

Patient Burden and Treatment Goals in the Management of Erosive Esophagitis in the United States: Results from the Study of Acid-Related Disorders (SOARD)

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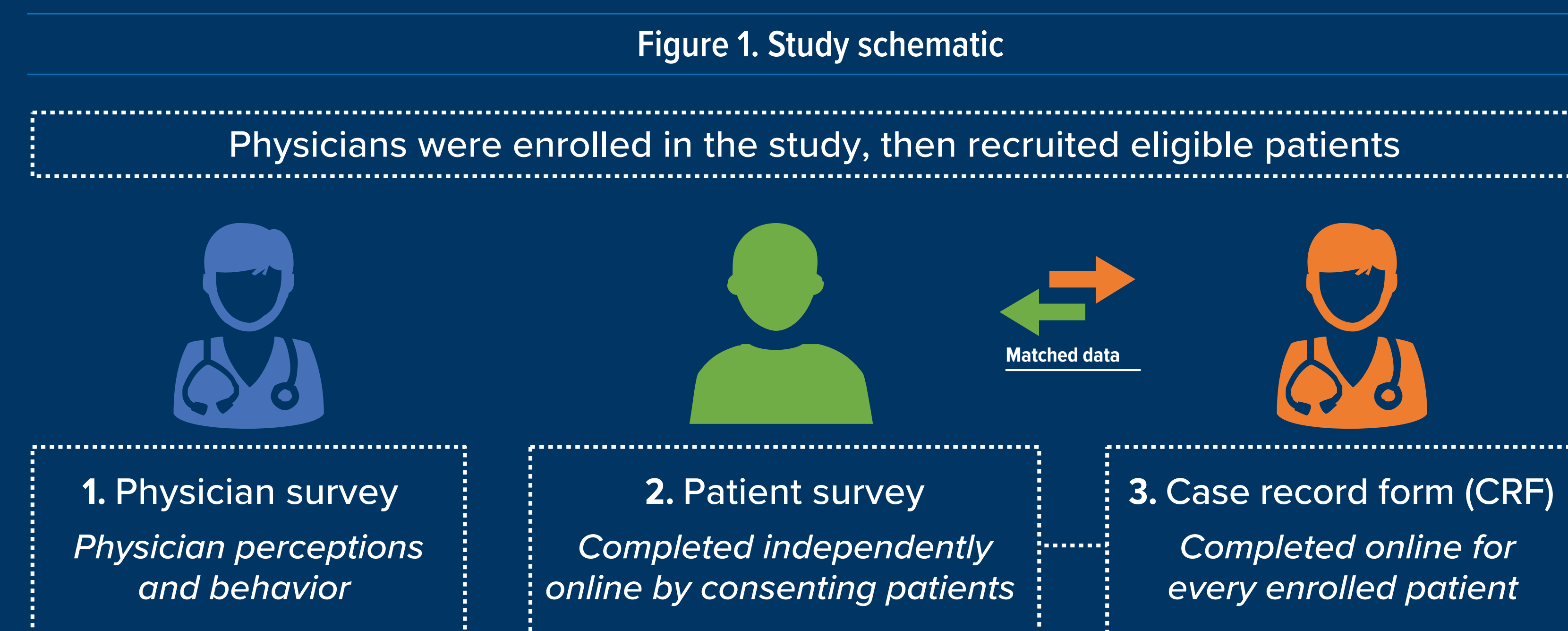
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OBJECTIVES

This study was designed to investigate the patient burden of individuals with EE through insights from patient and physician surveys, supplemented with data from patients' case report forms.

METHODS

- ▶ Gastroenterologists (GIs) and family physicians (FPs)/general practitioners (GPs) treating patients with EE completed a physician survey and invited patients to complete a patient survey; data were also extracted from medical records of enrolled patients (**Figure 1**).
 - The physician survey included questions on demographics, consulting population, prescribing patterns, treatment satisfaction, and perception of patient adherence.
 - Patients were asked about demographics, treatment adherence, symptom burden, treatment patterns, and treatment satisfaction.
 - The CRF captured information on demographics, clinical characteristics, management, and healthcare resource use.



- ▶ Physicians and patients were shown a series of attitudinal statements and asked to rate their agreement on a scale of 1-7, where 1 is completely disagree and 7 is completely agree. Scores of 6 or 7 were aggregated and considered agreement. Where a 10-point scale was used, 8-10 were aggregated as agreement.

- ▶ Data were collected between November 2020 and April 2021.

Physician inclusion criteria

- ▶ GIs or FPs/GPs with 4-40 years' clinical experience.
- ▶ Responsible for the management of at least 5 (FPs/GPs) or 10 (GIs) patients with EE per month.

Patient inclusion criteria

- ▶ 18-75 years of age at the time of providing informed consent.
- ▶ Confirmed diagnosis of EE.
- ▶ Currently being treated with a PPI.

Acknowledgements

The authors thank Christian Atkinson of Adelphi Real World for medical writing and editorial support funded by Phathom Pharmaceuticals, Chicago, IL, USA in accordance with Good Publications Practice (GPP3) guidelines (<http://www.ismpp.org/gpp3>).

Disclosures

Corey Pelletier and Rinu Jacob are employees of Phathom Pharmaceuticals. All other authors serve as consultants to Phathom Pharmaceuticals.

References

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INTRODUCTION

- ▶ Erosive esophagitis (EE) has a high disease burden¹ and is linked with increased rates of pulmonary complications.²
- ▶ It is important that real-world evidence of treatment patterns and adherence to guidelines are explored.
- ▶ We investigated patient burden and treatment goals in the management of EE, considering physician and patient perspectives.

RESULTS

Demographics

- ▶ 251 physicians (102 GIs and 149 FPs/GPs) completed a survey:
 - 17 GIs and 23 FPs/GPs provided chart review data for 73 EE patients.
 - Physician and patient characteristics are shown in **Tables 1** and **2**, respectively.

Symptom Burden

- ▶ Patients reported a mean of 3.2 symptoms in total (range 0-11); physicians reported a mean of 3.4 (range 0-11). Specific symptoms are shown in **Figure 2**.

Treatment Goals

- ▶ Patients' goals were to experience fewer symptoms (among top 3 goals for 61%), improving quality of life (58%) and fast symptom relief (41%).
- ▶ Only 44% of patients believed their goals were fully aligned with those of their physicians.

Treatment Satisfaction

- ▶ Physicians' and patients' levels of satisfaction with treatment are shown in **Figure 3**.

Adherence to Treatment

- ▶ Patient adherence is shown in **Figure 4**.

Treatment Patterns

Physicians

- ▶ 25% were worried about the long-term safety of available treatments.
- ▶ 73% recommended patients add over-the-counter (OTC) therapy to prescribed therapy.

RESULTS (CONTINUED)

Treatment Patterns

Patients

- ▶ A quarter took a PPI more than once a day; 56% would be satisfied if they were able to take a PPI once a day.
- ▶ 48% would feel more satisfied if they could reduce the need for supplementary OTC therapies. 84% wanted long-lasting treatments.
- ▶ 44% considered their current treatment a long-lasting solution for their EE.
- ▶ 70% reported that better initial healing of EE would make them hopeful that treatment would resolve their problem.

Fast healing was desired by 58% and 59% of physicians and patients, respectively.

Table 1. Physician characteristics

	GI (n=102)	GP/FP (n=149)
Year of qualification (% physicians)		
<2000	36.5	43.5
>2001	63.5	56.5
Regions in which licensed to practice medicine (% physicians)		
North East	28.4	24.2
Mid-West	36.3	32.2
West	18.6	24.8
South	27.5	26.2
Patient caseload in last month (mean)	349.0	434.0
Active patients with EE	57.3	35.7
Mean time spent consulting (% of time)	73.4	91.7

Table 2. Patient characteristics

	Overall (n=73)
Age (mean years)	48.2
Sex (% female)	57.5
Time since diagnosis (mean years)	2.4
Employment status (% employed)	69.9
BMI (mean)	27.0
Race/Ethnicity (%)	
White	69.9
Hispanic/Latino	9.6
Asian	4.1
Black	8.2
Mixed race	5.5
Prefer not to say	1.4

Figure 2. Symptoms reported by patients vs. recorded by physicians

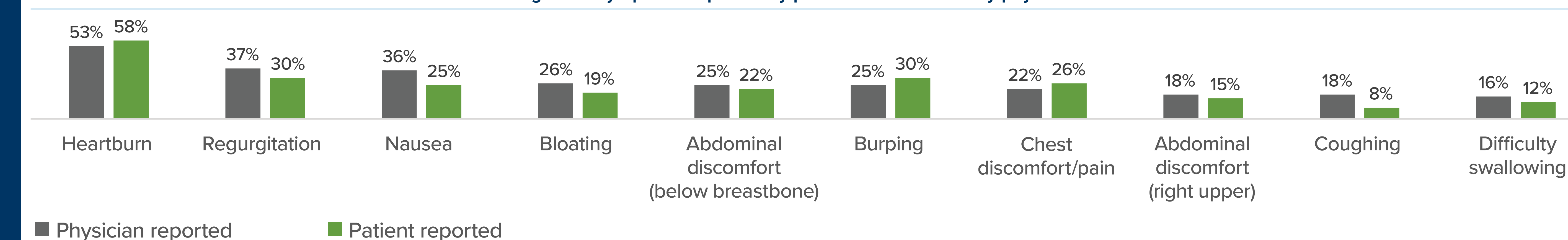


Figure 3. Physician- and patient-reported satisfaction with treatment

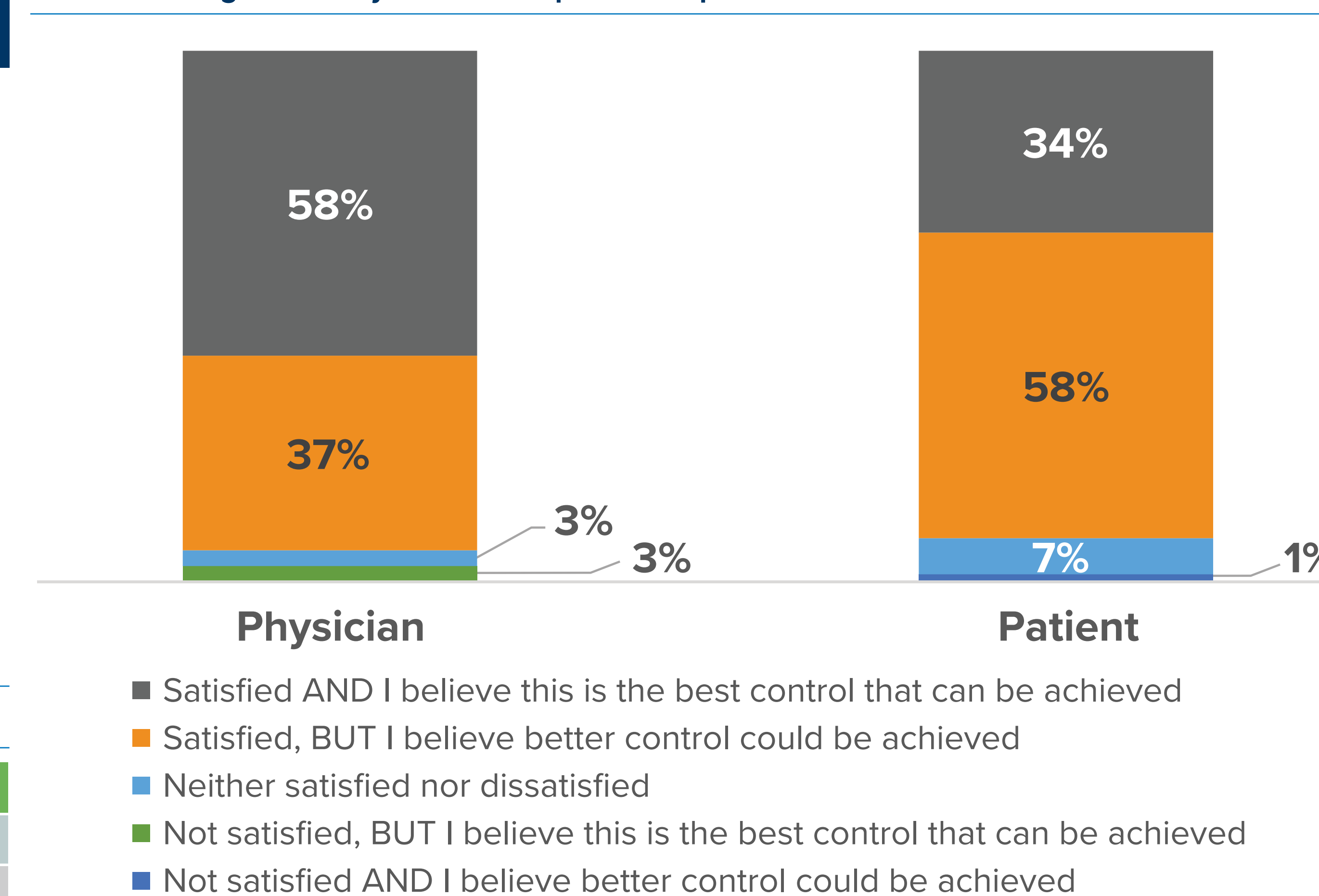
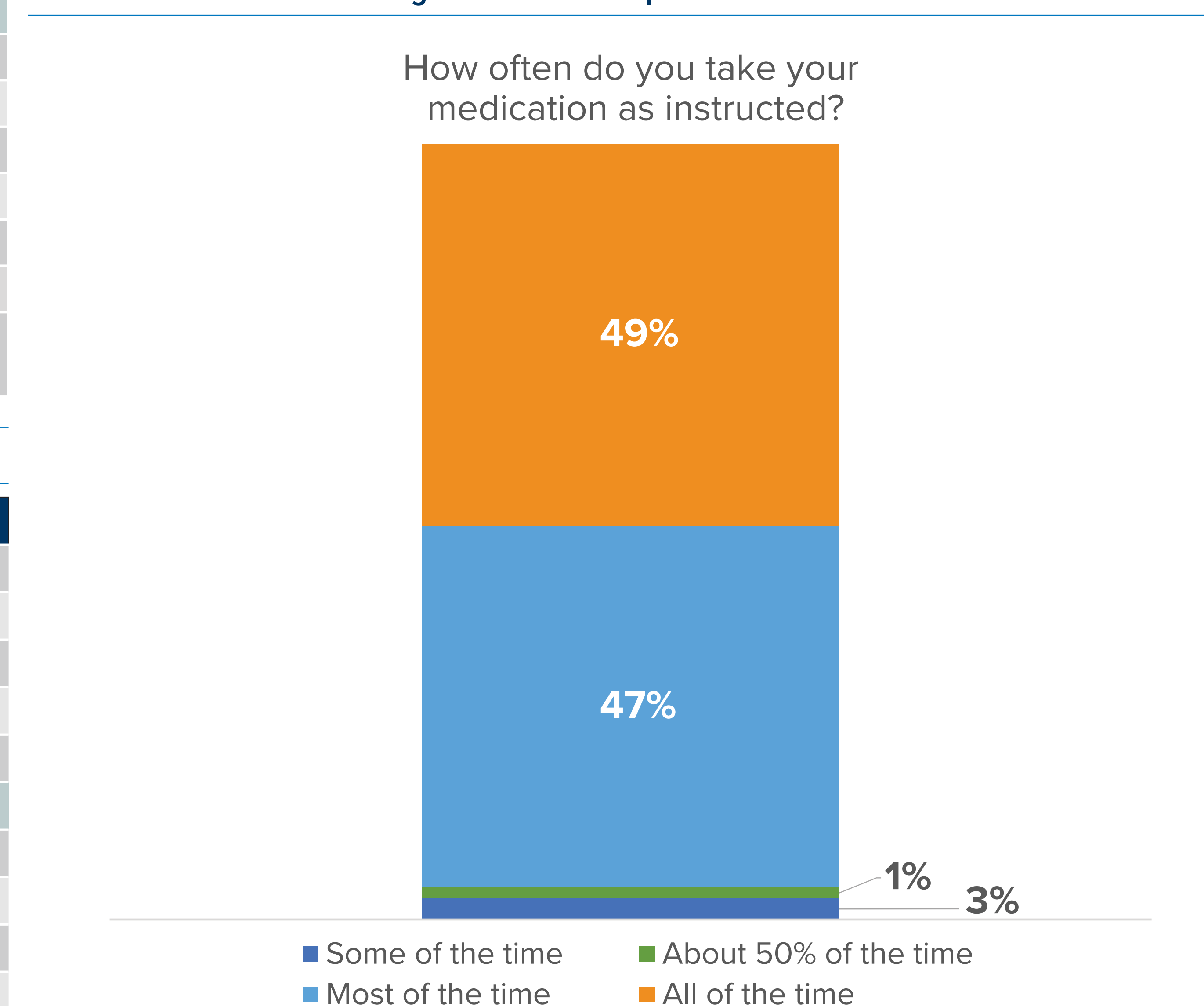


Figure 4. Patient-reported adherence



DISCUSSION

- ▶ Despite the availability of multiple therapies, EE patients experience a range of symptoms impacting their ability to achieve goals.
- ▶ Patients' and physicians' perceptions differ with respect to the prevalence of symptoms.
- ▶ Patients reported lower levels of satisfaction than physicians.
- ▶ For many patients, symptom control is sub-optimal, indicating a need for more effective and durable treatment options.