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

PURPOSE

Data Collected:
• Clinical characteristics
• Patient demographics
• Current treatment

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

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

Characteristics of treated and untreated patient cohorts

PAH was the main health concern
Physician-reported symptoms* including Dyspnea following exertion
Fatigue
Ankle/foot edema

Patients perceived as having “limited” disease knowledge/ involvement

Patients with commercial insurance

Patients with Medicare/Medicaid/ Tricare/Veterans Healthcare

Patients referred by another HCP

Patients managed by a cardiologist

<table>
<thead>
<tr>
<th>HCP-Perceived PAH Severity</th>
<th>Treated (n=277)</th>
<th>Untreated (n=49)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>46%</td>
<td>51%</td>
</tr>
<tr>
<td>Moderate</td>
<td>43%</td>
<td>45%</td>
</tr>
<tr>
<td>Severe</td>
<td>9%</td>
<td>4%</td>
</tr>
<tr>
<td>Very severe</td>
<td>2%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Characteristics of treated and untreated patient cohorts

<table>
<thead>
<tr>
<th></th>
<th>Treated</th>
<th>Untreated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>85%</td>
<td>15%</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>75%</td>
<td>61%</td>
</tr>
<tr>
<td>African American</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>5%</td>
<td>14%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Bar graph showing percentage of treated (blue; n = 277) and untreated (orange; n = 49) patients. *Symptoms with the greatest variability between cohorts prior to diagnosis.