Functional Class and Physician-Perceived Severity are Similar in Treated and Untreated Patients with Pulmonary Arterial Hypertension: A Real-World Survey

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PURPOSE

- Despite major advances in pharmacotherapy, registry data suggests that not all patients diagnosed with pulmonary arterial hypertension (PAH) receive PAH-specific medical therapy. In order to evaluate potential reasons for undertreatment, we explored characteristics of untreated PAH patients relative to treated patients

METHODS

DATA SOURCE

Adelphi PAH Disease Specific Programme, a point-in-time US survey fielded July – November 2019 [1,2]

RESPONDENTS

Sixty-nine healthcare providers (HCPs), including pulmonologists (n=34), cardiologists (n=24), and internists (n=11)

DATA COLLECTION

HCPs completed a patient record form (PRF) for up to six patients ≥18 years of age with a physician confirmed diagnosis of PAH. In total, respondents submitted PRFs for 326 PAH patients

Data Collected:

- Clinical characteristics
- Patient demographics
- Current treatment

Patients were classified into two cohorts, "treated" and "untreated", based on HCP response to the question

"Is this patient prescribed treatment specifically for their PAH?"

Characteristics of the two cohorts were compared

"Yes, currently prescribed treatment" → **Treated**

"No, never prescribed treatment" → **Untreated**

CONCLUSIONS

- Analysis of this real-word dataset confirms that a proportion of PAH patients are not treated with PAH-specific medication
- Diagnostic evaluation with RHC did not occur as per guidelines in 20-25% of patients included in this analysis, which may impact patient management and therapeutic outcomes
- Untreated patients differed from treated patients in HCP-perceived main health concern, patient engagement, ethnicity, HCP type, and payer type
- While some untreated patients were less symptomatic, FC and HCP-perceived PAH severity were similar between cohorts and included a high proportion of FCII/III patients
- Patients with non-commercial insurance, including Medicare, Medicaid, and Tricare/Veterans Healthcare, are more likely to be undertreated than patients with commercial insurance
- Limitations of this analysis include:
  - Potential for low internal validity and susceptibility to multiple sources of bias for comparing outcomes
  - Identification of PAH patients based on the judgement of the consulting physician

CLINICAL IMPLICATIONS

- Reasons for PAH undertreatment are likely to be multi-factorial and may include treatment access barriers and management of prioritized comorbidities
- There is a continued need to address socioeconomic disparities, physician and patient education, and accuracy of diagnosis in patients suffering from PAH

RESULTS

- Baseline demographics between the treated and untreated cohorts were similar except for ethnicity

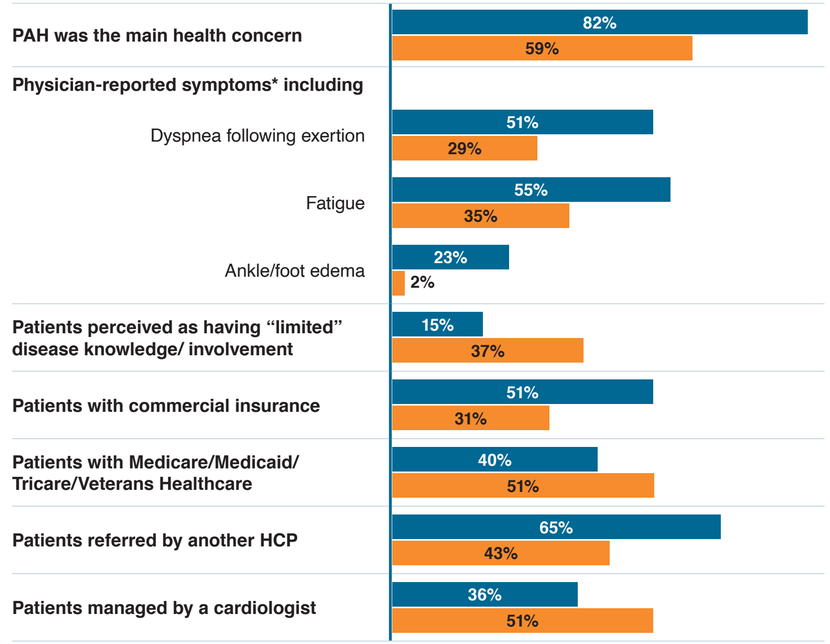
	Treated (n=277)	Untreated (n=49)
Total Population	85%	15%
White / Caucasian	75%	61%
African American	14%	14%
Hispanic / Latino	5%	14%
Other	6%	10%

RESULTS (CONTINUED)

- Right heart catheterization (RHC) was not the basis for diagnosis in a sizeable proportion of patients in either group: 19% treated vs. 25% untreated
- Both cohorts consisted of 79% FCII/III patients
- HCP-perceived PAH severity between the treated and untreated cohorts was similar

HCP-Perceived PAH Severity	Treated (n=277)	Untreated (n=49)
Mild	46%	51%
Moderate	43%	45%
Severe	9%	4%
Very severe	2%	0%

Characteristics of treated and untreated patient cohorts



Bars represent percentage of treated (blue; n = 277) and untreated (orange; n = 46) patients. *Symptoms with the greatest variability between cohorts prior to diagnosis

Presented at CHEST 2021 ANNUAL MEETING | OCTOBER 17-20

REFERENCES

1. Adelphi Real World PAH Disease Specific Programme (2019 version)
2. Anderson P, et al. *Curr Med Res Opin.* 2008 Nov;24(11):3063-72