Patients’ and Physicians’ Perspectives on Treatment in ITP – A Multi-Country Perspective

Results From the ITP World Impact Survey (I-WISH)

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Background
- Treatment strategies for immune thrombocytopenia (ITP) aim to achieve a plateau count associated with adequate hemostasis while minimizing treatment burden and optimizing the patient’s quality of life (QoL).
- The I-WISH survey gathered data on the burden of ITP and its impact on QoL. Here, we describe patients’ and physicians’ perspectives on treatment goals and patient-reported ITP treatments across multiple countries.

Methods
- I-WISH was an exploratory, cross-sectional survey of 1,571 patients with ITP and 572 physicians across 13 countries.
- Patients were recruited via patient associations, physicians, social media, and advertising.
- Physicians were recruited via social media and professional organizations.

Results
Patient Characteristics
- Median age was 47 years, and 65% of patients were female.
- Symptom burden was reported as moderate to severe by 43% of patients, high to very high by 39%, and unknown for 18% of responders.
- Symptom burden was reported as low to moderate by 43% of patients, high to very high by 39%, and unknown for 18% of responders.
- Median length of time with ITP varied among the countries, and it was highest in the UK (5.4 years), followed by Spain (4.2 years), France (3.6 years), and Germany (3.4 years).

Differences in Perceptions of Top 3 Treatment Goals Between Patients and Physicians in Different Countries
- The largest differences between physicians’ and patients’ perceptions of the importance of reduction in spontaneous bleeds for being observed were in France (82% vs 24%), India (91% vs 28%), Canada (73% vs 33%), the UK (14% vs 33%), and the USA (65% vs 25%).
- Physicians in all countries overestimated the importance of goals when compared with the rating given by patients (Figure 1A).

Health Outcomes
- The highest proportions of patients who reported reduction in healthy blood counts as a top 1 treatment goal were from the USA (81%), UK (72%), and Colombia (69%).
- The highest proportions of physicians who reported reduction in healthy blood counts as a top 1 treatment goal were from Germany (81%), India (70%), Canada (63%), and Japan (61%).
- The largest differences between physicians and patients perceptions of the importance of reduction in spontaneous bleeds for being observed were in Colombia (58% vs 45%), the USA (53% vs 13%), and Turkey (76% vs 16%), where physicians overestimated the importance of the reduction in spontaneous bleeds vs having been observed in Colombia (58% vs 45%), the USA (53% vs 13%), and Turkey (76% vs 16%).

Quality of Life
- The highest proportions of patients who reported improving QoL as a top 1 treatment goal were from the USA (75%), India (72%), and Canada (63%).
- The highest proportions of physicians who reported better QoL as a top 1 treatment goal were from Germany (75%), Japan (71%), and Canada (66%).
- The largest differences between physicians and patients perceptions of the importance of QoL were observed in Canada (72% vs 25%), Italy (20% vs 39%), the UK (14% vs 33%), and Canada (87% vs 33%).

Fatigue Reduction/Increase in Energy Levels
- The highest proportions of patients who reported reduction in fatigue as an important goal were from Germany (62%), Canada (54%), and the USA (53%).
- The highest proportions of physicians who reported fatigue as a top 1 treatment goal were from the UK (26%), Turkey (25%), and Egypt (22%).
- The largest differences between physicians and patients perceptions of the importance of reduction in fatigue were observed in Canada (73% vs 54%), Egypt (25% vs 65%), the USA (11% vs 53%), and the UK (26% vs 62%), with physicians underestimating if fatigue treatment goals across all countries except for India (24% vs 94%) compared with the rating given by patients (Figure 1A-C).

Conclusions
- Physicians across all countries ranked reduction in spontaneous bleeds as the most important goal, but more patients believed increasing energy levels was an important top 3 goal.
- Improving QoL was selected as a top treatment goal more frequently by patients than physicians across all countries, but fewer than patients (15% vs 44%) felt QoL was important to be.
- Limitations of these conclusions are the similarity between answer choices (e.g., healthy blood counts and reduction of spontaneous bleeds), which may have led to different responses despite analogous questions. Similarly, fatigue is a less apparent goal of ITP treatment, and no cognate answer choices in the survey may have led to some of the observed differences in perceptions between patients and physicians.

IPT Treatment Trends
- Corticosteroids: 79% was the highest time prior to the survey across all countries but had been reduced substantially to 26% at the time of survey.
- Median duration of ITP for patients on CSs compared with those not on CSs at the time of survey was 3.0 years and 5.9 years, respectively.
- Countries with the highest CS use at any time prior to the survey was reported by patients in Japan (88%) whereas the highest usage was reported by patients in Colombia (30% (Figure 2A)).
- CS use at the time of survey was reduced compared with CS use at any time prior to the survey; the time of survey were in Colombia (58%), India (69%), and Egypt (44%) (Figure 2A).
- Countries with the highest proportion of patients on CSs at the time of survey (20%) 10 years of data analyzed in 1,571 patients and 3 countries in both India and Egypt.
- 13% of surveyed patients in Canada were on CSs at the time of survey, across all 13 countries.

Thrombopoietin Receptor Agonists
- Average use of TPO-RA was 27% across all countries and at any time prior to the survey, at the time of survey, 15% of patients across all countries were on TPO-RA.
- Countries with the highest TPO-RA use at any time during treatment management for patients in Turkey, UK, and Egypt (53%), and the USA (29%) (Figure 2A).
- At the time of survey, TPO-RA were most used by patients in Egypt (33%) and least used in Japan (7%) (Figure 2B).
- 10% treatment goals, with 1 being the treatment goal considered the

Figure 1A

Figure 1B

Figure 1C

Table 1: Differences in Physicians’ and Patients’ Perspectives of Top-Ranking ITP Treatment Goals

Table 2: Differences in Physicians’ and Patients’ Perspectives on top-Ranking ITP Treatment Goals

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References
- Additional information available online from the author of this poster.