

Treatment Patterns, Satisfaction, and Disease Progression in Non-Segmental Vitiligo Across Europe and the United States

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OBJECTIVE

To evaluate treatment patterns, treatment satisfaction, disease progression and unmet need in patients with non-segmental vitiligo (NSV)

CONCLUSIONS

Although treatments may work for some patients with NSV, a considerable number fail on treatment or maintain moderate disease severity, and only 22% of patients were considered improvers

Approximately half of the improvers reported that NSV was no longer or less noticeable after treatment, and of these 74% reported satisfaction with treatment

High levels of dissatisfaction with treatment were reported by physicians and patients, with physicians believing better control is achievable in most patients

Patients appear to cycle through the same therapies due to limited treatment options available, demonstrating a need for new treatment options

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References

- Bergqvist C, Ezzedine K. *Dermatology*. 2020;236:571–92.
- Bibeau K, et al. *Lancet*. 2022;399(10341):2113–28.
- Morrison B, et al. *Br J Dermatol*. 2017;177:338–9.
- Batchelor JM, et al. *Br J Dermatol*. 2016;174:386–94.
- Batchelor JM, et al. *Br J Dermatol*. 2022;187:548–56.

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INTRODUCTION

- NSV is an autoimmune disorder characterized by depigmented patches of skin, with an estimated prevalence of approximately 1% globally^{1,2}
- NSV can have significant negative impact on quality of life and daily activities^{1–3}
- Psychosocial effects such as anxiety, depression, and relationship difficulties have also been reported in patients with NSV^{1–3}
- Currently, there is a lack of information regarding disease progression and burden in patients with NSV, as well as treatment patterns and satisfaction with current treatment options

METHODS

Data Source and Patient Population

- Data are from the Adelphi Vitiligo Disease Specific Programme 2021, a survey of physicians and their adult and adolescent patients with NSV in the US, France, Germany, Italy, Spain, and the UK
- Physicians classified patients according to the extent of their NSV currently and at initiation of current treatment as: mild, moderate, or severe

Outcomes

- Physicians provided information on:
 - Patient demographics
 - Current/previously prescribed NSV therapies
 - Satisfaction with disease control on treatment and reasons for dissatisfaction
 - Current disease progression
 - How noticeable NSV was compared with before treatment using Vitiligo Noticeability Scale scores^{4,5}

Patients provided information on:

- Treatment satisfaction and reasons for dissatisfaction
- How noticeable NSV was compared with before treatment using Vitiligo Noticeability Scale scores^{4,5}

Data Analysis

- All analyses were descriptive
- Patients were divided into 4 groups based on change in extent of vitiligo from current treatment initiation to the present
 - Still mild
 - Still moderate
 - Improvers (condition improved from severe to moderate, severe to mild, or moderate to mild since initiation of current treatment)
 - Treatment failures/progression (condition worsened or remained severe despite being on treatment)

RESULTS

- This analysis included 1754 patients with NSV (Table 1)
- Mean days from first symptoms of NSV and diagnosis of NSV was 1430 and 1153 days, respectively (Table 2)
- Physician assessments of disease progression were consistent with overall change in severity from treatment initiation to present (Figure 1). Disease control was considered not optimal in 58% of all patients, rising to 72% in treatment failures
- Of patients who had severe, moderate, and mild disease at treatment initiation, 57% (92/161), 62% (545/878), and 96% (689/715) still had severe, moderate, and mild disease, respectively, at follow-up (Figure 2)
- Overall (across all disease categories), only 22% (378/1754) of patients were improvers
- Topical calcineurin inhibitors (TCI) and phototherapy were the most common current treatments for improvers (38% and 39%, respectively), still moderate (41% and 39%, respectively) and treatment failures (30% and 42%, respectively). TCIs were used by 48% of still mild, but phototherapy use was lower (22%) (Table 2)

- Lines of treatment analysis indicated that patients repeatedly cycled through the same therapy classes – TCI, phototherapy, and topical corticosteroids (Figure 3)
- Physicians reported that NSV was no longer noticeable or a lot less noticeable than before treatment initiation in 53% of improvers vs 24%, 13%, and 17% in still mild, still moderate, and treatment failures, respectively (Figure 4)
- Similarly, patients reported that NSV was no longer noticeable or a lot less noticeable than before treatment initiation in 47% of improvers vs 24%, 18%, and 13% in still mild, still moderate and treatment failures, respectively (Figure 4)
- For patients who were treatment failures, only 22% of physicians were satisfied with the current regimen vs 56% for still mild, 43% for still moderate and 77% for improvers; patient satisfaction was 26%, 60%, 51%, and 74%, respectively (Figure 5). The main reason for physician dissatisfaction (73% of cases) was that the treatment did not induce initial or sustaining repigmentation

Table 1. Demographics

Characteristic	Overall N = 1754	Still Mild N = 689	Still Moderate N = 545	Improvers N = 378	Treatment Failures N = 142
Age (mean ± SD)	31.2 ± 15.5	28.3 ± 14.3	33.5 ± 15.8	31.2 ± 15.2	36.8 ± 17.6
≥18 years	1299 (74%)	462 (67%)	431 (79%)	289 (76%)	117 (82%)
<18 years	455 (26%)	227 (33%)	114 (21%)	89 (24%)	25 (18%)
Sex, n (%)					
Male	873 (50%)	344 (50%)	261 (48%)	197 (52%)	71 (50%)
Female	878 (50%)	344 (50%)	284 (52%)	179 (47%)	71 (50%)
Intersex	3 (0%)	1 (0%)	0 (0%)	2 (1%)	0 (0%)
Ethnic origin (US)	n = 458	n = 144	n = 168	n = 99	n = 47
White/Caucasian	248 (54%)	70 (49%)	99 (59%)	52 (53%)	27 (58%)
African American	89 (19%)	24 (17%)	33 (20%)	22 (22%)	10 (21%)
Native American	4 (1%)	0 (0%)	3 (2%)	1 (1%)	0 (0%)
Asian	43 (9%)	15 (10%)	14 (8%)	11 (11%)	3 (6%)
Hispanic/Latino	44 (10%)	23 (16%)	10 (6%)	6 (6%)	5 (11%)
Middle Eastern	7 (2%)	3 (2%)	2 (1%)	1 (1%)	1 (2%)
Mixed race	23 (5%)	9 (6%)	7 (4%)	6 (6%)	1 (2%)
Ethnic origin (Europe)	n = 1296	n = 545	n = 377	n = 279	n = 95
White/Caucasian	999 (77%)	433 (79%)	284 (75%)	214 (77%)	68 (72%)
Asian	115 (9%)	40 (7%)	41 (11%)	23 (8%)	11 (12%)
Hispanic/Latino	92 (7%)	41 (8%)	24 (6%)	21 (7%)	6 (6%)
Middle Eastern	23 (2%)	8 (2%)	10 (3%)	2 (1%)	3 (3%)
Mixed race	34 (3%)	12 (2%)	8 (2%)	10 (4%)	4 (4%)
Afro-Caribbean	33 (2%)	11 (2%)	10 (3%)	9 (3%)	3 (3%)

SD, standard deviation.

Table 2. Clinical Characteristics

Characteristic	Overall N = 1754	Still Mild N = 689	Still Moderate N = 545	Improvers N = 378	Treatment Failures N = 142
Fitzpatrick skin type					
Type I + II	673 (38%)	284 (41%)	195 (36%)	129 (34%)	65 (46%)
Type III + IV	806 (46%)	315 (46%)	255 (47%)	183 (48%)	53 (37%)
Type V + VI	275 (16%)	90 (13%)	95 (17%)	66 (17%)	24 (17%)
Extent/severity vitiligo at time of current treatment initiation					
Limited extent/mild	715 (41%)	689 (100%)	0 (0%)	0 (0%)	26 (18%)
Moderate extent	878 (50%)	0 (0%)	545 (100%)	309 (82%)	24 (17%)
Extensive/severe	161 (9%)	0 (0%)	0 (0%)	69 (18%)	92 (65%)
Days since first vitiligo symptoms were experienced, mean ± SD	1430 ± 2072	1033 ± 1618	1524 ± 2138	1452 ± 1754	3078 ± 3462
Days since vitiligo diagnosis, mean ± SD	1153 ± 1751	779 ± 1216	1212 ± 1722	1320 ± 1828	2494 ± 3032
Currently receiving TCI	741 (42%)	329 (48%)	226 (41%)	144 (38%)	42 (30%)
Currently receiving phototherapy	568 (32%)	150 (22%)	212 (39%)	146 (39%)	60 (42%)
Currently receiving topical corticosteroid	202 (12%)	73 (11%)	70 (13%)	35 (9%)	24 (17%)

SD, standard deviation; TCI, topical calcineurin inhibitors.

RESULTS CONTINUED

Figure 1. Physician-reported Current Disease Progression

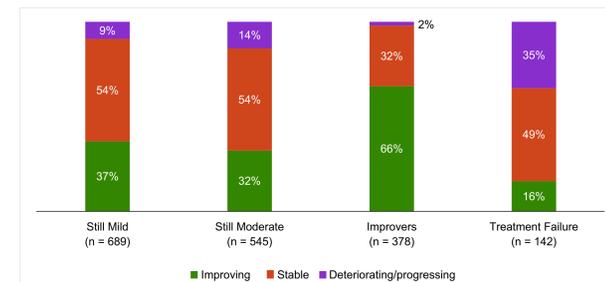


Figure 2. Change in Severity From Current Treatment Initiation to Present

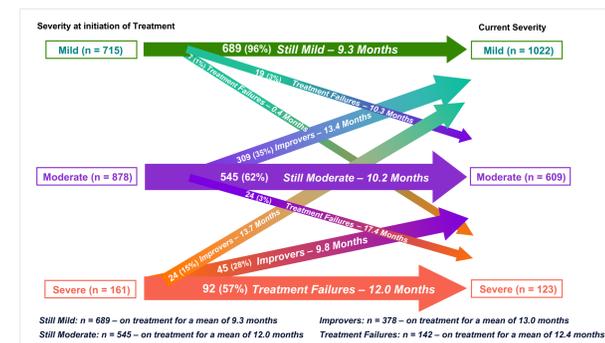
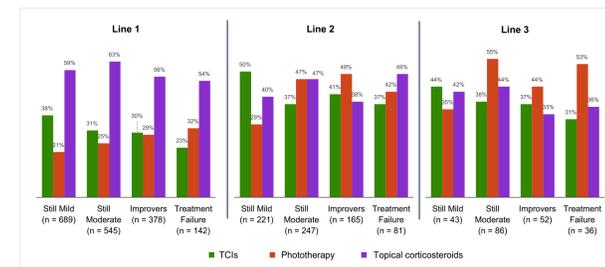


Figure 3. Lines of Treatment



TCI, topical calcineurin inhibitors.

Figure 4. Physician- and Patient-reported Noticeability of Vitiligo Compared With Before Current Treatment

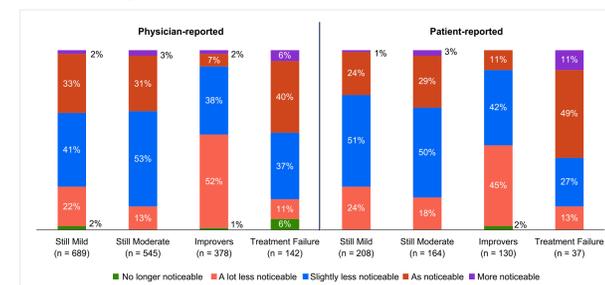


Figure 5. Physician- and Patient-reported Satisfaction With Current Treatment

