Patient Preferences in Moderate-to-Severe Atopic Dermatitis (AD): A Discrete Choice Experiment (DCE)

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Conclusions

• Findings from the sensitivity analyses (N=219), preference for treatment attributes, and robustness of the findings (data results generated from the full sample, indicating AE risks). (Table 1; Figure 4)

• The following seven attributes were selected for inclusion in the DCE based on an initial qualitative interview phase and input from clinical experts: sustained improvement in skin appearance, itch control, risk of respiratory infection, risk of cancer, risk of heart problems, frequency and mode of administration, and blood test frequency.

• In the DCE, participants were presented with 12 choice tasks (including 2 tasks designed to assess internal validity), and the survey ended with questions about participant demographic and clinical characteristics. Choice tasks each displayed a pair of hypothetical treatment profiles, and participants were asked to select the profile that best reflected their preferences between the two profiles (Figure 1).

Methods

• An online DCE survey was conducted in June 2023 with participants recruited via an existing panel of geographically and demographically diverse AD patients in the US.

• Eligible participants were adults (≥ 18 years) who had (1) been diagnosed with AD for at least one year, (2) self-reported moderate-to-severe AD (or experience with systemic therapy), and (3) experienced inadequate response to topical treatments.

• The following seven attributes were included in the DCE based on an initial qualitative interview phase and input from clinical experts: sustained improvement in skin appearance, itch control, risk of respiratory infection, risk of cancer, risk of heart problems, frequency and mode of administration, and blood test frequency.

• In the DCE, participants were presented with 12 choice tasks (including 2 tasks designed to assess internal validity), and the survey ended with questions about participant demographic and clinical characteristics. Choice tasks each displayed a pair of hypothetical treatment profiles, and participants were asked to select the profile that best reflected their preferences between the two profiles (Figure 1).

A conditional/logit regression model was used to assess patient preferences for different treatment attributes, including willingness to trade-off between attributes that are of equal worth, utility, and the relative importance of each attribute. A sensitivity analysis was conducted selecting participants who failed internal validity tests, including a dominance test (where all attributes in one profile were better than those in the other profile) and/or stability test (repeating one of the previous choice tasks).

Background

• Atopic dermatitis (AD) affects approximately 5-10% of adults worldwide and is a significant burden on the lives of patients and their caregivers.

• Despite variations in newer treatment options for AD patients, patient preferences for different treatment attributes are not well characterized in the United States (US).

Figure 1. Example of a Choice Card

Table 1. DCE Analyses (N = 300)

Table 2. Characteristics (N = 300)

Table 3. Preference Weights

Table 4. Part-worth Utilities

Table 5. Attributes Relative Importance Based on DCE Results

References


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Disclosures

• Steven R. Feldman, MD, and Annie Guerin, MPH, are employees of LEO Pharma A/S, Bellerup, Denmark. Steven R. Feldman, MD, has also served as a consultant for LEO Pharma. The remaining authors declare no potential conflicts of interest. The authors gratefully acknowledge the support of the LEO Pharma Clinical Development team (Annie Guerin, MPH, and Marjolaine Gauthier-Loiselle, PhD) in the preparation of this manuscript. This work was supported by LEO Pharma A/S, Bellerup, Denmark, to Good Publication Practice guidelines.

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