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Comparing Advanced Treatment Utilization and Adherence, Disease Burden and Disconnect on Patient and Physician-Reported Severity Between White Patients With Atopic Dermatitis and Those Of Other Races/Ethnicities In the United States

James Haughton[1], Evangeline Pierce[2], Peter Anderson[1], Oliver Howell[1], Beth Mitchell[2], Zach Dawson[2], Alastair Hinds[1], James Piercy[1], Candrice Heath[3,4]

[1]Adelphi Real World, Bollington, United Kingdom, [2]Eli Lilly and Company, Indianapolis, United States, [3]Howard University Department of Dermatology, Washington DC, United States, [4]Temple University Center for Urban Bioethics, Philadelphia, United States

OBJECTIVE

- To compare disconnect between White patients with their physician vs. those of Other Races/Ethnicities (ORE) in assessment of Atopic Dermatitis (AD) severity and treatment satisfaction, and use of advanced therapy (AT)..

CONCLUSION

- Alignment in patient and physician perception of current disease severity was greater for White patients than ORE (**Figure 1**).
- While ORE patients seemingly experienced higher disease burden than White patients, with more pronounced impact on their quality of life according to their Patient Reported Outcomes (**Table 2**), current IGA was similar with fewer ORE patients self-reporting moderate or severe disease (**Table 1**). AT use was similar despite ORE patients with lower patient reported treatment adherence (**Figure 3 and 4**), indicating a necessity for physicians to discuss advanced therapy options with their patients.

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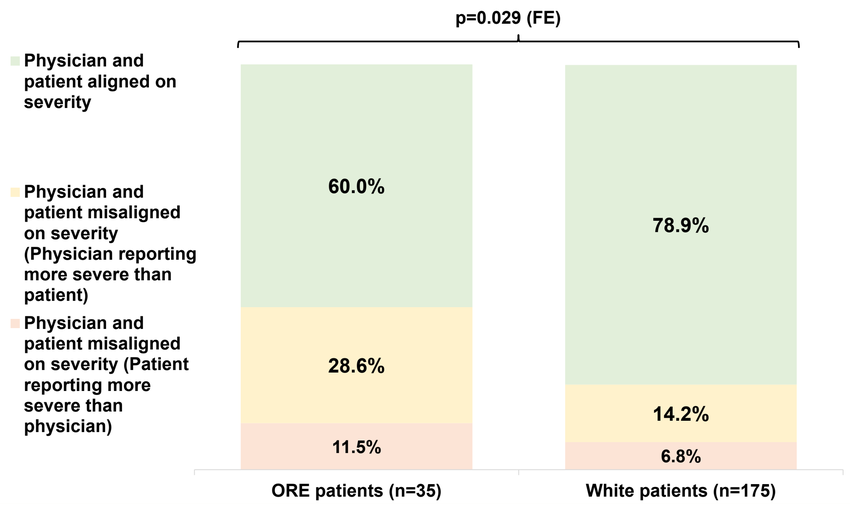
RESULTS

Figure 1: Physician- and Patient-Perceived Severity Alignment*



- **ORE patients more often reported their disease as more severe than their physicians than among White patients and their physicians (11.5% vs. 6.8%) (Figure 1).**
- **Overall, ORE patients' perceived severity significantly more misaligned with that of their physicians compared to White patients (40.1% vs. 21%) (Figure 1).**

*Only patients for whom a value for both physician- and patient- reported severity were included in all groups, hence discrepancy in bases from study population. Responses may not add to 100% due to rounding.

Figure 2: Physician-Reported Symptoms Experienced

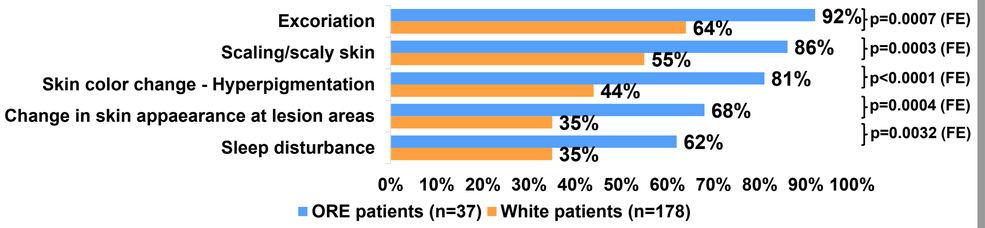
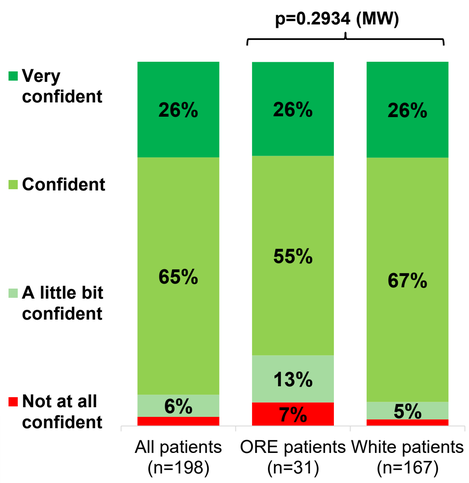
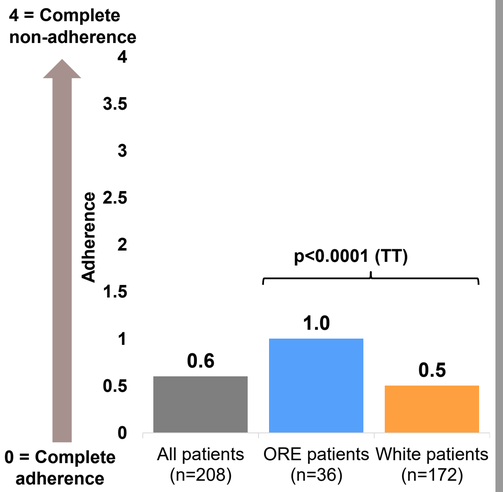


Figure 3: Physician-Reported Confidence in Patient Treatment Adherence



*Only patients whose physician indicated a level of confidence in patient's treatment adherence included. Data labels <5% not shown for clarity.

Figure 4: Patient-Reported Adelphi Adherence Questionnaire Score[2]



*Only patients who provided an answer to individual elements of the ADAQ included, hence discrepancy in bases from study population.

- **ORE patients more likely to experience excoriation (92% vs. 64%), scaling (86% vs. 55%), hyperpigmentation (81% vs. 44%) (Figure 2).**
- **Physician-reported adherence lower for ORE patients (81% vs. 93% confident/very confident that patients took their medication as advised (Figure 3), although not significant.**
- **ORE patients reported significantly lower adherence via Adelphi Adherence Questionnaire Score than White (1.0 vs. 0.5) where 4 indicates complete non-adherence.**

Table 1: Demographics and Clinical Characteristics

	All Patients (n=215)	ORE Patients (n=37)	White Patients (n=178)	p-value
Age (years), mean (SD)	39.3 (15.3)	34.1 (12.6)	40.4 (15.6)	0.0224 (TT)
Female, n (%)	108 (50)	21 (57)	87 (49)	0.4704 (FE)
Time since diagnosis (years), mean (SD), [n]	5.7 (8.9), [n=123]	6.9 (7.0), [n=14]	5.5 (9.2), [n=109]	0.5926 (TT)
HCP assessment of severity at initiation of current treatment				
Mild, n (%)	12 (6)	3 (9)	9 (5)	0.0977 (MW)
Moderate, n (%)	152 (74)	20 (57)	132 (78)	
Severe, n (%)	41 (20)	12 (34)	29 (17)	
HCP current severity assessment				
Mild, n (%)	77 (36)	14 (38)	63 (35)	0.7862 (MW)
Moderate, n (%)	128 (60)	19 (51)	109 (61)	
Severe, n (%)	10 (5)	4 (11)	6 (3)	
IGA at initiation of current treatment, mean (SD), [n]	2.9 (0.7), [n=189]	2.8 (1.1), [n=31]	2.9 (0.5), [n=158]	0.1902 (TT)
IGA currently, mean (SD)	2.1 (1.1)	1.9 (1.1)	2.2 (1.1)	0.1221 (TT)
BSA, mean % (SD), [n]	12.6 (10.9), [n=158]	14.3 (13.5), [n=35]	12.1 (10.1), [n=123]	0.2968 (TT)
Currently receiving advanced therapy, n (%)	60 (28.0)	11 (29.7)	49 (27.7)	0.8413 (FE)

All data reported by HCP for each patient. Atopic Dermatitis (AD), Other Races/Ethnicities (ORE), Advanced Therapy (AT), Standard deviation (SD), Healthcare Provider (HCP), Investigator's Global Assessment (IGA), Body Surface Area (BSA), Patient-Orientated Eczema Measure (POEM), European Quality of Life 5 Dimensions 5 Level Version (EQ-5D-5L), EuroQol Visual Analogue Scale (EQ-VAS), Work Productivity and Activity Impairment (WPAI), Mann-Whitney test (MW), T-Test (TT), Fisher's exact test (FE); p<0.05 indicates statistical significance.

Table 2: Patient Reported Outcome Measures

	All Patients (n=215)	ORE Patients (n=37)	White Patients (n=178)	p-value
POEM, mean (SD), [n]	6.2 (5.7), [n=212]	9.2 (6.5), [n=37]	5.5 (5.3), [n=175]	0.0003 (TT)
EQ-5D-5L, mean (SD), [n]	0.900 (0.17), [n=214]	0.814 (0.257), [n=37]	0.917 (0.137) [n=177]	0.0006 (TT)
EQ-VAS, mean (SD), [n]	83.12 (14.62), [n=210]	79.80 (18.86), [n=35]	83.78 (13.58), [n=175]	0.1416 (TT)
WPAI, mean (SD), [n]	15.44 (18.88), [n=148]	27.72 (29.96), [n=18]	13.74 (16.25), [n=130]	0.0030 (TT)
DLQI, mean (SD), [n]	4.34 (5.53), [n=212]	8.19 (7.39), [n=37]	3.53 (4.69), [n=175]	<0.0001 (TT)

All data self-reported by patient. Patient-Orientated Eczema Measure (POEM), European Quality of Life 5 Dimensions 5 Level Version (EQ-5D-5L), EuroQol Visual Analogue Scale (EQ-VAS), Work Productivity and Activity Impairment (WPAI), Dermatology Life Quality Index (DLQI).

Disclosures: Data collection was undertaken by Adelphi Real World as part of an independent survey. Eli Lilly did not influence the original survey through either contribution to the design of questionnaires or data collection. The analysis described here used data from the Adelphi Real World AD DSP. The DSP is a wholly owned Adelphi Real World product. Eli Lilly is one of multiple subscribers to the DSP. Publication of survey results was not contingent on the subscriber's approval or censorship of the publication. Competing interests: JH, PA, OH, AH and JP are employees of Adelphi Real World. The authors have nothing to declare.
EP, BM and ZD are employees and stockholders of Eli Lilly and Company. CH, Consultant: Arcutis, Apogee, Avita, Dermavant, Lilly, Janssen, Johnson and Johnson, Kenvue, Pfizer, Regeneron, Sanofi, L'Oreal, Nutrafol, WebMD
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