

Reasons why DME and RVO patients are not receiving treatment

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Background & Objectives



Disclosures



Background



Objectives

- Authors are employees of Ipsos.
 - There are no conflicts of interest to declare for any of the listed authors.
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- Diabetic macular edema (DME) and retinal vein occlusion (RVO) are major retinal disorders that could lead to vision loss. Intravitreal anti-vascular endothelial growth factor (VEGF) therapy is considered the frontline standard of care for these conditions, while alternative treatment options such as steroids and laser therapy are also available ^[1].
 - Patients with delayed intravitreal treatment may require an increasing number of injections ^[2] and worse disease outcomes ^[3]. Despite this, not all patients actively receive treatment for their disease.
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- This study aimed to explore reasons why patients with DME and RVO in EU4 and UK are not receiving treatment.

Methods & Limitations



METHODS

Data were collected from the Ipsos Ophthalmology Therapy Monitor, an ongoing multi-centre online medical chart review of patients with DME & RVO. Ophthalmologists and retinal specialists working in hospitals and private practices across the EU4 & UK were recruited and screened for DME & RVO patient volume (≥ 10 DME & ≥ 5 RVO patients seen in the last 3 months) and responsibility for anti-VEGF treatment decisions for their DME & RVO patients.

Participating physicians completed an anonymised online survey and reported data on DME & RVO patients seen during the fieldwork period, plus perceptions of treatments and caseload statistics. Stated ophthalmologist caseload values regarding treatment status of all managed patients were analysed and reported on. Data were analysed using descriptive statistics.

Ipsos Ophthalmology Therapy Monitor (EU4 & UK):

- Online physician-reported medical chart review study of patients with DME and RVO, including a physician perceptual survey
- 256 ophthalmologists & retinal specialists in EU4 and UK (France n=51; Germany n=52; Italy n=53; Spain n=50; UK n=50)
- Fieldwork: October 2022 to December 2022
- EU4 & UK level data were unweighted by market (higher chance of physicians reporting on currently injecting patients due to being more recently seen)

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LIMITATIONS

Patient management practices reported in this study represent the practices of physicians participating in this study only and may vary from those of non-participating physicians.

Results (1)

Almost 1 in 5 DME / RVO patients managed by participating physicians were not receiving treatment

For sampled physicians reporting the treatment status of their currently managed patients:

- An average of 12% of their total stated DME caseload was considered 'watchful waiting', with 6% having discontinued treatment (Fig. 1).
- An average of 12% of their total stated RVO caseload was considered 'watchful waiting', with 7% having discontinued treatment (Fig. 2).
- Physicians in France & UK indicated the highest average proportion of (collectively) untreated patients across both indications (FR: 26% DME & 24% RVO; UK: 21% DME & 23% RVO).
- Conversely, physicians in Germany cited the lowest average proportions in both cohorts (13% DME & 12% RVO).

Figure 1: DME

Average stated proportion of physicians' DME caseload classified as watchful waiting/discontinued treatment

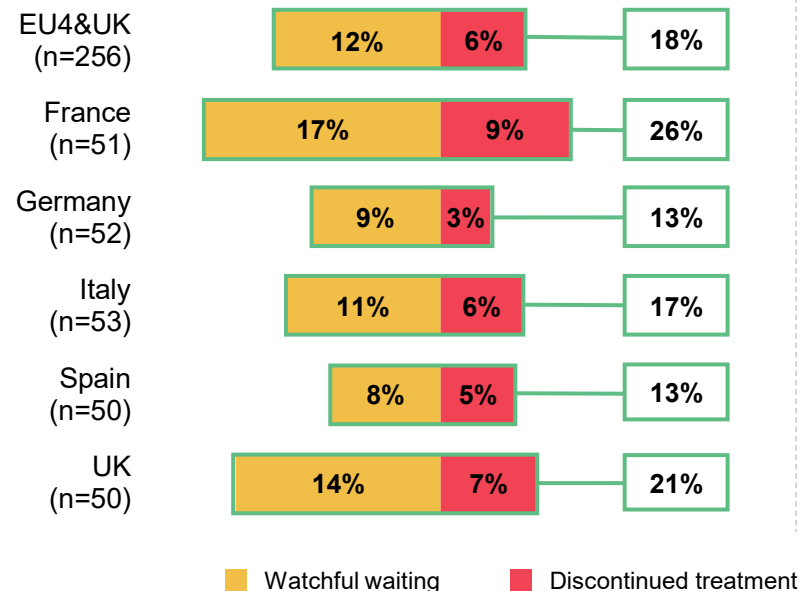
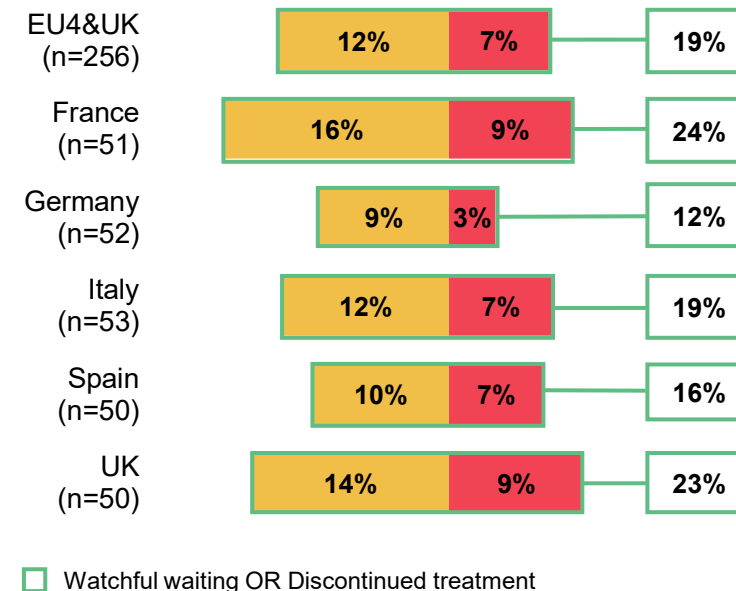


Figure 2: RVO

Average stated proportion of physicians' RVO caseload classified as watchful waiting/discontinued treatment



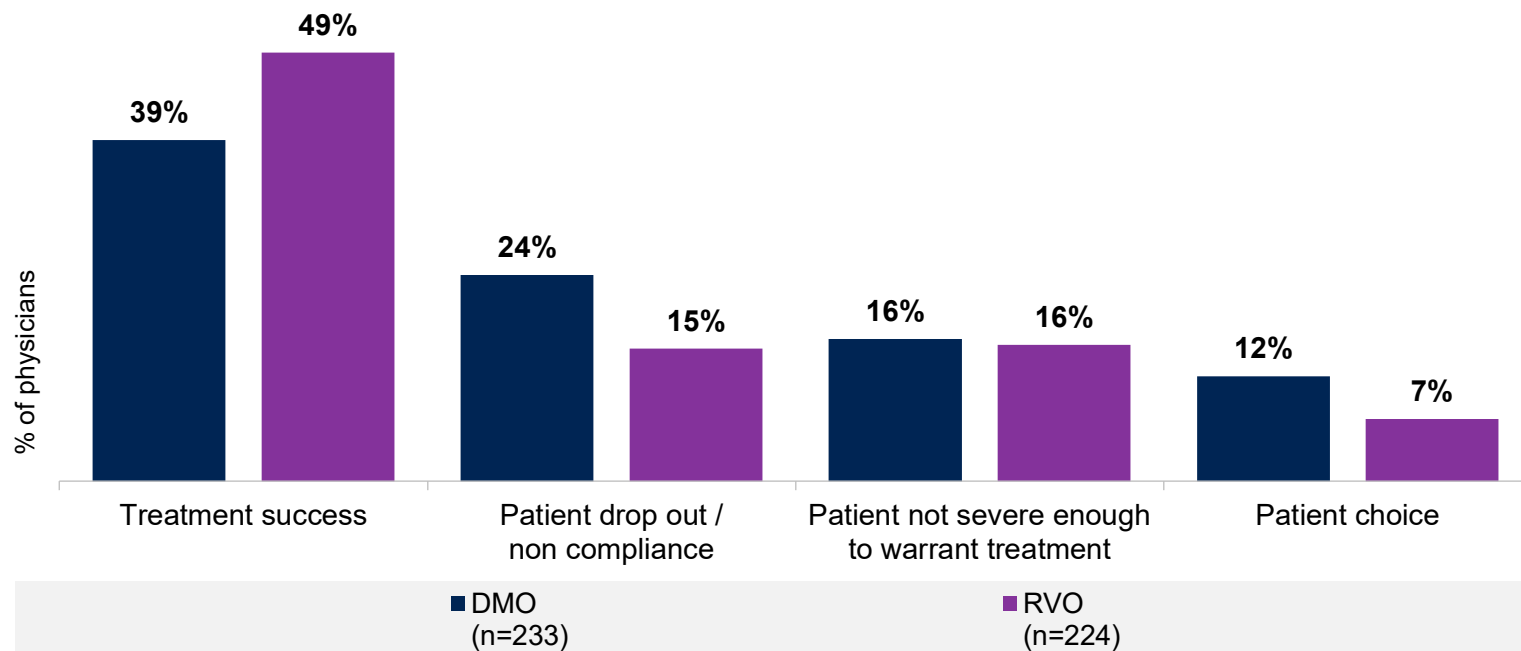
Note: Results showing average perceived proportion of DME/RVO patients personally managed in the last 3 months.

Source: Ipsos Ophthalmology Therapy Monitor (Oct 2022 – Dec 2022, 256 Ophthalmologists and Retinal Specialists across EU4 & UK reporting online on DME & RVO patients. Physicians were primary decision makers and saw a minimum number of DME & RVO patients). Data © Ipsos 2023, all rights reserved.

Results (2)

Aside from 'treatment success', physicians cited patient-related factors as the top reasons why their DME and RVO patients were not receiving treatment

Figure 3: Primary reason why physicians' untreated DME and RVO patients were not receiving treatment



Note: Chart examines a subset of physicians with DME/RVO patients who were not being treated.



Focusing on the cohort of physicians with untreated patients in their DME caseload (n=233), 39% of these physicians stated 'treatment success' as a reason why these patients were not receiving treatment; 49% stated the same for RVO (n=224) (Fig. 3).

However, other factors were also of consideration. 24% of sampled physicians indicated 'patient drop out / non-compliance', and 12% 'patient choice' as reasons why their DME patients were untreated.

In RVO, 15% of sampled physicians indicated 'patient drop out / non-compliance', and 7% 'patient choice' as additional reasons preventing treatment (Fig. 3).

Source: Ipsos Ophthalmology Therapy Monitor (Oct 2022 – Dec 2022, 256 Ophthalmologists and Retinal Specialists across EU4 & UK reporting online on DME & RVO patients. Physicians were primary decision makers and saw a minimum number of DME & RVO patients). Data © Ipsos 2023, all rights reserved.

Results (3)

Approximately 2 in 5 physicians considered the primary reason for non-adherence to the full anti-VEGF loading dose a result of patient decision or patient loss to follow up

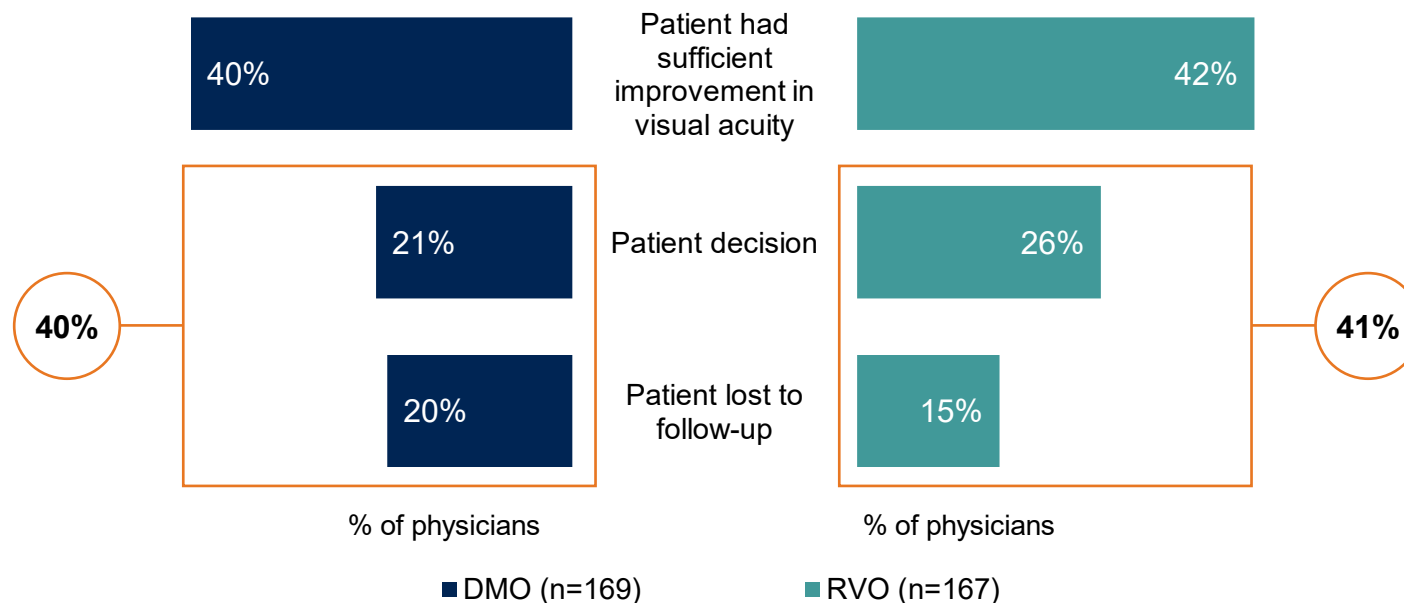


169 physicians had anti-VEGF treated patients in their current DME caseload who had not received the full prescription of the labelled loading dose. 167 physicians had a similar patient cohort in their RVO caseload.

The key reasons indicated for non-adherence were similar across both indications (Fig. 4):

- 'Sufficient improvement in visual acuity' (DME 40%; RVO 42%)
- 'Patient decision' (DME 21%; RVO 26%)
- 'Patient lost to follow-up' (DME 20%; RVO 15%)

Figure 4: Primary reason why physicians DME and RVO caseload did not receive the full set of injections indicated in the anti-VEGF loading dose



Note: Chart examines a subset of physicians with DME/RVO patients who do not receive the labelled anti-VEGF therapy loading dose.

Source: Ipsos Ophthalmology Therapy Monitor (Oct 2022 – Dec 2022, 256 Ophthalmologists and Retinal Specialists across EU4 & UK reporting online on DME & RVO patients. Physicians were primary decision makers and saw a minimum number of DME & RVO patients). Data © Ipsos 2023, all rights reserved.

Conclusions

Treatment success and patient disconnect were the main reasons for why patients are not receiving treatment; patient education could play a role in addressing the latter



The findings in this study cohort highlight the potential influence of both physician and patient-related factors as barriers to treatment in DME and RVO patients.



Whilst success of a treatment is the most frequently cited reason for physicians' untreated DME and RVO caseload not receiving treatment, the greatest proportion of physicians' untreated patient caseload were classified as 'watchful waiting', suggesting a re-iterative clinical evaluation of the need to prescribe treatment.



The proportion of patients who fail to receive their full loading dose of an anti-VEGF therapy as a result of being 'lost to follow-up' (LTFU) also highlights an additional reliance on healthcare system administration in the monitoring and evaluation of DME and RVO patients.



Furthermore, the study also suggests there may be some patient disconnect in the choice to receive/maintain treatment for DME or RVO, highlighting potential opportunities to explore the root of this disconnect, and identify ways to optimise treatment outcomes through improved education. Further investigation using a comparator cohort is warranted, to better understand the patient point of view.

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