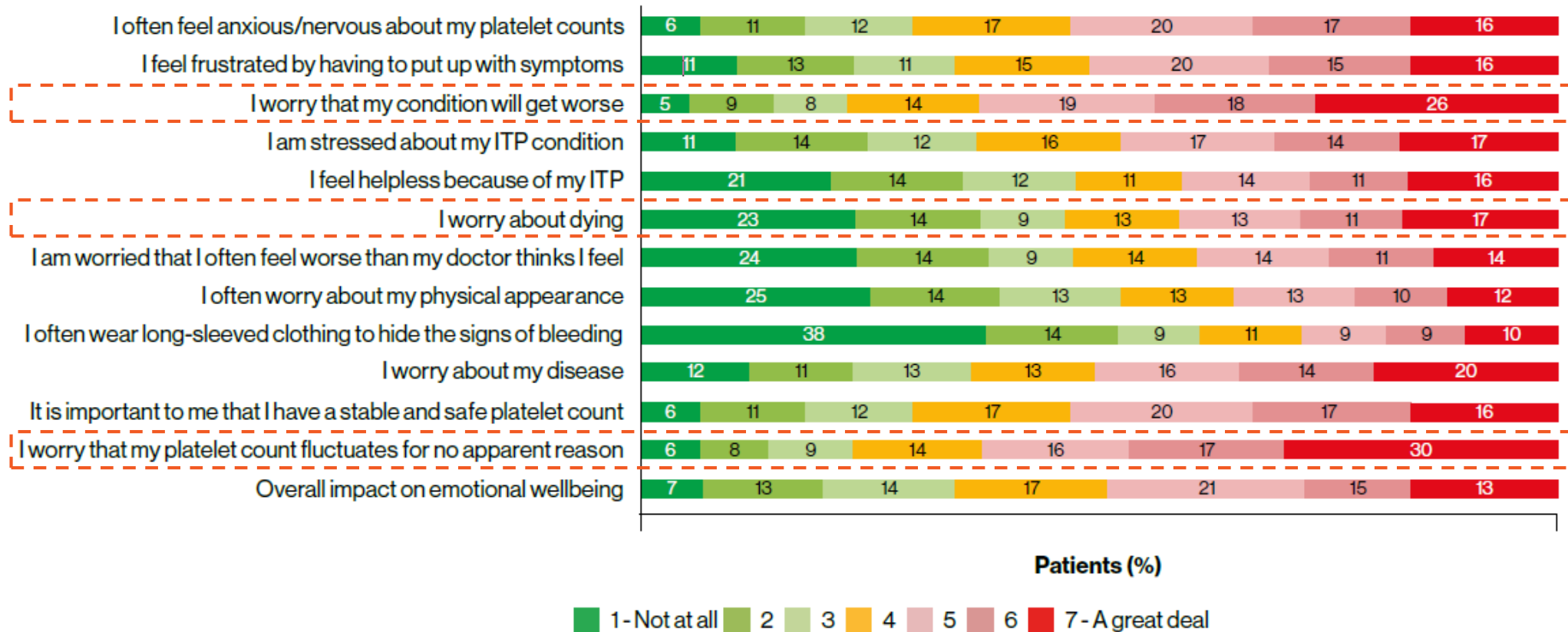
Scores of 1-2 = **low** emotional burden

Scores of 6-7 = **high** emotional burden

# Results: Overall, 49% of patients felt that ITP had substantially impacted their emotional wellbeing (rating a 5-7 score)

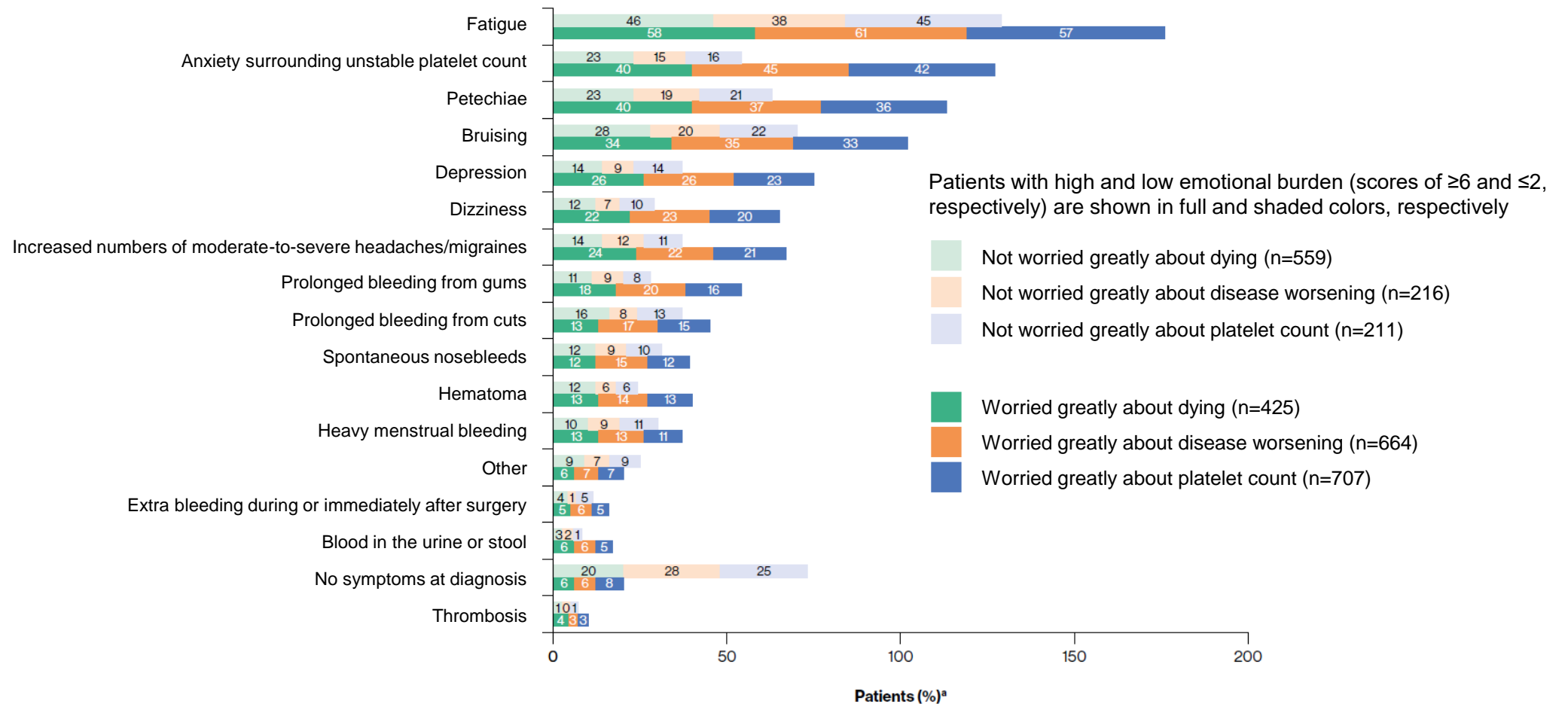
## Patient perception of emotional impact statements

- Mean patient age was 47 years and 65% of patients were female



# Results: Patients with high emotional burden experienced ITP symptoms more frequently than those with low emotional burden

## Patient-reported symptoms in patients with high and low emotional burden



<sup>a</sup>The total percentages of patients across all emotional statements may be >100% because patients could rate any concern that applied. ITP, immune thrombocytopenia.

# Results: The relative proportions of current symptoms among greatly worried patients were similar for all 3 groups of emotional concern

## Anxiety/worry burden in greatly worried patients (male and female) (rating a 6-7 score)

### Patients who worried greatly about dying

- More females than males (differences of  $\geq 10$  percentage points) reported:
  - Anxiety surrounding unstable platelet count (45% vs 31%)
  - An increased number of moderate-to-severe headaches/migraines (29% vs 14%)
  - Dizziness (25% vs 15%)
- No substantial difference between sexes was observed for fatigue among those patients who worried greatly about dying (59% in females vs 54% in males)

### Patients who worried greatly about disease worsening

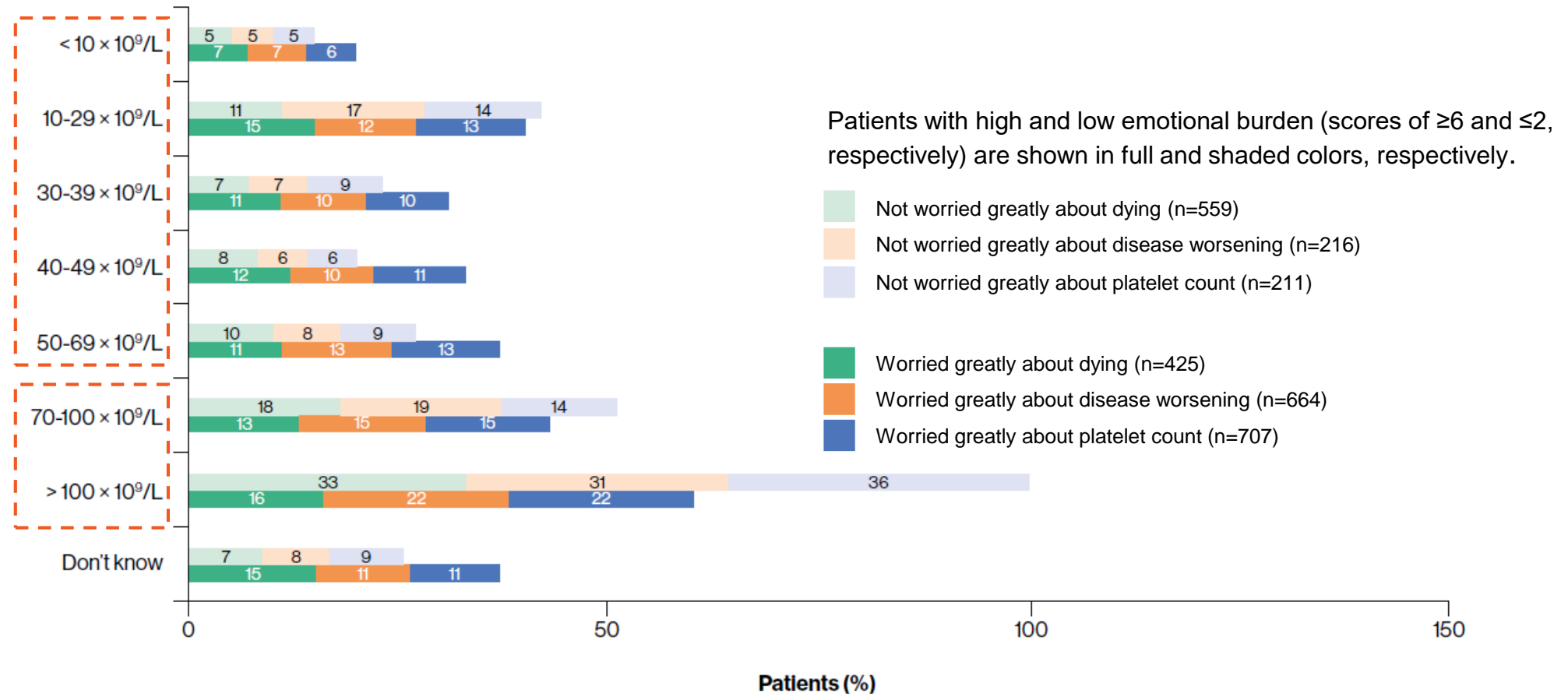
- More females than males (differences of  $\geq 10$  percentage points) reported:
  - Fatigue (64% vs 54%)
  - Anxiety surrounding unstable platelet count (48% vs 37%)
  - Bruising (38% vs 28%)
  - An increased number of moderate-to-severe headaches/migraine (25% vs 14%)

### Patients who worried greatly about platelet count

- More females than males (differences of  $\geq 10$  percentage points) reported:
  - Fatigue (62% vs 47%)
  - Anxiety surrounding unstable platelet count (46% vs 33%)
  - An increased number of moderate-to-severe headaches/migraines (26% vs 11%)

# Results: Patients who worried greatly were more likely to have platelet counts $<70 \times 10^9/L$

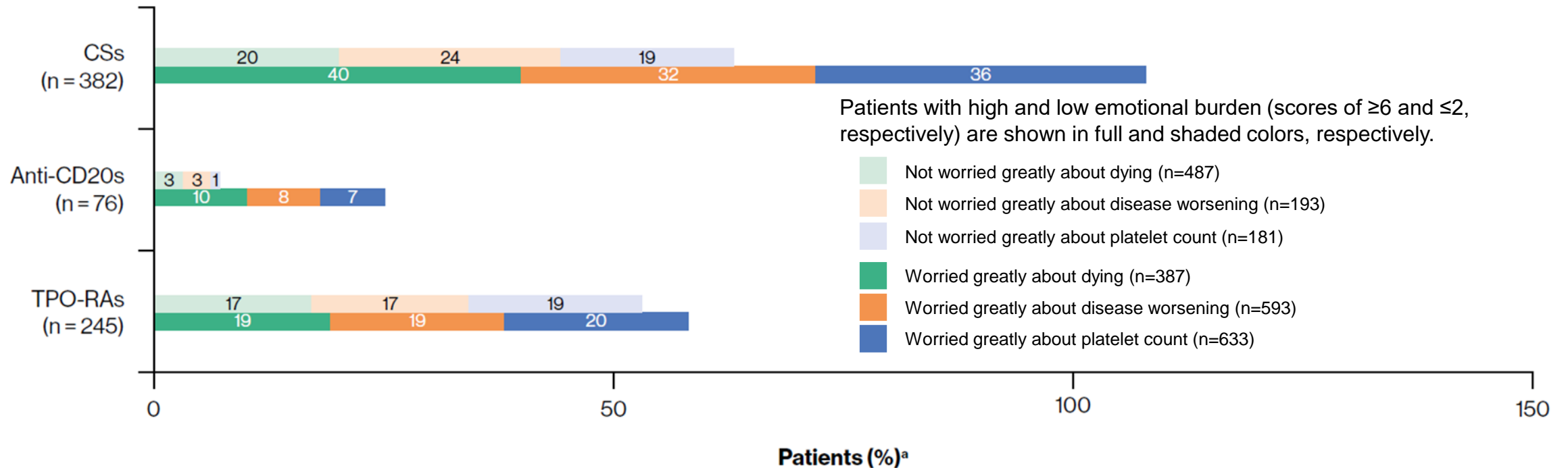
## Platelet count and patient emotional burden





# Results: Higher proportions of patients who worried greatly across the 3 anxiety/worry groups were receiving CSs compared with those who did not worry greatly

## Treatment type and patient emotional burden



<sup>a</sup>The total percentages of patients across all emotional statements may be >100% because patients could rate any concern that applied.

CS, corticosteroid; TPO-RA, thrombopoietin receptor agonist.

The I-WISh survey data illustrate that many patients with ITP worry a great deal about their platelet counts, that their disease will worsen, and even about the possibility that they could die.

There was also an apparent link with lower platelet counts generally reported in those who worried greatly.

Patients with high emotional burden experienced ITP symptoms more frequently than those without high emotional burden.

In general, higher proportions of patients who worried greatly across the 3 anxiety/worry groups were receiving CSs compared with those who did not worry greatly; this may reflect in part the emotional instability brought about by CS use.

Among patients who worried greatly across the 3 anxiety/worry groups (dying, disease worsening, unstable platelet count), females reported higher rates of certain symptoms (eg, moderate-to-severe headaches/migraines) than males.

The notably high proportion of patients who worried about dying, constituting almost one half of all patients, reflects the profound emotional impact of ITP, which may be exacerbated by CSs.

## Conclusions



# Acknowledgements

- We thank all patients, caregivers and HCPs who participated in I-WISh. We thank Adelphi Real World for conducting the survey, collating the data and running the analyses.
- This study was sponsored by Novartis. The authors thank Michaela Loft, PhD, of Chameleon Communications, Wilmslow, United Kingdom, for providing medical writing support, which was funded by Novartis Pharmaceuticals Corporation, East Hanover, NJ, United States, in accordance with Good Publication Practice (GPP3) guidelines (<http://www.ismpp.org/gpp3>).
- This poster is an encore presentation and data were first presented at the 25th Congress of the European Hematology Association (EHA), Virtual Congress, June 11-14, 2020:
  - Cooper N, et al. A patient's perspective on impact of immune thrombocytopenia on emotional wellbeing: ITP World Impact Survey (I-WISh). [EHA abstract EP1654]. *HemaSphere*. 2020;4(suppl):764.
- Other I-WISh survey results are reported at ASH 2020 – please see posters 845 and 2668.

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